Counseling Rural Clients:
A Multicultural Perspective

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Over the past few decades, there has been a greater emphasis placed on the need for counselors to develop a multicultural perspective and approach toward counseling. When considering culture, one may typically think of different ethnic and racial groups. An often overlooked cultural consideration is that of rural Americans. However, for quite some time, the APA has been aware of the need for counselors to have cultural competence toward rural populations (APA, 1995). As a matter of fact, in *Caring for the rural community: An interdisciplinary curriculum*, they put forth the following guidelines for developing cultural competence toward Rural Americans:

- identifying social, economic, political and religious influences affecting rural communities
- understanding the importance of ethnic and cultural influences in rural communities and the importance of the oral tradition
- understanding the impact of the interaction between social institutions and ethnicity on the delivery of mental health services
- recognizing the impact of the provider's own culture, sensitivity and awareness as it affects his or her ability to deliver mental health care and
- understanding alternative treatment sources in the ethnic minority culture

What this tells us is that there is more to rural than just “being in the country”; there is a unique culture that contrasts with what one may find among an urban population. The purpose of this paper is to establish an understanding of what “rural culture” is, and to apply this understanding to the field of mental health. The second half of this paper includes specific recommendations and considerations for both counseling students and those practicing in the field.
Rural by Numbers

Before we jump too far ahead of ourselves, we must first define the term “rural”. According to the US Office of Management and Budget (OMB) (2003), there are six levels of urbanization. The top three levels are metro levels and are labeled as: large central metro, large fringe metro, and small metro. Large metro areas are defined as having one million or more residents within a county, while small metro areas are defined as counties within metropolitan areas with a population less than one million. The remaining three levels of urbanization are large rural, small rural, and micropolitan. Large rural areas are defined as non-metropolitan counties with a city of 10,000 or more population. Small rural areas are non-metropolitan counties without a city of 10,000 or more, and micropolitan areas are counties with at least one urban cluster of at least 10,000 but less than 50,000 residents.

When we look at numbers across the entire US, we find that the majority of the population lives in metropolitan areas. In fact, around 80 percent of the US population resides in the top three levels urbanization, leaving only 20 percent of the population as “rural” (Eberhardt et al., 2001). What’s interesting to note here is that almost three quarters of the US counties are classified as non-metropolitan.

Defining Rural by Geography and People

We have defined what rural in terms of population size, but what does rural look like? The key point in this discussion is that there is not one rural America. Rather, rural America has always been a place of diversity. While people often talk and write about rural areas and populations as if they were a homogenous lot, it is important to remember that there are likely more differences within the category of rural than there is between the categories of urban and rural. Rural areas in the United States are remarkably diverse in both geographic character and the culture of indigenous populations (Mohatt et al., 2006).

In describing rural geography, the US Department of Health and Human Service’s report, Mental Health in Rural America: 1994-2005, summed it up nicely:
In the eastern half of the nation, rural is the green space between the large metropolitan areas from Maine to Florida, the little towns and villages off the InterState 95 corridor, the isolated places of Appalachia, the Deep South, the Ohio and Mississippi river valleys. This rural America is much more densely populated, with many small towns spread along the twisting two-lane highways and back roads that lace the region like a spider's web. Crossing the Mississippi River marks the beginning of a different rural. The density begins to thin, the little towns and villages becoming increasingly spread apart. The twisting roads give way to a uniform grid of roads, which follow the checkerboard like section lines. Finally, out past the 100th meridian, precipitation becomes a welcome albeit infrequent event and the population becomes so lean and remote it is referred to by many as frontier. Large metropolitan areas exist like island fortresses, and rural dominates the landscape. While satellite pictures of the eastern U.S. at night emanate a glow, much of the west is darkness. The west coast again emulates the pattern of the east, with the population density high along the InterState 5 corridor, and thinning proportionate to distance from it (Mohatt, et al., 2006, pg. 1). This description is helpful in understanding the geographical diversity of rural America. However, it is also important to be aware that diversity does not just exist in the landscape, but that it exists among rural people as well. People from metropolitan areas often have a notion that rural America is synonymous with agriculture and farms, and they may have an image of family farms surrounded by peaceful communities. In reality, less than 10 percent of rural Americans live on farms and people in rural areas are engaged in a wide range of activities (Mohatt et al., 2006).

Rural America is not just home to white Americans but also consists of a significant amount of African Americans, Native Americans, Hispanics, Asians, and Pacific Islanders. African Americans primarily live in the south eastern region of the country while Native Americans can be found in the southwest, northern plains, and much of Alaska. It’s important to note that nearly one-half of the Native American population lives in rural areas. Consequently, different geographical regions of rural America are going to have their own unique customs and traditions, influencing how people think and act (U.S. Congress, 2002).
Commonalities

We have discussed the fact that diversity exists among rural America, both geographically and racially, and that rural America does not consist mostly of farms and agriculture. Yet, when we look at statistics, we find that rural Americans do share some commonalities that distinguish them from the majority of Americans who live in urban settings.

Across the board, rural employment is dominated by low wages, and rural incomes are less than those in urban areas. In 1996, 23 percent of rural workers were employed in the service sector and were nearly twice as likely to earn the minimum wage as their urban peers (U.S. Congress, 2002). Compared to urban workers, rural citizens are more likely to be unemployed and less likely to move out of low wage jobs. Additionally, working rural families are more likely to be poor than working urban families.

In addition to being poorer than urban areas, rural educational levels also tend be lower. Fifteen percent of rural adults have a college education, as compared with 28 percent of urban adults. Rural adults are also more likely to have not graduated from high school (U.S. Congress, 2002).

In regard to physical health, rural Americans are more likely to smoke, have poor diets, not exercise, and be overweight (Hartley, 2004). In a study conducted by the CDC, they found that rural areas in the US ranked poorly on 21 of 23 indicators for health (Hartley, 2004). In respect to mental health, it has been found that the prevalence of mental disorders appears to be the same in rural areas as they are in urban areas (Kessler et al., 1994). However, the difference lies in how rural Americans experience mental illness (Wagenfeld et al., 1994). For instance, the suicide rate among rural males is higher than among their urban counterparts in all four regions of the US (Eberhardt et al., 2001). Rural Americans also generally wait longer to seek treatment for illness, which leads to progressed disease states and lack of preventative care. Finally, rural Americans have less access to healthcare providers than their rural counterparts. For example, a study that looked at 1,253 rural counties with populations of 2,500 to 20,000, found that
nearly three-fourths of the counties lacked a psychiatrist and 95 percent of them lacked a child psychologist (Holzer et al., 1998).

**Generalizing Rural Culture**

We have made a point in this paper to highlight the fact that rural America is not homogenous, but rather, that it is geographically and culturally diverse. Yet, we have also discussed some commonalities that rural areas share in regard to socioeconomics, education, demographics, and healthcare. When we attempt to generalize rural culture, we must base it off of the commonalities that rural areas have in common. In other words, we must look at the cultural effects that greater poverty, older populations, access difficulties, lack of privacy, and isolation have on rural life. Such an effort was put fourth by Wagonfeld (2003), in his article, *A Snapshot of Rural and Frontier America*. His research revealed the following list of rural values: self-reliance, conservatism, a distrust of outsiders, religion, work orientation, emphasis on family, individualism, and fatalism. Kay Stama, a practicing psychologist in rural Minnesota, has also written on the rural culture. In *Rural Culture is a Diversity Issue*, Stama (2004) highlights two interrelated concepts that she believes are useful for understanding rural culture: conventionalism and isolation.

Rural Americans typically live at a distance from services and other people, which means they are more likely to depend on themselves. Having to depend on themselves more, ruralites develop values of independence and self-reliance, which in turn, makes them more careful and considered in their decisions. Having a smaller population also leads to what Roberts et al., (1999) term as the “goldfish bowl effect”. This idea asserts that people in rural areas are more likely to know what’s going on with other people in their community, resulting in a lack of anonymity or privacy. This lack of anonymity or privacy leads to certain conventional behavioral expectations, as well a greater pressure to conform to them. For example, gays, lesbians, or even people who are pro-choice, are less likely to reveal these aspects of themselves in fear of being ostracized from thief families or social groups. The fishbowl effect also leads to a magnification of the usual stigma concerning mental illness. Unusual behavior is often the subject of
community gossip, so rural people are more likely to worry about how their actions will be perceived.

The combination of being isolated from services and lacking privacy within the community creates a rural ethic of keeping problems in the family. In general, it is more difficult for rural people to share problems and feelings with strangers. Consequently, natural support systems, such as family and kinship networks play a significant role in the lives of rural people. These networks forge strong bonds for individuals and provide security, personal identity, role models, and reliable sources for help with problems. (Pederson et al., 1996). Speaking from experience, Stama notes that she often sees higher degrees of family enmeshment, often across the extended family, as well as greater multigenerational caring demands. Conventionality again becomes a theme here, as more traditional gender and generational roles are expected. Stama notes that when women and children want to change their roles in the perceived less rigid directions of mainstream culture, “marital and family conflict result, and community pressures generally collude with the person(s) resisting change” (Stama, 2004 pg. 10).

Due to isolation, rural areas also have fewer social and activity options than their urban counterparts. Social networks are often limited to family, school, sports, church, work, and bars. Consequently, with fewer options, rural people are more likely to engage in sex and drug activities. According to Stamm (2003), rural areas have more teen parents, venereal disease, alcohol and illicit drug use, and smokers at most age levels than urban areas.

In Rural Mental Health: A Qualitative Inquiry, Jill Thorngren (2003) noted that the following themes arose when interviewing rural people about “what is rural”: relationships with others, lifestyle, and characteristics. In regard to relationships with others, Thorngren found that participants shared a closer bond with people in their communities as compared with urban communities. She noted that their discussion often ensued around knowing one another’s children or being able to recognize each others vehicles. Participants also highlighted the importance of helping their neighbors. As for lifestyle, participants reported that the absence of grocery, department, and convenience stores, as well as medical facilities, has an effect on the way they live their lives. For example, they discussed the fact that extra time had to be allotted for traveling into town,
even for basic services. Another aspect that characterized lifestyle was the idea that “you are never done”. Participants viewed their lives as revolving around chores, crops, and other work that needed to be attended to constantly. Finally, in respect to characteristics of rural people, Thorngren found that ambition and the ability to work hard were the most frequently cited. Participants noted that farming, mechanics, and other “hands on” occupations in which they were involved demanded long hours of work as well as physical strength. Additional characteristics included the ability to problem solve, figuring things out for one’s self, and working together.

**Counseling Rural Clients**

When working with rural clients, it is important to keep in mind that, like any other ethnic or racial group in the US, rural Americans fall along a continuum of acculturation to mainstream culture (Slama, 2004). American mainstream culture pervades rural areas through the mediums of television, internet, and radio. Therefore, we are going to see variation in regard to the degree to which rural Americans adhere to characteristically rural values, traditions, and customs, versus those of urban life. Additionally, as mentioned toward the beginning of this paper, there are three levels of rurality. Thus, if we think of rurality on a continuum, the further along on the continuum one is, the more likely they are to internalize and reflect rural culture.

When assessing the level of acculturation a rural client is at, a counselor should pay close attention to their presentation and body language, as well as the terminology they use (Slama, 2004). For example, rurally oriented clients are more likely to comment on the weather or local events, and may include what some may see as tangential events about family or friends in their summary for what brings them in for services. In respect to gender, rural women are less likely to offer their hand to shake before a mental health professional does, and rural men are more likely to wear a cap into the office. Slama also notes that rural men tend to desire more personal space, sit with their arms crossed, and make less consistent eye contact initially. It is important to note that such behaviors may not indicate defensiveness, and that they may just represent cultural norms.
A client’s terminology may also indicate the degree of rurality that they are. For example, rural clients may refer to lunch as “dinner” and their evening meal as “supper”. Or, when giving directions, they use landmarks instead of street names and addresses. Additionally, rural clients, especially women, may be more likely to use apologetic language forms when giving information outside what they expected. Finally, in regard to terminology, rurally oriented clients may have more difficulty describing their emotional reactions. They may be more willing or able to discuss their emotions with the inclusion of concepts from their religion (Slama, 2004).

**Techniques/Approaches**

When working with more rural clients, it is important that you are sensitive to their cultural norms, values and traditions. In *Toward a Rural Cultural Competence*, Slama (2004) provides a number of recommendations and considerations to use when working with rural clients. In this section, I will review some of these approaches as well as some recommendations from other sources.

When working with rural clients, Slama suggests that therapists take a few minutes to help them adjust to therapy. This is generally done by talking about the weather, sports, or other local events that are going on. This typically tends to make them more comfortable and help them function better in therapy sessions. A similar technique can be used at the end of a therapy session, often touching on similar topics. Tying in discussion of local events acknowledges both the client’s and the therapist’s solid relationship to the community and its events, and validates the general interaction experience of more rurally attuned clients. Along these same lines, Slama also cites self-disclosure as a valuable tool in working with rural clients. She suggests that therapists discuss their children or their experiences growing up as a way of helping explain the dynamics of mental health with their clients. She notes that using this type of self-disclosure often make rural clients more willing to talk about their own difficulties, an activity that their own culture makes hard for the.

As we mentioned earlier, the “fishbowl effect” often prevents people in rural areas from seeking mental health or acknowledging that they may have a problem.
Consequently, when working with rural clients, confidentiality becomes a very important subject. Due to the greater likeliness of running into a client in the community, Slama recommends hypothetically discussing these potential situations with rural clients. She notes that she often informs clients that she will leave it up to them whether or not they wish to make an acknowledgement, and that her feelings will not be hurt if they choose not to. Having this assurance, rural clients may be more willing to follow through with therapy.

In regard to specific therapeutic techniques, Slama cautions against using abstract therapies. Due to the practical or concrete nature of rural clients, she suggests working in a behavioral manner, conceptualizing therapy as learning self-management skills. In addition to this, Thorngren (2003) recommends that therapists involve their rural clients in mutual problem solving endeavors. Harnessing the tendency toward sufficiency and creativity in rural clients, it is important to make them feel empowered and less stigmatized by mental health issues. She suggests taking a more educative role in terms of explaining connections between the mind and body, and helping clients determine the best courses of action.

It was mentioned earlier that rural clients have generally learned to not express emotions. Slama suggests that after validating the client’s reasons for such learning, it may then be useful for therapists to help clients learn an emotional vocabulary and give emotional expression exercises to practice between sessions. She notes that some clients (especially men) may be resistant to such strategies, in which case it may be more useful to stick with behavioral therapies.

When working with clients who are depressed or have low self-esteem, therapists have to be aware of several things. First, rural conceptions of good mental health often refer to one being able to work or fulfill their productive roles (Weinert and Long, 1987). As a result, the conception of depression may be less likely tied to an emotional state. Slama noted that rural clients often adhere closely to the value of self-abnegation; positive self-statements are perceived as boasting, and positive thoughts about oneself are equated with the sin of pride or being conceited. Therefore, when doing self-esteem work with rural clients, it may be useful for the therapist to
differentiate between boasting to others and learning to be realistic with oneself about one’s positive aspects and abilities.

**Summary**

Even though 80 percent of the population lives in what is categorized as “urban” areas, 75 percent of the United State’s land is comprised of rural counties. Rural America is a diverse place, both geographically and culturally. Yet, rural Americans also share some commonalities. They have higher rates of poverty, lower levels of education, less access to healthcare, and poorer physical health. Acknowledging the fact that rural America is a culturally diverse place, it is not possible to give one simple definition of what rural culture is. However, considering the commonalities they share, including being isolated, we are able to come up with some shared cultural factors, including: self-reliance, conservatism, a distrust of outsiders, religion, work orientation, emphasis on family, individualism, and fatalism. It is important that counselors are sensitive to these aspects of rural clients and that they educate themselves on the various approaches that have proven to be effective when working with rural clients.
References


