
Developing Culturally-Relevant Counseling In Indonesia

Sutarimah Ampuni

Psychology as a science emerged in Indonesia in the 1950s. The first psychological work in Indonesian history was conducted by the *Balai Psychoteknik* (Psychoteknik Board), a board found by the Ministry of Education, Teaching and Culture at that time. The works of the Board included conducting psychological testing for students who were going to further education, as well as performing assessments in organizations to select their prospective employees. The Board was later developed into the Faculty of Psychology of The University of Indonesia, the oldest psychological institution in Indonesia. In 1959, the professional organization of psychologists was founded in Jakarta (Universitas Indonesia, 2004). The second oldest educational institution of psychology, which is the Faculty of Psychology of Gadjah Mada University, was developed from the former Faculty of Educational Science in the university in 1965 (Universitas Gadjah Mada, 2004). This history implies that psychology in Indonesia was born in the context of educational science. Currently, the typical differentiation that works within

universities divides psychology into six main divisions, which are educational psychology, clinical psychology, social psychology, developmental psychology, organizational and industrial psychology, and general and experimental psychology.

Unlike that in the U.S. where counseling psychology is a highly specialized division in the psychology profession (Cheung, 2000), counseling psychology in Indonesia has not been acknowledged as a specific division within Psychology. The psychological applications of helping with personal issues have been generally assigned to the clinical psychology. There is no distinction between subjects that are typically assigned to clinical psychology (e.g., psychopathology and psychiatric problems – Barak & Golan, 2000; or mental illness, problem at the extremes, and intrapsychic distress – Howard, cited in McWhirter, 2000) and those that are more the specialty of counseling psychology (e.g., personal health and well-being, normal development, strengthening inner positive powers, problem solving, self-actualization and accomplishment - Barak & Golan, 2000;

or mental health, problems within the normal range, and the relationship of individuals to the environment - Howard, cited in McWhirter, 2000). Consequently, there is no formal distinction between the concepts of counseling and psychotherapy in the discipline of psychology.

In accordance to the shared conception between counseling and psychotherapy applied in Indonesia as described above, this essay will discuss "counseling" in a broader meaning. The discussion will cover subjects that in other countries may be assigned to counseling as well as those that may be referred as the subjects of psychotherapy. The terms *counseling* and *psychotherapy* will be used interchangeably along with the third term *therapy* as an alternative. Such interchange of the terms counseling, psychotherapy and therapy has been applied by some authors such as Sharf (2004) and Sommers-Flanagan and Sommers-Flanagan (2004).

A working definition of counseling and psychotherapy generated by Sommers-Flanagan and Sommers-Flanagan (2004) is adopted for this essay, which is:

Counseling and psychotherapy is a process that involves a trained person who practices the artful application of scientifically derived principles for establishing professional helping relationships with persons who seek assistance in resolving large or small psychological problems. This is accomplished through ethically

defined means and involves, in the broadest sense, some form of learning or human development (Sommers-Flanagan and Sommers-Flanagan, 2004, p. 9).

As in other countries around the world, the models of counseling and psychotherapy in Indonesia have been borrowed from those developed in the West. Approaches and techniques that are practiced by therapists and taught in psychology classes are adopted from Western literature, such as psychoanalytic and psychodynamic, humanistic, rational-emotive, gestalt, cognitive, behavioural and analytical psychotherapy. The philosophical orientations were also adopted from the West. For example, the Indonesian guidance of diagnostic and classification of mental disorders (PPDGJ – Pedoman Penggolongan dan Diagnosis Gangguan Jiwa) has been translated with slight modifications from the American Diagnostic and Statistical Manual of Mental Disorders (DSM).

During the last decade or two, there has been awareness toward the importance of developing indigenous psychotherapy. Some scholars have been attempting to dig out local values and build up original, culturally specific models of psychotherapy. Subandi (1994, 1995), for example, has been enthusiastically working on systemizing the construct of Islamic Psychotherapy that is based on Islamic values embraced by the majority of Indonesians.

This essay emphasizes the importance of ensuring counseling practices culturally-relevant, and explores Indonesian cultural values that differ from Western values and therefore suggest that the applications of the original counseling without adjustments may be inappropriate. The focus of discussions will be on the technical adjustments, theoretical modifications, and philosophical reorientations needed as a result of the cultural differences. The study will be based on research results addressing differences in cultural values and practices between Indonesian and the Western reported on international journals; however because such this research is very limited in quantity, analysis the will also be drawn from other sources including some research on general Asian cultures when relevant, as well as from professional experiences of the author.

THE IMPORTANCE OF CULTURALLY-RELEVANT COUNSELING

Psychology has been characterized as a White, middle-class phenomenon that is conceived in English, thought about in English, written about in English, and takes into consideration problems relevant to Anglo-Saxon culture (Ardila, cited in McWhirter, 2000). This has been true of counseling psychology as well. The difficulty involved in applying counseling theories universally, particularly applying them to diverse client populations other than

White, middle-class Western people, has been first recognized four decades ago by U.S. counsellors who had to deliver counseling to a wide range of clients from different cultural background (Mocan-Aydin, 2000; Patterson, 1997; Sue & Sue, 1999). This awareness has brought about two movements within counseling psychology. The first movement has been focusing on providing culturally-relevant counseling for migrants and has resulted in the development of multicultural counseling concepts in the U.S (Tseng, 2004, Sue & Sue, 1999). At the same time, there are frequent discussions on "transcultural" psychotherapy or counseling, which is, applying psychotherapy that originated in the West to patients in the East and on developing culturally appropriate psychotherapy within Eastern societies (Tseng, 2004).

There are at least two reasons why applying counseling in cultures other the Western needs adjustment. External validity is the first reason. McWhirter (2000) stated that until recently, counseling psychology has relied primarily on American assumptions, concerns, and presumptions as the basis for its research. As Cheung (2000) also stated, the theories, research, and practice of counseling psychology originate in the U.S. but are assumed to be universally applicable. There has often been little regard as to the applicability of the theories and practice (McWhirter, 2000).

Secondly, the ecological viewpoint adopted by counseling psychology suggests that therapy interventions and research plans need to be adapted and modified to fit a cultural perspective (McWhirter, 2000). For example, a behaviour that is considered being normal in a culture may be seen as being problematic in another culture. Therefore, ecological rather than universal standards (e.g., normality-abnormality) are required for effective counseling.

ADJUSTING COUNSELING TO INDONESIAN CULTURE

Tseng (2004) formulated three levels of cultural adjustments that need to be made in order to ensure that the therapy being performed is culturally competent. The three levels are technical adjustments, theoretical modifications, and philosophical reorientations.

Technical adjustments

Technical adjustments refer to the modifications of methods and practical issues in providing therapy to suit clients from various backgrounds (Tseng, 2004). The following discussion focuses on areas where the adoption of methods and other practical issues of counseling in Indonesia need some adjustments to be culturally appropriate and sensitive.

Orientation toward and expectations of counseling

The way Indonesians understand counseling may differ from that of the

Westerners. In Western cultures, seeing a psychotherapist may be considered a common way of dealing with life problems. On the contrary, in some Asian cultures, mental illness may carry a stigma and seeing a psychotherapist, even for minor psychological problems, may be undesirable (Tseng, 2004). People may hesitate to seek psychological help, and those who do may expect the psychotherapy to be a quick and passive healing process where the therapist will give instant "medicine" for their psychological problems.

It is crucial for Indonesian therapists to determine the client's and his or her family's knowledge of, and orientation toward, therapy, and to carry out treatment accordingly. Some adjustments in the approach may be needed including providing clients and their family with necessary education about psychotherapy itself, and applying therapeutic approaches that are briefer and more practical when possible.

Counsellor-client relationship

Unlike in Western culture where equality between individuals is emphasized (Sommers-Flanagan & Sommers-Flanagan, 2004), Indonesian culture tends to maintain status differences among members. For instance, older people are considered superior toward the younger, students are regarded as subordinate of the teachers, and so forth. This is often also true for counselor-client relationships, where a

counsellor are expected to be an authority figure who takes an active role as a healer, and is assertive in carrying out his or her therapeutic activities. As Tseng (2004) stated, Asian clients might not trust a counsellor who shows too much respect to the client's autonomy, and who does not directly and explicitly express his or her own opinion and make suggestions.

The collectivistic nature of social relationships may also affect the boundaries between counsellor and client. In Western context, client-counsellor relationships may be strictly professional and clients have neither need for nor access to the counsellor's personal information. In Indonesia, however, personal information is often put into public area and people may appraise their professional helper based on this information. A counsellor who strictly conceal his or her private life and would not exchange any information about it may lose the client's trust. Constantine and Kwan (2003) stated that therapist self-disclosure may be an important tool for developing and maintaining client-counsellor therapeutic alliances; and the importance may be even more in cultures such as Indonesian.

Psychological assessment

Assessment is an essential component of the counseling process. In Indonesia, psychological tests have been imported from the West with translation

from English to Indonesian. Cheung (2000) suggested that the application of imported assessment tools must consider the cross-cultural equivalence, relevance, and validity. Cheung suggested a need for tests that include important, culture-specific domains in addition to culture-comparable constructs if the tests are intended to provide reliable and valid assessment for people of that culture. In addition, local norms should be arranged and used as the basis of clinical interpretation.

Therapeutic approaches and techniques

Literature on counseling and culture has been discussing the adjustment of approaches and techniques of counseling on two focuses. Some authors focus their attention on the development of indigenous techniques such as Morita and Naikan therapies in Japan (Cheung, 2000) or an Islamic model of psychotherapy (Carter & Rashidi, 2003). The others reflect on how to adjust the original techniques of psychotherapy to another culture, such as Constantine and Kwan (2003) who discussed how therapist should carry out self-disclosure to clients from various cultural backgrounds.

As previously stated, in Indonesia there have been discussions and endeavors on developing indigenous or culturally-relevant therapeutic approaches. Subandi (1994, 1995) has been working on systemizing the religious psychological healing

techniques based on Islamic values that have been quite widely practiced in Indonesian community. Suryani and Jensen (cited in Subandi, 1995) studied a Balinese traditional healing method as a form of psychotherapy.

Adjusting the original counseling techniques is as important as developing indigenous models of therapy. There are some Indonesian cultural beliefs and practices that differ from those of the Western where psychotherapy was originated, and as Sommers-Flanagan and Sommers-Flanagan (2004) proposes, such these differences may suggest how counseling should be practised differently in different cultures. Described below are some of the culture-based adjustments of counseling strategies needed for practice in Indonesia.

Involving interpersonal networks.

The individualistic cultures like the dominant culture in the U.S. place enormous values on the personal liberty of the individual and the supremacy of self interest over those of the group (Sommers-Flanagan & Sommers-Flanagan, 2004). On the contrary, Indonesian culture is one of the collectivistic cultures where emphases are put on the sense of connectedness between the individuals and the groups and on the significance of extended family (Pope, 1999). Noesjirwan (in Hadiyono & Kahn, 1985) found that Indonesians, in contrast to Australians, place greater emphasis on interpersonal closeness. It is not surprising, then, that

family issues, social concerns and cultural conflicts apart from academic concerns were found to be the dominant reasons for what Asian-American students seek help (Yeh, 2001).

Some authors recommend system-oriented counselings for clients from collectivistic cultures. Yeh (2001), for example, wrote that utilizing significant relationships should be a central focus of helping Asian-American clients. Pope (1999) argued that group career counseling is essentially appropriate for Asian clients who value collectivism, primacy of group survival over individual survival, interdependency, and connectedness. Tseng (2004) supposed that some forms of family therapy may be more suitable for clients from these cultures.

Applying more directive styles of counseling. According to Pope (1999), Asian clients prefer a more directive and authoritarian style of leadership, along with structured situations and practical solutions. Tseng (2004) wrote that many Asian clients are more susceptible to cognitive therapy and feel uneasy about analytic therapy. Comparing American and Indonesian college students' personality, Hadiyono and Kahn (1985) found that Americans were more dominant, forthright, and radical, whereas Indonesians were more submissive, prudent, and conservative. These facts may be relevant with what Yeh (2001) noted that Asian clients tended to be more passive in therapy, as

well as de-emphasized direct verbal communication and emotional expression. Leong (cited in Pope, 1999) stated that a common issue in Asian career exploration groups is the lack of verbal participation by the members. Kim, Putjuk, Basuki, and Kols (2001) observed that although better-educated Indonesian clients engaged more actively in counseling than their less educated peers, generally Indonesian clients were passive during counseling. All these information suggests that more directive modes of counseling are probably more appropriate for Indonesian clients, and that counselors need to encourage and assure clients to speak. Kim et al's (2001) research in Indonesia found that raising counsellors' facilitative communication increased clients' confidence in expressing themselves. Mokuau (cited in Poasa, Mallincrodt, & Suzuki, 2000) suggested that active and directive cognitive-behavioural counseling approaches may be appropriate for cultures that value structure and guidance.

Focusing on relationship harmony. Summarizing some previous research, Poasa et al (2000) documented that non-Western persons were reluctant to express anger in close relationships, prefer interventions that preserve relationships rather than that isolate the individual, and place high priority in maintaining good relations. Therefore, techniques that encourage direct negative expression of feelings may not suit

Indonesian clients. According to Ting-Toomey (cited in Poasa et al, 2000), communication and conflict management styles that focus on group and relational harmony instead of confrontation and expression of negative feelings may be more promising when working with clients from collectivistic cultures. Some specific interventions practiced in the West such as assertiveness training are perhaps not suitable for these clients if performed without careful modifications.

Incorporating spiritual and religious approaches. Spirituality and religion are inseparable parts of the life of most Indonesian people. Often, psychotherapy is the last alternative where a client or the family reluctantly comes to seek help after spiritual and religious attempts to deal with the problems has been unsuccessful. Addressing these issues may be an essential part of the counseling process. Moreover, if desirable by the client, counsellor may also integrate spiritual or religious approaches, or, to work collaboratively with the spiritual or religious healer to whom the client has been seeking for help.

Theoretical modifications

In addition to technical adjustments, culturally competent psychotherapy requires modifications in the theoretical level. Many theoretical concepts about personality, psychopathology, and help-seeking behaviors that have been used in Western countries need to be examined

when psychotherapy is applied to clients from different backgrounds (Tseng, 2004).

Theories of personality

According to the psychoanalytic theory, the structure of the self includes id, ego, and superego. The psychosocial view added the fourth component of the structure of the self, which is the socio-cultural layer. In the collectivistic and interdependence culture, however, the boundaries of the self as an individual may become blurred (Tseng, 2004). These blurred boundaries may be true for cultures such as Indonesian where social relationships are emphasized and individual interests are de-emphasized. The family, often including the extended family, has an important place within the individual self.

Psychological development

Western and Eastern societies differ in how they expect individuals to develop psychologically. According to Tseng (2004), in many contemporary Western countries, growing up fast and independence during the early years of life is considered important. In many Asian societies, however, people have a more laid-back attitude toward their babies. Small children are allowed to remain babies, pampered by their parents, grandparents, and other family members, with no pressure to move into the next stage of development. In Indonesia, for example, breastfeeding is prolonged until two years or sometimes

more, children sleep in their parents' room until they start school, and parents feed them until they are big enough to sit down on the adult chair and not to spill the food. The demands of development, however, change abruptly during the subsequent stages. By about school age, children are expected to have more mature control and discipline. Also, as children have younger brothers or sisters, they are expected to be big brothers and sisters who take part on the rearing of the younger ones. Furthermore, a cross-cultural study about aging and adult development in Indonesia, Bahrain, and Brazil by Eyetsemitan, Gire, Khaleefa, and Satiadarma (2003) reveal that compared to the two other developing countries, Indonesia had an earlier start age for the early adulthood stage (18.5 years). For females the start was even lower (17.71 years). The early adulthood stage is perceived to be typical for marriage and for starting jobs for males, implying that it is more culturally desirable for women to get married than to have a higher education or to start a job. The dissimilarity of how Indonesian and the Western societies perceive and experience development as described above suggest a need to consider cross-cultural adjustments in applying the theories of development originated in the West.

Parent-child relationships

The concept of independence, growing and leaving one's family, is a

Western concept, as Asian values emphasize responsibility for the family and interdependence between members. Pedersen (1997) stated that in interdependent cultures, children depend on parents and later the aged adults depend on their children in a full cycle of reciprocity. Parents devote themselves to children, who in turn are expected to support the parents in old age. Parent-child complex is also perceived differently in the two cultures. According to Tseng (2004), parental authority is traditionally emphasized in Asian cultures, and parent-child conflicts in Asian stories are resolved by the parent defeating the child rather than the child defeating the parent as in Western stories. These values on parent-child relationship are relevant with those of Islam, which is the religion embraced by the majority of Indonesian. Islam stresses that people must be responsible for their parents, take care of them, honor them, and be kind to them, especially during their old age and time of sickness. Moslems believe that older, vulnerable, and weak parents and relatives are gifts from God that must be cared for (Abdullah, cited in Carter & Rashidi, 2003).

The meaning of mental health/illness

According to Johnson and Nadirshaw (1993), the current medical model of psychiatric illness/mental health implies a mind-body dichotomy, a strong adherence to a classification

system, and clear-cut distinction between psychology, medicine, religion, and spiritualism. Some Asian cultures however, believe in a holistic approach and see pathology as rooting from a lack of harmony between mind and body. Tseng (2004) suggested that Asian clients' view of illness may include supernatural, natural, and medical-psychological dimensions, whereas psychotherapy tends to focus on the medical, psychological, and social aspects of illness. Pedersen (1997) wrote that pathologizing mystical experiences is an example of Western models that are going beyond their boundaries in some cultures. McWhirter (2000) asserted that differences between counsellors' and clients' beliefs about the causes, nature and solutions of problems affect the outcome of treatment. Therefore, in conceptualizing a client's problems, an Indonesian counsellor should examine all possible factors including those of natural, supernatural, and religious, in order to reach the same understanding of the problems as the client's.

Philosophical reorientation

After the technical adjustments and theoretical modifications, to be culturally competent counseling also needs philosophical reorientations toward the fundamental issues, such the meaning and goal of therapy and of the life.

The goal and the meaning of therapy

The goal of psychotherapy is usually understood as normality and maturity. Being normal and being mature, however, may be defined differently in different cultures (Tseng, 2004). In the West, for example, autonomy is a highly regarded goal and virtue (Sommers-Flanagan & Sommers-Flanagan, 2004), and individual independence, self-sufficiency, and uniqueness are seen as indicators of normality and maturity (Poasa et al, 2000; Carter & Rashidi, 2003). In the East, however, the self and the personality are defined in terms of group memberships (Sommers-Flanagan & Sommers-Flanagan, 2004), and therefore the emphasis on individuation and independence from the family may be seen as inappropriate and harmful to the harmony of relationships (Poasa et al, 2000). In collectivistic Indonesian culture, a sense of belonging may contribute more to psychological well-being than the goal of self differentiation and self expression as Western therapists might hold for their interventions.

The meaning of therapy may also vary from culture to culture. As Johnson & Nadirshaw (1993) affirmed, the quest for "understanding" in Western thought is for fact; whereas in the Eastern is for feeling. Gaining insight and awareness about childhood experiences is an example of the quest for fact through Western psychotherapy. Therapies focus more on cognition (Tseng, 2004). Eastern indigenous therapies however, focus more on experience (Tseng, 2004) and

enlightenment through individual striving and seeking, with its emphasis on personal, subjective experience (Johnson & Nadirshaw, 1993). Meditation is an example of Eastern therapy that bypasses the cognitive approach to gain self-knowledge through experiencing (Tseng, 2004, Johnson & Nadirshaw, 1993). Another example is therapy through prayers and fasting as taught in Islam, that is believed to promote positive feelings and values such as tranquility, joy, happiness, connection, mindfulness, wisdom, empathy, faith and trust (Carter & Rashidi, 2003).

The meaning of life

A counselor must understand the way a client values his or her own life and arrange the therapy accordingly. An example of the aspects of life that may vary from a culture to another is the choice of lifestyle - acceptance vs. conquering - (Tseng, 2004). There are limitations on people's capacity to resolve their life problems, and people may differ on where and when they will accept or conquer undesirable situations. As stated by Tseng (2004), Western cultures generally consider that it is advantageous to actively deal with the problems, to develop one's maximum potential, and to seek a desirable level of achievement; whereas in Eastern way it is desirable for a person to learn how to accept his limitations and live in accordance to the rule of nature.

Carter and Rashidi (2003) quoted Asian-Islamic philosophy stating that there is a reason for every life event. Hence, despite the obligation to take action in a positive direction for every unwanted situation – for instance, for the cure of an illness – Moslems are not allowed to blame self, others or God.

CONCLUDING COMMENTS

To sum up the discussions above, in applying counseling and psychotherapy in Indonesia adjustments on three levels are needed: technical adjustments, theoretical modifications, and philosophical reorientations. Adjustments in counseling techniques include, but not limited to, involving interpersonal networks, applying more directive methods, focusing on relationship harmony, and incorporating religious spiritual dimensions. Theoretical formulations of some psychological aspects of life need to be challenged, such as those of personality, psychological development, parent-child relationship, and the meaning of mental health and illness. In addition, the philosophy about the meaning and goals of therapy and of the life also need some reorientations.

As a final point, it is important to note that multiculturalism is also the characteristic of Indonesia itself. Indonesia, like the U.S., is made up of literally hundreds of ethnic groups, each with its own characteristics and cultural identity. Likewise, the educated urban

and the illiterate rural societies differ greatly to each other, people from a religious group are different from those from another group. It is utterly not reasonable to generalize what techniques, theories and philosophy that are suitable from Indonesian clients. Careful adjustments are always needed to practice counseling in every different group.

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