Recent immigrants to California number in the millions and come from nearly every region of the world. Each immigrant faces experiences—based on language, cultural values, religious beliefs, education, and work history—that are vastly different from the experiences of people born in the United States.

As a way of looking at HIV antibody test counseling for people who are new to the United States, this issue of the FOCUS Supplement explores recent immigrant clients from two populations: Spanish-speaking immigrants from Latin American countries and immigrants from Pacific Islands and Asian countries. It examines, in particular, views toward HIV-related risks, relationships with families and others, and the client-counselor relationship. These articles describe populations that are distinctly different, but in their explorations, the authors reveal the universal power of language and speech to affect counseling outcomes.

It is important to make two qualifications before looking at these cultures. First, while the generalizations defined here are useful, it is necessary to acknowledge individual differences among people of the same culture. Second, this issue uses the term “recent immigrant” to refer to someone who has been in the United States five years or less, but since people acculturate at different rates, this definition may be imprecise.

Latin American Immigrants
Alejandra Acuña

Latin American immigrants commonly bring with them similar language and religious beliefs, but each population differs in terms of dialect, national history, political climate, and factors that lead to migration. While it is crucial to keep both these similarities and differences in mind, the foundation that runs through different Latin American cultures is a useful starting point for counseling.

Language and Rapport

Research supports the idea that seemingly intangible characteristics, such as a counselor’s warmth, go a long way toward establishing a relationship with a client. This is particularly true for recent Latin American immigrants, who are likely to value simpatía. Researchers have defined simpatía as “a general tendency to avoid interpersonal conflict, emphasize positive behaviors in agreeable situations, and de-emphasize negative behaviors in situa-tions involving conflict.”¹ Dignity and respect are important concepts in simpatía, which becomes especially powerful when working with those who have been historically oppressed in the United States and likely were oppressed before coming to the United States.

At the outset of a counseling session with recent Latin-American immigrants, smiling, hand-shaking, and plática—conversation or small talk—is especially useful. Such behaviors help in creating a culturally appropriate environment, making a person feel more comfortable disclosing personal information, and in allaying suspicion among recent immigrants. It is particularly necessary to respond to such fears following the passage of Proposition 187, the state referendum passed in 1994 that threatens to limit availability of services to undocumented immigrants.

Language is often a major barrier in developing a relationship with Spanish-speaking immigrants. Differences in language fluency between counselor and client may lead to the testing of clients
Guidelines: Creating a Positive Environment for Recent Immigrants

1. Immigrants may have a different orientation of time, based on cultural values. Consider the issue of “lateness” for appointments in terms other than noncompliance.

2. Assess mismatches between counselors and clients. Clients may wish to see a counselor who speaks their primary language and someone who shares their ethnicity. In some cases, clients may prefer to speak English, even if it is not their first language, and they may prefer to see a counselor who is ethnically different from them.

3. Create an environment that reflects sensitivity to the language needs of the population receiving services. Restroom signs and emergency instructions should be printed in appropriate languages or illustrated with universal pictographs.

4. Ensure that client satisfaction forms, posters, brochures, and videos are culturally and linguistically appropriate.

5. Use ethnic community-based newspapers, organizations, and other mediums for recruiting counselors and clients.

6. Use epidemiological data from the countries of origin of target populations to develop a local-global perspective of the HIV epidemic.

7. Post signs at the clinic stating that Proposition 187 does not affect service delivery at the site.

Condoms and other prophylactic barriers are likely to have been proscribed by religion in the cultures of Latin American immigrants. Some female clients may judge it culturally improper, or even dangerous, to raise the subject of condom use. To complicate matters, because of pressure to preserve vaginal virginity until marriage, some women engage only in anal sex and may not use condoms.

It is also important to be attentive to and make use of cultural values that support or contribute to healthy behavior. For instance, *familismo*—“strong identification with and attachment to a family”—may be used to effectively inculcate risk-reduction messages. Research suggests that the systems of support created by *familismo* help “protect people against physical and emotional stress.”

Finally, it may be useful for counselors to attempt to transform cultural factors that may inhibit safer behavior. For instance, *machismo*—a cultural expectation that men be strong, in control, and providers for their families—may be framed in a context that encourages men to protect their partners.

Empathy and Staying Focused on the Client

Empathy—the ability to be a compassionate listener, to respect and acknowledge another’s thoughts and feelings, and to reflect back material the client offers—is an especially valuable skill when counseling immigrants. In the absence of tested interventions, counselors must use what they know of the client’s world view, ask questions to learn more, and exhibit empathy. Counselors may ask the client

References


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Asian and Pacific Islander Immigrants
Gregory William Geen, MA

Asian and Pacific Islander immigrants are reluctant to seek HIV testing and counseling services. Beyond the discomfort of raising a burdensome and complex topic, the prospect of receiving counseling in an unfamiliar setting can be especially disturbing. To deliver the most useful services, counselors must understand the roles of various institutions in a culture and how they influence views toward HIV antibody testing, the HIV antibody test counselor, and dealing with a positive result. This article reviews these issues and their application to counseling in the risk assessment and disclosure settings.

Family Relationships
In the case of recent immigrants from Asia and the Pacific Islands, the cultural role of the family is a primary influence: recent immigrants are likely to be dependent on their families for economic, emotional, and social support. Families consist of both members of the nuclear family and numerous relatives from the extended family and often inhabit the same household. Such proximity, aimed at maximizing support, can reduce the number of outside friendships.

This results in a catch-22, particularly in terms of HIV-related risks: people who normally rely on their families for support often feel more willing to discuss the topic of HIV infection with those outside their family. But, because they rely on their families, they may have few friendships that meet the conflicting requirements of providing both comfort and distance. For instance, sexual discussions are taboo within the family, and families often see a discussion of illness as a self-fulfilling prophecy that will lead a person to become sick.¹

Beyond this, there is a strong belief among Asian and Pacific Islanders that the needs of the family supersede those of the individual, leading a person to discount his or her own concerns and not bring

References

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It may be useful for counselors to attempt to transform cultural factors that inhibit safer behavior. For instance, they may frame “machismo” so that it encourages men to protect their partners.
Recent Asian and Pacific Islander immigrants may fear harming vital relationships if they disclose positive results to family members.

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problems to the family. A person may be uncomfortable talking with a counselor because that person is not a family member, but merely another stranger in a new country. Further, the client may see the counselor as someone who might leak information to the client’s family and the immigrant community. Newcomers, in particular, may feel intimidated by the process of client-centered counseling and topics such as sex, drug use, and a client’s emotional well-being, because the experience of professional counseling is nearly non-existent in many countries.

Risk Assessment and Communication

Feelings of vulnerability as newcomers to the United States and being in a position of requesting and receiving services from others may lead Asian and Pacific Islander immigrants to make few demands of or challenges to the counselor. The values of not creating disturbances, asking for little, or not offending others—present in many Asian cultures—may also lead a person to be considered docile. Counselors may view these clients as easy to counsel. In fact, it may be necessary to apply greater effort to elicit the feedback that will lead to effective counseling.

Clients seeking testing services for the first time may expect an environment that is similar to what they experience when they see a physician. As a result, clients will anticipate professionalism and genuine concern and will feel more comfortable communicating if they perceive these qualities in the counselor. While casual, informal, and upbeat language may be appropriate for many clients, with recent Asian and Pacific Islander immigrants, counselors must emphasize formality and politeness in language to indicate respectful and professional concern.

Disclosure of Results

Because Asian and Pacific Islander families may see HIV infection as a threat to the family system, recent immigrants may fear harming relationships that are vital to their survival if they disclose positive results to family members. Beyond this, the cultural factors that make a discussion of disease and sex—especially homosexual sex—unacceptable can further promote denial of infection.

Despite these realities, a client who tests positive will most likely disclose the test result to his or her nuclear family. There are several reasons for this, including the family’s primary role in a newcomer’s life and the fact that the guilt of not disclosing outweighs the fear of rejection or misunderstanding. To find support to disclose a result to his or her family, however, the client will likely first seek out someone outside the family to whom to disclose the result.

Counselors can help recent immigrants consider their feelings about disclosure. Ask the client if there is anyone outside the family whom he or she trusts, even someone outside the United States. This person can serve as a “friend-intermediary,” a person who helps the client overcome emotional obstacles to informing the family and face fears of rejection. Ideally, this person can also provide emotional support for the client beyond the issue of disclosure.

Peer counselors or psychotherapists may also act as providers of emotional support. Recent Asian and Pacific Islander immigrants will feel uncomfortable with group support—fearing that disclosure will leak to others. Referral to a medical care provider, while obviously important, may be secondary to providing a referral to someone with whom the client may feel able to discuss his or her infection.

Conclusion

While there are many cultural differences that influence the counseling approach for Asian and Pacific Islander immigrants, the goals of counseling are not unfamiliar to test counselors. Primary among these aims are setting a tone to help clients feel comfortable enough to discuss taboo subjects and personal feelings, and helping clients identify trusted friends to whom they can turn for support, particularly in terms of disclosing a positive result to family.
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