

Cultural Responsiveness in Group Psychotherapy: A Case study in The Netherlands

La capacidad de respuesta cultural en Psicoterapia de Grupo: Un estudio de caso en los Países Bajos



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Abstract

Struck by the growing number of (in) voluntary immigrants worldwide and in my country The Netherlands, I want to describe if and how the term cultural responsiveness could be useful in Group Psychotherapy for clients from different cultural backgrounds.

Key words

cultural responsiveness, group psychotherapy, intercultural group

Resumen

Sorprendida por el creciente número de inmigrantes (in)voluntarios en todo el mundo y en mi país, los Países Bajos, quiero describir si y cómo el término receptividad cultural podría ser útil en la psicoterapia de grupo para clientes de diferentes orígenes culturales.

Palabras clave

receptividad cultural, psicoterapia de grupo, grupo intercultural

INTRODUCTION

The planet is full of people with myriads of identities. Universally human beings develop an individual side and a social side, in some cultures there is more emphasis on the social side, for instance in so-called collectivistic cultures such as in Asia, South America and Africa. Collectivistic does not refer to power of the state over an individual, but to power of the first group in our life the family and social groups. In different individualistic cultures such as in Europe, US, Canada and Australia individual interests and freedom prevail within a core family (Hofstede, 1991).

In Western countries babies grow up in a family, then enlarge their scope to social groups and only then become aware of being raised in a specific country. In African and Asian countries children develop their first years in more close contact with a mother (like) person but get nudged to others in the extended family and neighborhood (van Waning, 1999). It depends where you grow up if individual, familial, and social aspects are more emphasized. One's place of birth is not the only determinant; global migration causes people to grow up increasingly somewhere else than they were born. Worldwide immigration grew from 173 million in 2000 to 281 million in 2020 (Pew Trusts 2022). In 2000 there were 2,36 million migrants living in the Netherlands. In 2018 there are 4,1 million migrants on a total of 17,5 million according to CBS (central office for statistics 2018).

People also develop a we-identity because of living in the same country. The colorful mix of individual, familial, social and we-identities has always fascinated me.

When I began my efforts to search out how to deal with clients from different cultural backgrounds in psychodynamic group psychotherapy, it was already clear to me that I would not be treating cultures but human beings. I attended some workshops about transcultural concepts and skills and informed myself about my client's cultural background. More professional material on the topic was being published by (Le Roy, 1994, Scholz, 2005, Jessurun 2010 and Weinberg, 2003). Besides that, my colleagues from the board of IAGP (International Association of Group Psychotherapy) were a source of information, confrontation and universal wisdom.

In 2003 I started the first ethnically heterogenous intercultural psychodynamic group in English for global nomads, love pats (people with a Dutch partner) and expats. This group in Amsterdam consists of clients from my own private practice or referrals from colleagues and organizations. As my experience grew, I discovered the importance of three factors in working with intercultural groups: having cultural knowledge; using of appropriate methods and awareness of own cultural identity as psychotherapist (Shadid, 2000).

Before addressing knowledge, methods and awareness I want to present some concepts from colleagues with intercultural group experience. Then I describe methods and applications and lastly, write about awareness of my cultural background.

2 vignettes follow as illustration and then final conclusions.

DEFINITION OF CULTURE AND THEORETICAL CONCEPTS

For the purpose of this article, I define culture as a system of information that contains the way in which groups of human beings interact with their physical and social environment. Groups can be families, circles of friends and other societal groups. Interactions happen according to a set of rules, regulations, and ethics. These need to be learned, are not genetically transmitted. I resonate the most with the communicational definition set out by group analyst (Scholz, 2005):

A tentative definition of culture could be: Cultures are historically developed and developing contexts sharing common sets of rules and regulations, systems of interactions and symbols, including the related patterns of thoughts and emotions as well as unconscious fantasies. This definition includes conscious and unconscious levels and implies a time dimension. Cultures are seen as possibly indefinite and open processes (not as given unchangeable and impermeable entities), marking the fundamental other, in the same way as before the term “race”).

(Foulkes, 1990) the founder of group analysis puts forth a notion of “foundation matrix”. He states that a group of strangers being of the same species and more narrowly of the same culture share a fundamental mental “foundation matrix.” To this fundamental matrix is consistently added their closer acquaintance and their intimate exchanges forming a current, “an ever-moving and ever-developing *dynamic matrix*.” (Dalal, 2002) takes Foulkes definition further by clarifying the internal and external world

perspectives between the individual and the social. Dalal also proposes power relations between individuals meaning that individuals are not only shaped by internal drives and projections but also by power relations in society. For him identity is not a possession owned by a person, but the name of a relationship between people. He suggests that “who I am” and “what I am” is the same as “where I belong.” Belongingness implies multiplicity of conflicts from outside as well as from the inside. I consider individual and social identity as interwoven and equally important in working within psychodynamic groups. Depending on the kind of group and the phase the group is going through, emphasis on one perspective or another will shift. This includes group dynamics that must be attended to within the therapeutic setting (Le Roy, 2019). Participants in a group can feel aggression being mobilized in the group but express this by scapegoating one person. These dynamics require attention.

A communicational definition of culture and the attention for personal as well as power relations between people seem conducive in working with psychodynamic groups because therapist and group members already bring their ways of relating individual with him/herself, with family of origin, with social groups such as schools, sport groups, churches, and society at large.

CULTURAL COMPETENCE AND CULTURAL RESPONSIVENESS

The terms *cultural competence* and *cultural responsiveness* were first coined in the USA and Canada where the Asian- American brothers Sue and Sue (2008) were forerunners for multiculturalism and eradication of racism especially in mental health. They encourage psychologists to move towards cultural competence by recognizing that- Power resides in the group that can define history and reality- in this case, White Americans. Mental Health systems that value independence over interdependence and separate mental functioning from physical might not be compatible with the cultural belief systems of immigrants. The Canadian psychiatrist Kirmayer (2012) contrasts these expressions with the prevailing value system in psychotherapy saying:

Cultural competence has emerged as an important counterbalance to the movement for evidence-based mental health care, which tends to lead to a “one-size-fits-all” approach. Efforts within health care systems to develop cultural competence or other modes of responding to diversity represent potential sites of resistance to the forces of assimilation and marginalization of minority groups.

My preference for the term responsiveness transpired from Kirmayer's (2012) words:

Cultural responsiveness, like the term cultural competence, promotes an understanding of culture, ethnicity, and language. The difference between the two is that responsiveness does not imply that one can be perfect and have attained all the skills and views needed to work with culturally diverse clients,"

The American Psychological Association offers Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (2017), conceptualized from a need to reconsider diversity and multicultural practice within professional psychology with intersectionality as its primary purview. They incorporate broad reference group identities (e.g., Black/African American/Black American, White/White American, and Asian/Asian American/Pacific Islander) to acknowledge within-group differences and the role of self-definition in identity.

The call for cultural competence and responsiveness in The Netherlands began around the turn of the century on the wings of important movements like feminism and LHBTQ+. Many publications around therapy for categorial groups such as for women of different cultures, homosexuals and traumatized refugees appeared.

KNOWLEDGE / METHODS / OWN CULTURAL IDENTITY

Working over the years in a culturally competent and responsive way entails becoming knowledgeable about backgrounds by reading original novels, seeing films, listening to music, and tasting food. It is vital to become non verbally as well as nonverbally acquainted. By being in contact with clients, one becomes aware of aspects that are culturally defining not only for the client but also for oneself! Those aspects have impact on development of treatment process like intake and diagnosis. I met clients diagnosed as borderline while they suffered from cultural shock and acculturation stress expressed in a non-Dutch way. Developing a wider view on the social context of clients as to issues of gender, hierarchy, race, role of family and attitude towards time and nature is necessary (Jessurun, 1991, 2018; Falicov, 2016; van Waning, 1999).

In my international work within IAGP I noticed that psychodrama works better than talking therapies in more collectivistic cultures due to direct contact, action and moving together and putting that into words. This does not imply other approaches cannot be used but adjustment could help. For instance, the concept of

separation has a different meaning in various cultures. In collectivistic cultures the time for separation from parents probably takes place in a later stage. Having theories and concepts about culture and responsiveness is one thing but translating them into clinical interventions for group psychotherapy is something else. Eager to find useful methodologies, I investigated if material used by family therapist might be useful for group psychotherapists in a multi-cultural setting.

SHOWING INTEREST

In my private practice, I prefer an open contact with someone from another cultural background. It turns out to be helpful not to be silent about obvious differences. I realize that I am seen an insider as an expert with a lot of power, privileges, who speaks the language and knows the social codes. I ask, "How is it for you to work with a white, western, female therapist?" I always ask for a written life story and a drawn genogram. Discussing the life story and the genogram together shows interest in how life and family kinships are for the client and gives clues about the impact of this on the client. Not only traumas and losses but also strengths in a family of origin. Describing rituals used for transition phases in life helps to develop a working relationship.

QUESTION METHODOLOGY

I try to ask contextual questions along with psychodynamic questions (Jessurun & Warring, 2018).

Psychodynamic (asking for causes):

"What do you feel, want?"

Contextual (asking for results):

"Who knows about your complaints?"

Psychodynamic: "What do your complaints look like?"

Contextual: "Who is doing what? What helps?"

Psychodynamic: "Where do your complaints come from?"

Contextual: "Who in the family has similar complaints?"

Psychodynamic: "What did you do so far with your complaints?"

Contextual: "What are the results of the complaints?"

Psychodynamic: "What does your day look like?"

Contextual: "If no one knows how do you keep it secret? Is it a custom in your family/culture to solve things alone?"

This way of asking questions shows the difference between psychodynamic or I- focused individual / linear approach and We- focused contextual/systemic approach. Cultural responsiveness does not transpire by accident. It is a quality that needs constant development by study, InterVision, and practical experiences. It means making mistakes and learning from them.

In the same time frame that cultural competence and responsiveness become hot issues, group psychotherapists, family therapists and psychiatrists also look out for anthropological views on culture and dynamics in society. The overall tendency in mental health area is to pathologize or to culturalize in working with people from different backgrounds. Anthropology is the study of mankind especially of its societies and customs and of structure and evolution of man. Dutch anthropologists, working in mental health organizations, discovered that concepts as liminality and rites de passage are important for immigrants. Liminality (the vulnerable, disorientating middle phase in an immigration process) and *rites de passage* are metaphors to make the transition that migrants go through (Bekkmum et al, 1996) visible. The metaphors help to deconstruct psychosocial complaints that developed during migration process and to place them in a more social perspective. It is normal to miss goodbye or welcoming rituals.

Family therapist/group therapist Jessurun (2018) points out in the anthropological Model of Kluckhohn and Strodtbeck (1961) that all human beings have four relationships with the self, with others, with time and with nature (universe). Research about how people interact with each other, and their environment brought them to a *Value Orientation Theory*. Relations are imbued by value orientations and the four relations define how people look at problems differently. Relation with self can be I or we focused, relation with other can be autonomy and equality based or connected and hierarchic, relation with time can be oriented more to past, present, or future, and relation with nature can be dominant or in harmony submissive. Many African people say for example we *are* time and many Westerns say I *have* time. This leads to conflicts as to expectations about showing up at appointments together at the same time. Nature /Universe make space for spiritual orientation.

The Belgian psychiatrist and group analyst J. le Roy (1994, 2009) who worked for years in the Democratic Republic of Congo with families, groups and institutions, combined this work with British oriented group analytic work. He realized that our way of life is defined by the personal, unconscious (the singular differentiated part of ourselves), but also by our symbiotic embedding in groups and in social institutions (the undifferentiated part of ourselves). He was also connected with French Ethnopsychiatrists who favor the anthropological concept of envelopment or embedding as a metaphor for activating a supporting network within extended family systems. Practically I use Tjin A Djie, K. & Zwaan, I. (2007) concept of embedding.

She coined the term *Protective Coats*. When you envelop people metaphorically in the extended family/social groups they belong to with a protective coat, they are able to somehow reposition themselves. Old skills, strengths can be re-used in the new country. Such as listening to familiar music from their culture or baking bread and relishing in reassuring smell. A disoriented Mongolian client experiences some parts of the Dutch coast as resembling Mongolian landscape.

OWN CULTURAL IDENTITY

Born as the eldest child of four in a Dutch middle -class family I was raised Catholic and grew up with values like justice for all and do not do to others what you don't want to be done to you. It was okay to develop your own ideas as long as you discussed it. In the family of my father and my mother there were relatives who had lived and worked in other countries, two aunts as missionary nuns in schools, and an uncle who worked as nurse in Indonesia. Some cousins married partners who came from Africa or South America. I went to a white elementary school where there were children who had immigrated from Indonesia after the Independence Declaration of Indonesia. They lived with their Indonesian /Dutch parents in a repatriation hotel. I remember that my parents talked about them in a worried way. I did not understand and thought these children were lucky to live in a fancy hotel we couldn't afford. Hospitality in our house was an important value. Over the years we had several foster kids living with us for a while. At a young age I was exposed to many difficult family situations. Raised in freedom and with clear boundaries I become easily angry about injustice and hypocrisy. I grew up in a country that is viewed as free and ideal. It is true that on the World list of happiest countries (2021) we have been ranked one of the ten happiest countries for ten years. But happiness does not mean the absence of problems such as illness and conflicts in the family or the "white innocence" denial of my country's history regarding slavery, colonization and becoming rich over the backs of others. We hear the statement that compared with other people in the world we are privileged. In history lessons we learn that The Netherlands is a tolerant country where the nuclear family is a cornerstone in society. A collectivistic example of Dutch culture is that it is not a good idea to brag about yourself or elevate your head above the other plants in the field. (Or your head may be mowed off.) Which means do not think or feel you are more important than anyone else.

This might have to do with the social unconscious of The Netherlands a flat country full of water. As far back as the twelfth century, the fight against water inundation

brought Dutch people to organize the first official groups of locals to prevent water from overflowing land, houses and humans, the so-called Water authorities (Waterschappen). If one person does not commit to the endeavor, all can drown. This model is used in politics as polder model which entails endless talking to get as many people on board before making decisions.

It is important to be in contact with one's own culture to sense better how others view you and vice versa. If impact of colonization gets denied in your culture it is easy to overlook it. Awareness of one's own cultural identity with its values and holy cows is necessary to understand social domains of others such as color, class, gender, age and hierarchy.

When one becomes familiar with those domains and discover blind spots one poses more sensitive questions from a position of knowing as well as not knowing. The group therapist needs in the group the capacity to balance experiences of universality and many differences.

Vignette 1

In the following section I describe a group conversation in the Intercultural group in 2007. The second is a special session before Christmas 2021 in my current group.

Over the years the group consists of clients with problems of depression, anxiety, identity confusion and relationships. The age range is from 25 to 55. Referrals come from colleagues, GPs and clients from my practice; eight people in total. The group composition has alternated between people coming from Europe, Asia, North-South America, Africa and Australia. With everyone I did an intake with a written life story and drawn genogram and checked if trauma treatment was necessary before entering the group. In 2007 the intercultural group was working well. After an easy-going early phase, they surpassed a boisterous oppositional phase and landed in an intimacy phase with strong cohesion where group members see their own problems and start to help each other in a more autonomous way. Reciprocity in contact had developed and the group therapist stayed more in the background. Personal and cultural issues were shared and recognized.

A: "What a relief to talk English in this group about the American part of me, the school, the landscape, the atmosphere. It feels more nearby."

F: "Well how is it with the Austrian part in you? What are you thinking of?"

F: (Laughs awkwardly but starts talking about her experiences with boy and girlfriends) "I was bullied but they also found me exciting and interesting. Most difficult was how to belong didn't know how to do that."

A, and F. ask B: "How is it with your African part, the

part you don't talk about?"

It becomes silent in the group and then an impressive story is told by B.

B: "I found it so awful over there I felt so ashamed about apartheid. fearful to be looked down upon. I am white as is my mother."

The whole group listened very intensively and warmly said in one voice, "How terrible for you."

The exchange about identity was a recurrent topic for months. Everyone's multicultural/hybrid identity got explored. There was a depth and clarity about the boundaries of their identity. This topic was especially important for B. who lived for several years, as a young girl with her white mother in South Africa after the official ending of apartheid. Her white father, divorced from mother, lived outside South Africa. B. has been very angry with me in the group she hated the sharp-sounding Dutch language. (Afrikaans and Dutch are similar.) I symbolized for her white Dutch speaking, colonial mother figure. I never was so scolded for being Dutch and she avoided all exploration about that. Due to my tolerance of her transference anger and shame and with help of the group, she felt safe to face her personal anger towards her mother as well as her social disgust about apartheid and her anxiety in social groups like school and neighborhood. The acceptance and curiosity of group members elicited a softness in B. Her attitude towards me changed. Intertwinement of traumatic personal and social aspects began to unravel. She talked about living in a society as a white child after the leadership of Mandela. A differentiation could be made between inner self-experience and realistic harsh social realities around her. The support of this group helped her to feel belonging somewhere. Only then could she look at her difficult relationship with mother and me. I accepted her anger and restrained from interpretations until she was ready. Le Roy's (2009) comment was helpful that a psychotherapist discovers afterwards if and in which way earlier experiences of a person, family or social group influenced transference and countertransference in therapy.

Vignette 2

The group consists of four women, two men would join after New Year. The session took place just before Christmas/New Year in December 2020 during Covid lockdown. Group members could not visit parents or friends. The first hour of the session we worked as usual. The second hour we decided to have some celebration. Two members were online and two live in my practice. The group had reached a considerable level of trust after eighteen months of working on personal and social issues. I noticed veiled blues,

A: "Well maybe it's not so bad I cannot go home my mother is hardly at home with the holidays, she has to play the violin."

B: "Oh in my family we celebrate holidays by having a nice dinner. Now I don't have to put up with all the successful accomplishments of others or try to be funny."

A: "I am disappointed that due to stupid lockdown the performance I direct in a school cannot take place."

With a hesitant voice, she admits, "I miss applause."

B: "I identify with you I too love applause. As for me I have to wait again to find a job I am so glad to be here with you guys."

C: "I quarreled online with my boyfriend. Luckily, I stood up for myself. I did not disappear in him but felt what I felt and said that, thanks to you ladies."

D: "Online we have a family dinner but I want to be with you all. I am happy. I got a new job as vice president-luckily in Amsterdam."

The atmosphere was adapting, missing and wanting to be seen and heard. We start again in the second hour but now everyone has typical holidays food, drinks or sweets in front of them, I served tea and decorations. They take turns in telling the names of food, drinks, and sweets and are very interested in the background, the according habits and rituals and proud to show what they brought with them from their own culture. Members tried to pronounce difficult names of dishes and associated family stories. It is as if we recreated our own transitional holidays celebration in the group. The show piece was a warm delicious smelling bread baked by A. Elegantly she walked around for everyone to admire. Three of us tasted and showed it the ladies online. They presented fish dishes particular for Christmas. A spontaneous close atmosphere developed. One woman had firecrackers with her as her family always used them. The veiled blues seem to have found an outlet and developed into a grateful togetherness with space for laughter. The diverse identities of four ladies mingled for one hour under the tingling light of four small golden angels, rotating due to the warmth of candles. A hybrid family meal created from a blending of ingredients. My feeling about it was that between group and therapist there was a good enough working relationship. I viewed it as a human decision used in extraordinary circumstances not a recurrent event.

Responsiveness in both vignettes is that I know about

-Client's family/societal background which they told me in their own narrative and the genogram explored together.

- Pose contextual questions beside psychodynamic ones.

- Alertness for microaggression (van Hest & Vitale 2022) like so - called" funny jokes from group members". I call upon the one who attacks as well as the receiver.

CONCLUSIONS

The reason to write this article was to explore cultural responsiveness in Group psychotherapy. I noticed that a lot was written about it but not how to realize it. That could have to do with the fact that cultural responsiveness requires not only knowledge about different cultures but some adaptation of methods and awareness of one's own culture. Having knowledge and adaptation skills is fine but in contact with group members it will be an attitude, sensitized by awareness of one's own culture, that creates more responsiveness. It means relativization of the own cultural defined theory and practice of mental health care beside respect for theory and practice in client's culture.

Curiosity and sharing both from a knowing and not knowing perspective helps to create a safe space.

A focus on personal development as well as on social development will bring power interactions, micro aggression, stereotyping and exclusion into the group conversation (Weinberg, 2022).

Enriched by explanation of anthropological concepts about relations with self, other, universe and time, group members learn that people have different responsibilities due to other kinship bonds which requires understanding, not attacking for being stupid or immature. A group therapist should realize that working with this population carries risks of victimization, exoticizing and over-identification (Haans, Lanssen, ten Brummelhuis, 2004).

Working with clients from abroad as well as with Dutch clients I came to painful realization of unconsciously using language viewed as racist; avoiding to share shame. Group psychotherapy is a modality that intrinsically provides learning how to deal both with individual and social selves. An ongoing culturally responsive process of falling down and standing up trying to learn to co-exist as universal human beings with differences never ends. If we don't learn there where then?

ENDNOTE

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REFERENCES

- APA. (2017) *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*. Retrieved <http://www.apa.org/about/policy/multicultural-guidelines>.
- Van Bekkum, D., Ende, M., Heezen, S., Hijmans van de Bergh, A. (1996) Migratie als Transitie: Liminele kwetsbaarheid van migranten en implicaties voor de hulpverlening. In de Jong, J. & vd Berg, M. (red.). *Handboek: Transculturele Psychiatrie en Psychotherapie*. 35-39. Lisse. Swets & Zeitlinger.
- Dalal, F. (2002). *Race, Color and the Processes of Racialisation*. p. 224-225. Hove and New York. Brunner-Routledge.
- Falicov, C. (2016). The Multiculturalism and Diversity of Families. Chapter 5. In T. Sexton & J. Lebow (Eds) *Handbook of Family Therapy*. New York: Routledge: 70-71.
- Foulkes, S. H. (1973): The Group as a Matrix of the Individuals Life. In Foulkes, S. H. (1990): *Selected Papers*, 223-233. London, Karnac. First published 1973 in Wolberg, L.R. and Schwartz, E. K. (eds.): *Group Therapy 1973 An Overview*. New York, International Medical Book Cooperation.
- Haans, A. J. Lansens, J. & ten Brummelhuis, H. (2004). Clinical Supervision and Culture: A Challenge in the Treatment of Persons Traumatized by Persecution and Violence. In Wilson, J. & Drozdek, B. (Eds), *Broken Spirits*: 317-353. New York: Bruner/Mazel.
- Helliwell, J., Layard, R., Sachs, J. and de Neve, J.E. eds 2021. *World Happiness Report, New York*. Sustainable Development Solutions Network.
- Hofstede, G. (1998). *Cultures and Organizations, Software of the Mind*. London McGraw-Hill.
- Hofstede, G., Hofstede, G.J., & Minkov, M. (2011). *Allemaal Andersdenkenden: omgaan met cultuurverschillen*. Uitgeverij Contact. ____
- Jessurun, N. (2010). *Transculturele Vaardigheden voor therapeuten*
Uitgeverij Coutinho Bussum: 13-20.
- Jessurun, N. & Warring, R. (2018). *Verschillen Omarmen*. Uitgeverij Coutinho Bussum: 104 –116.
- Kirmayer, L. (2012). Rethinking Cultural Competence. In *Transcultural Psychiatry*, 49 (2) 149-164
- Kluckhohn, F. & Strodtbeck, F. (1961) *Variations in Value Orientations*. New York: Harper & Row.
- Hills, M., M., Kluckhohn, F. & Strodtbeck, F. (2002) *Values Orientations Theory*. *Online Readings in Psychology and Culture*, 4:4.
- Le Roy, J. (1994): *Group Analysis and Culture*. In Brown, D and Zinkin, I. eds (1994): *The Psyche and the Social World*. London, Routledge: 183.
- Le Roy, J. (2009). *Vergezichten over Transculturele Psychoanalyse*.
In Thys, M. & Gomperts, W. (red). *Garant Antwerpen* :130.
- Author Smet, J & van Coillie, F. (2019). Jaak le Roy. In *Tijdschrift voor Psychoanalyse & haar Toepassingen*. Vol 25, (3).
- Scholz, R. (2005). *Culture, Trauma and Identity*. Published in: *Dynamic Psychiatry*. Vol 38: 377-385.
- Shadid, W. (2000). *Interculturele communicatieve competentie*.
In *Psychologie en Maatschappij* 24 (1), 5-14.
- Sue, D. & Sue, D. (2008). *Counseling the Culturally Diverse Theory and Practice*. 5th Edition John Wiley & Sons, INC Hoboken New Jersey: 25 and 427
- Tjin A Dje, K. & Zwaan, I. (2007). *Beschermjassen. Transculturele Hulp aan Families*. Assen: Van Gorcum.
- Van Hest, F & Vitale, S. (2022) *Groepspsychotherapie in een cultuurdiverse omgeving*. In *Leerboek Groepspsychotherapie* (Ed) P. Verhagen & A. ter Haar. Boom /Tijdstroom: 264-274.
- Van Noord, M. (2010). *Een Interculturele Groepstherapie*. *Tijdschrift Psychotherapie*. 36:332-346. Uitgeverij Bohn Stafleu van Loghum.
- Van Waning, A. (1999). *Over Cultuur en Zelfbeleving*.
In *Multiculturele Samenleving en Psychoanalyse*. (Ed) A. van Waning. Assen. Koninklijke van Gorcum.
- Weinberg, H. (2003). *Groupanalysis. The Group-Analytic Society*, London. Vol 36 (2) 266-267.
- Weinberg, H. (2022). *Adjusting Group Therapy to Asian Cultures*. In C. Martinez -Taboada & M. Honig (eds). *Cultural diversity, groups around the world* 168-187. Illinois: International Association for Group Psychotherapy and Group Processes.
- Yalom, I.D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy*. New York: Basic Books :18.