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Article 69

Working With Clients of Appalachian Culture

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People of Appalachian culture are an invisible minority, who are not only present in Appalachia but represent a substantial population in Midwestern urban areas (Hayden, 2004). There are specific differences between their culture and that of mainstream America, and these differences can manifest themselves as difficulties with traditional counseling interventions. In order to work well with people of Appalachian culture, therapists need to be familiar with the culture, know the differences, and find the theories and techniques that work most successfully with them. Sometimes the most difficult part of working with people of Appalachian culture is determining who is of the culture and who is not (Maloney, 1993). The U.S. has become somewhat homogenized with people watching the same national television shows, reading the same well known magazines, shopping in different branches of the same stores. There are still regional differences, however, and that is very true of the people of Appalachia. Appalachian culture has much in common with southern and rural cultures (Obermiller & Howe, 2004; Thorne, Tickmayer, & Thorne, 2004). They have many of the same traits but the mix or pattern is somewhat different for people of the mountains (Keefe, 2005a).

The term "Appalachia" refers to the cultural area along the Appalachian Mountains in the eastern United States from western New York state to northern Alabama and Mississippi. In 1965 the Appalachian Regional Development Act (ARDA) made it a legally designated area. It includes western New York and Pennsylvania, eastern Ohio, Kentucky and Tennessee, western Maryland, Virginia and North Carolina, parts of Georgia, Alabama and Mississippi, and the entire state of West Virginia (Appalachian Regional Commission, 2009). In such a large area, there are regional differences, but many of the cultural commonalities remain the same. In addition to the geographical area of Appalachia, there are many members of the culture who migrated to urban areas such as Cincinnati, Cleveland, or Detroit (Berry, 2000; Feather, 1998). Although now located outside Appalachia, these "urban Appalachians" often still retain their original culture (Maloney, 1993; Maloney & Auffrey, 2004). The population is

diverse, and there are some regional differences within Appalachia (Obermiller & Howe, 2004; Thorne et al., 2004). To place some limits on this paper, our focus will be on “typical” or modal Appalachians; white, blue collar, rural. When compared to mainstream culture, major areas of difference are found with trust issues, dialect and communication styles, gender roles, educational goals, substance abuse issues, career, family support and enmeshment, the social hierarchy (community and kinship based) and loyalty to place.

Perhaps because of a history of isolation and outside exploitation, people of Appalachian culture tend to be distrustful of outsiders and outside organizations (Gaventa, 1980; Geisler, 1983). In *Albion’s Seed*, the author attributes this distrust to the history of the majority of migrants who peopled Appalachia (Fischer, 1989). These were the clansmen who inhabited the English-Scotch border for many years in a state of perpetual warfare. Shifting loyalties and infighting meant trust could be given only to the immediate clan members; all others might turn on them at any time. A large number of these people came to the Appalachian areas of the U.S. After the English resettled many of these “borderers” in Northern Ireland, their dissatisfaction caused many to migrate to the New World and they took up residence in the Appalachian areas, along with their direct-from-England clansmen (Fischer, 1989). About 80% of current Appalachians are descendents of these northern Europeans (Keefe, 2005a) and central Appalachia remains about 83% rural (Couto, 2004).

Settlements in Appalachia were difficult to reach, with few roads or urban areas to draw commerce. Until the 1950s the Frontier Nursing Service continued to serve patients in isolated “hollers” on horseback until switching to four-wheel automobiles to accomplish their rounds (Breckinridge, 1972). This isolation fostered self-reliance, dependence on family and kin, and distrust of outsiders. It has been referred to as cooperative independence.

There is also a history of exploitation of Appalachians by outsiders. Absentee owners of timberlands, coal mines, and mills have not endeared themselves to Appalachian natives (Eller, 1982; Geisler, 1983; Hennen, 1998). Surface coal mining and pollution from mining continue to cause problems today (Walls & Billings, 2002). Promises made by the government during the Great Society have not always been fulfilled (Thorne et al, 2004). All of these things have contributed to reduced trust by Appalachians to anyone outside their own community. It is the distrust of outsiders that may interfere with counseling success.

Appalachian culture would be described as collectivist in comparison with the individualism of mainstream culture (Wagner, 2005; Weller, 1965). Members do not show the competition and task orientation expected of the mainstream. General American culture emphasizes self-actualization and a private self. It is achievement and task oriented. Appalachian culture is person oriented rather than task oriented, and a person’s identity is dependent on their community and kinship ties. Since identity is dependent on the group, Appalachians avoid confrontation that might jeopardize their standing in the group and interfere with its smooth operation. Complaints and dissatisfaction are usually expressed indirectly, behind others’ backs. There is avoidance of direct conflict as this would be detrimental to the social group and community. This makes confrontation in therapy difficult. Children are rarely alone, with frequent parent/child co-sleeping (Abbott-Jamieson, 2005). Children tend to not be individualistic or competitive, and often

use other adults in the extended family as surrogate parents, all traits of a collective culture.

People of Appalachian culture tend to be more satisfied than those of the mainstream, when their basic needs are met for shelter, food, and transportation. It is not as necessary to have expensive cars or bigger houses than their neighbors. In fact, conspicuous consumption would probably be frowned upon as thinking you were better than others, and undermine the cultural egalitarianism. This means that Appalachians may not be as likely to save for a rainy day or for long term goals (e.g., college educations for children; Weller, 1965).

There are negative stereotypes of Appalachians having discarded cars, appliances and such around their homes in the mountains. This simply means that because of geographical isolation, discarded items were saved for parts which were not easily available. This habit, or trait, has been continued in many cases, to the present time and might be regarded as early ecology (Maloney, 2003).

Culture and social standing are family centered and the extended family includes fictive kin (e.g., near neighbors, fellow church members). Society and social structure are based on family and kinship, perhaps because historically that is with whom one usually interacted. Most members of isolated settlements were kin (Beaver, 1986; Russ, 2006; Walls & Billings, 2002; Welch, 1999). Each person was important or had a place in the community, and interactions tended to be reciprocal. It was important for these community interactions that one didn't get "above their raisin" as this would make one person more important in the community than others and would undermine the egalitarianism necessary for smooth community functioning (Russ, 2006; Walls & Billings, 2002). When meeting clients, it is considered polite to first engage in small talk (e.g., the weather, community events) before beginning the therapy session. A certain amount of self-disclosure is also recommended. This would be of a general nature; "I love fresh strawberries!" or "I prefer watching basketball over football." This is a way of demonstrating egalitarianism; that you consider the client your equal. While some theorists frown on self-disclosure, it can be a valuable tool for working with these clients. Egalitarianism is a basic component of Appalachian culture and is also a good reason for the therapist not to set him/herself up as an "expert" in the counseling relationship. In the same vein, it is best to avoid technical jargon, which is a way of "putting yourself above" your clients. Clients who do not feel respected will not return. This is probably true of most clients, but it is especially important when working with Appalachians.

Education is well regarded in Appalachia, but family and loyalty to place are often primary. If the family needs a young person's earnings, education may be prematurely discontinued in deference to family requirements. If a particular trade or career could only be carried on outside of the Appalachian community, the family may discourage its implementation (e.g., nuclear engineer; Shaw, DeYoung, & Rademacher, 2004; Woodrum, 2004).

Appalachian culture is predominantly patriarchal in style. Women and men usually have roles they are expected to fulfill; male as breadwinner, able to stand on his own and take care of his family; female as wife and mother, nurturer and subservient (Duncan, 1961 Eller, 1982; Sellers, Satcher, & Comas, 1999; Welch, 1999). Unemployment and under-employment of males in the Appalachian areas are forcing more women into the marketplace, which is difficult for many men to accommodate.

Increased male substance abuse and domestic violence are postulated as a result (Brown, 2002).

Gender specific careers are more the rule than in mainstream culture. Blue collar jobs are considered more masculine and males in Appalachian culture prefer them over white collar positions at almost double the rate of mainstream males (Russ, 2006; Seufert & Carrozza, 2004; Shaw et al, 2004; Thorne et al., 2004). There is a lack of good female role models in careers that are not gender specific. There appears to be a greater tolerance for domestic violence in patriarchal cultures and wives are more likely to be advised to remain in an abusive relationship (Brown, 2002; Dutton, 1994; Wendt & Cheers, 2002). Mothers tend to nurture boys more than girls. If boys are more greatly indulged by the family and become dependent upon it, they are more likely to remain in the family's immediate area, and less likely to leave the community (Obermiller & Maloney, 2002).

People in the heart of Appalachia speak with a distinctive dialect and speech tends to be indirect. Many in mainstream America have a stereotypical response to Appalachian dialect and view it negatively (Speer, 2002). It is actually closer to Elizabethan English than in other parts of the U.S. because of the extended isolation of the Appalachian population. People were not as exposed to changes in everyday speech over the past 200 years or so (Drye, 2005; Jones, 2002; Puckett, 2005; Wolfram & Christian, 1976). Do not hesitate to ask for an explanation if you do not understand words or terms in the dialect. One example would be the frequent symptom of "nerves" reported by Appalachian clients. "Nerves" may mean different things to different people, and could range from depression or anxiety to stress (Halperin & Reiter-Purtill, 2005).

Speech tends to be indirect, again because of the importance of the collective group. It is not acceptable to confront people. For example, instead of saying, "What did you do this past weekend?" an Appalachian might phrase it as, "Hope you had a good time this past weekend." This gives the person addressed the choice of answering either "I did, thanks" or telling what they did in more detail. Another example, which also illustrates the trait of not wanting to appear better than others, would be: (mainstream, direct question) "How many acres in your farm?" (Appalachian, indirect question), "You sure have a nice piece of land here. It must run on a ways." A direct query demands an explicit answer, which is against the independent, self-reliant nature of the Appalachian culture (Hicks, 1976; Wagner, 2005). This same type of indirect speech is needed when doing therapy or interventions with Appalachian clients.

People of Appalachian culture have a strong connection to their land, and there is a widespread idea that land is held for the next generation (Fischer, 1989; Geisler, 1983; Maloney, 1993). This is all intertwined with identity dependent on family and community standing. There is a strong loyalty to place and even urban Appalachians, a generation removed from "home," return on a regular basis. Family reunions are usually held, if possible, on the old homestead (Allen, 1990; Maloney & Auffrey, 2004). When financial hardship makes it difficult for urban Appalachians to regularly return "home", it may cause separation anxiety and depression. Their personal identity is dependent on the home place and their standing in that community and family, even when they are removed from it (collectivist culture; Obermiller & Maloney, 1994; Wilson, 1983). As an example, some thirty years ago an urban Appalachian man came to a Bureau of Vocational Rehabilitation (BVR) office in eastern Cincinnati with several fingers of his left hand lost in an industrial accident. He wanted a judgment of disability so he could

return to his home community in eastern Kentucky. He was advised by the attending psychologist that his disability was minor and he could return to work with only a few restrictions. Some six months later he returned to the same BVR office and met with the same psychologist. He was now missing his left arm from just below the elbow. The Appalachian man looked at the psychologist and asked, "Now, can I go home?" This illustrates his strong need to return to his Appalachian community (William Russ [psychologist with BVR, at that time], personal communication).

Appalachians' religious world view is supported by evangelical Protestantism, widespread throughout the mountains. Their religious heritage from northern European ancestors is Calvinist, which evolved into an independent and sectarian Protestantism in isolated Appalachia (Brewer, 1967; Welch, 1999). The major denominations are present; Presbyterians, Methodists, and Baptists, but with some differences from these same churches outside Appalachia. Tent meetings and revivals are popular at these churches, and they are an integral part of the community with members often regarded as fictive kin (Beaver, 1986; Dorgan, 1987; Humphrey, 1984). When help is needed Appalachians first turn to their family, then to their local church (Maloney, 2003). Even people of Appalachian culture without religious beliefs are affected by this religious world view in the region (Humphrey, 1984; Welch, 1999).

This religious world view is shown by how mountain people regard substance abuse. Most people are intellectually aware that alcoholism and drug abuse are mental or physiological illnesses. Emotionally, however, based on religious beliefs, it is regarded as sin by the community. Many regard substance abuse as simply a lack of faith and/or a weak belief system (Keefe, 2005b). This can cause problems with treatment plans and rehabilitation into the community.

Interpretations of what is considered a mental disorder or problem is affected by culture as indicated by the inclusion of culture-bound syndromes in the DSM-IV-TR. For example, in mainstream America, a lack of self-actualization is regarded as mental illness. In Appalachia, a lack of connection to the group or community is more likely to be regarded as a mental disorder (Wagner, 2005).

The distrust of outsiders makes it more difficult to create rapport with clients of Appalachian culture. That does not mean that one cannot do it. It simply takes longer and patience is required. Therapists must display integrity and respect, and be consistent in so doing to eventually win the trust of these clients. Once loyalty and trust have been achieved, rapport tends to be stronger than with mainstream Americans, and rarely will be broken by the Appalachian client.

Therapists working with this population need to provide career role models for both male and females in non-gender specific careers; both sexes as administrators and other white collar workers; women as engineers and truck drivers; men as teachers and nurses. Exposure to these ideas assists in broadening career opportunities. Loyalty to place may limit career choice and educational opportunities. Look for possible compromises. For example, local technical colleges to start, and perhaps training as a civil, rather than electrical, engineer so the client can be employed in the community. Encourage family and community participation in career exploration (Russ, 2006).

Keefe, Hastrup, and Thomas (2005) report that results for Appalachians on the MMPI-2 and SCL-90-R both show heightened somatization and depression by comparison with the mainstream norming group. Both genders tend to somatize; females

are more likely to complain of headaches, males of back problems and pain. This somatization also encourages self-medication and consequent substance abuse. Appalachians show a high rate of addiction to pain medications, such as Oxycontin. Counselors should routinely check for depression and suicidal ideation with clients of Appalachian culture.

The cultural preference for non-confrontation may lead to additional difficulties. Clients who do not wish to confront problems may repress them, may try to self-medicate, may avoid addressing issues during therapy. Using indirect speech, the counselor can gently lead the client back to their expressed therapeutic goals.

Appalachians closely guard family secrets; it is an innate part of their culture; perhaps partly because of distrust of anyone outside the family and partially because of avoidance of confrontation. To be successful in exploring these very personal issues, counselors need to be circumspect and use indirect speech techniques. Don't press; let it unfold. Narrative Therapy, allowing the client to tell his/her own story, may be very helpful and is in line with the oral traditions of Appalachian culture.

Be familiar with your own culture and values and become familiar with Appalachian culture. Active listening is very important within the culture as well as with clients. Several years ago, a mountaineer advised, "You can't get in trouble by listenin'" (Kathryn Russ, personal communication, March, 2004). Country-western radio stations provide good background cultural information for people not familiar with Appalachian culture. People in Appalachia rarely refer to themselves as "Appalachian." You are more likely to hear "mountaineer" or "mountain people." They will also frequently refer to themselves as "rednecks" or "hillbillies," but one must be a member of the culture to use these terms, which carry the sting of stereotypes and prejudice (Bailey, 1997; Obermiller, 1999; Otto, 2002).

Working with people of Appalachian culture requires multicultural expertise, just as working with other minorities does (Sue & Sue, 2003). Appalachians display regional differences that influence how therapy and interventions should be addressed and, even though they may be an invisible minority, the same care is required in working with them as for more obvious minorities.

Bullet points to keep in mind when working with people of Appalachian culture

- Be familiar with your own culture and values
- Become familiar with Appalachian culture
- Listen carefully and learn; active listening very important
- Try to see client's perspective
- Pleasantries/small talk at beginning of sessions as between equals
- Be on time and reliable – shows respect; increases trust over time
- Use more self-disclosure, but only of a general nature
- Ask for explanation if do not understand words or terms in dialect
- Do not be the "expert"; undercuts egalitarianism
- Use indirect speech; do not give "orders" or direct suggestions
- Appalachian clients avoid confrontation whenever possible (collectivism)
- Gently return client to goal when avoiding
- Be particularly circumspect when exploring "family secrets"

- Silence is strong technique with this group; diffidence more acceptable in culture; often hard to wait for response
- Encourage client participation and direction in creating treatment plan
- Include family, community, and church in interventions whenever possible
- Strong family support system usually available
- Routinely check for depression and suicidal ideation
- Address somatization as applicable
- Teach relaxation techniques and methods
- Explore spirituality/religious beliefs if indicated – can lead to strong interventions
- If substance abuse issues, explore client's perception as illness and/or sin
- In career counseling, provide strong non-gender specified career role models; address any difficulty in leaving area which may infringe on career choice, educational opportunities; try compromise
- Remember that males prefer blue-collar; females gender-specific careers (e.g. nursing, teaching)
- Humanistic, Reality, Narrative, Solution-focused, Cognitive-behavioral therapies all work well with this population, depending on client

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