Cross-cultural practice
Social worker ingenuity in the indigenization of practice knowledge

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The education that is imparted to social work students in developing countries has received considerable scrutiny. In the earlier half of this century, professional social work was transferred from the developed world to the developing countries. Much of this technology transfer was based on the belief that social work had a universally relevant methodology and an international professional identity (Midgley, 1981). In fact, Midgley claimed that this was a form of ‘professional imperialism’ that Western social workers imposed on their third-world colleagues.

The potential consequences of transferring Western social work knowledge and technology are many and not without difficulty. Roan (1980) found that the struggle students had in Taiwan trying to fit their social work activities into the Western theories created a source of conflict and confusion. Jinchao (1995) pointed out the difficulty in trying to use material from the West in social work education in China. He stated that ‘what social work in the Chinese culture aims is to achieve a state of harmony and integration, rather than the provision of opportunities for one’s development and actualization, as emphasized in the West’ (p. 30). Nagpaul (1993) argued that even today there is no basic social work textbook in India that takes into account ‘indigenous elements of social,
economic and political life' (p. 211). Mohan (1993) asserted that social work as practiced and developed in India today is inappropriate to address diversity, unification and empowerment. Thus, many educators have argued for the indigenization of a social work knowledge base and practice (Drucker, 1993; Midgley, 1981; Nagpaul, 1993; Rao, 1993).

In discussing the factors that were blocks for the indigenization of the profession in Asian countries, Nanavathy (1993) has stated that as the large cities in Asian countries become industrialized, Western influence becomes more pronounced and the use of local knowledge becomes truncated. Also, he argues that professionals themselves have not made efforts at indigenization, and support to boost such endeavors has been weak. Kulkarni (1993), guest editor of a special issue of the Indian Journal of Social Work, made the following observations about social work in Asia.

1. The models of social work in developing countries have been imported.
2. Although they were predominantly rural, the developing countries adopted American urban models.
3. The professionals' value orientation of self-determination and self-reliance was influenced by American liberal values that do not seem suitable for other countries.
4. The efforts towards indigenization have been particularly slow in Asia.

In contrast to those who have identified the problems of adapting Western social work knowledge to other cultures, Ejaz (1991) presented another perspective. In a study conducted in Bombay, she interviewed social workers on these and related issues. She found that half of the social workers did not feel that their education was Westernized. In addition, they believed that they had adapted what they had learned to suit their local needs.

**Research question**

This study examined how Indian social workers in an alcohol treatment center, which was patterned after an American treatment model, deal with technology transfer. The study was done with the following assumptions:

1. The knowledge base being utilized by social workers in this
setting was essentially reflective of Western social work practice.

2. Social work practice models are laden with cultural values, norms, assumptions, attitudes, and linguistic habits and beliefs, implicit and explicit, rational and irrational, formalized and intuitive.

3. Practice cannot be acultural and ahistorical.

4. When utilizing practice models developed in another culture, cultural incongruities and issues will routinely appear in the activity of the everyday life of the practitioner.

Based on previous observations of social work practice in India, the authors hypothesized that they would find that social workers routinely indigenize their practice, and in doing so rely greatly on their culturally grounded tacit knowledge. The emphasis and focus of the study was the application of knowledge as reflected in the everyday practice experiences of the social workers.

Adaptation refers to the process by which ‘goodness-of-fit’ is being achieved between the intervention technology and the socio-cultural environment. Through language, local knowledge and belief systems, the technology is changed to reach an adaptive balance. In recent years the term ‘indigenization’ has been used to refer to these processes, especially in the context of social work practice. However, social workers often use the term with different meanings. Midgley (1981) argued that indigenization has become little more than a cliché and that its usage has not been accompanied by any attempts at clarification. We found Shawky’s simple definition (1972) of indigenization as ‘adapting imported ideas to fit the local needs’ to be useful. In our study the term ‘indigenization’ is used to reflect the process whereby a Western social work framework and/or Western practice technology is transplanted into another environment and applied in a different context by making modifications.

Cultural context of the study

The cultural context of social work practice in India is very complex and space does not allow for a thorough analysis in this paper. However, it is important to understand some important key aspects of the culture that have a particularly strong influence on practice. India is predominantly Hindu, and, thus, Hinduism influences every aspect of the Indian’s life. Doctrinal values in India stem from the
sacred religious scriptures of the Hindus, dating back to the Vedas. The term ‘Veda’ literally means ‘body of knowledge’ and the Vedas are a collection of hymns which describe the lifestyle and religion of the society. The preponderant teachings can be elucidated from the Bhagavad Gita, the most important religious book for the Hindus.

The two basic values that are revered by Hindus are dharma and karma. These two concepts are crucial to understanding the culture and, therefore, the indigenization of social work practice. In addition, the caste system and the joint family will be briefly discussed as they are two important social institutions that govern an Indian’s life. Finally, the guru–chela relationship and the place of alcoholism in Indian culture will be reviewed, thus concluding this brief description of the cultural context of the study.

Dharma literally means duty or one’s obligations and expectations. It also tells us that all human action must conform to an eternal order that is all pervading. Maintenance of order and justice is achieved through dharma. Any individual’s dharma encompasses his/her whole life: duties towards family, community, society, religion, and occupation. Dharma can be interpreted as a concept of duty that is seen as being for individuals as well as institutions. As individuals, men and women have certain duties to their spouses and their families.

Seen in the context of a social institution, dharma provides elaborate guidelines for a delineation of the duties to different castes. The caste system in India is an outgrowth of the varna system which divided the society into four castes. Later on the Bhagavad Gita set forth assignment of duties to the different caste groups. These castes are further divided into jatis. Entry into each caste is determined by birth and changing one’s caste is not possible. Kurian and Srivastava (1983) argue that even though the caste system is breaking down, it continues to play an important role in the lives of the Indian people. For example, inter-caste marriages are still looked down upon.

The social institution that is key to the Hindu life in India is the joint family. A traditional Indian family consists of three or four generations living under one roof and sharing one income. While the pattern is changing and families are smaller units now, the typical family is still like an extended family. However, family members are in constant contact with one another. They are together for celebrations and festivals and at times of distress. Generally, the head of the family is the oldest and age is given much importance (Gore, 1977; Lal, 1976).
The cherished guru–chela relationship is also an important traditional concept that influences social work practice. For many, this relationship is suggestive of how a social worker–client relationship should be in India. The guru is held in high esteem in the Indian tradition. Manu, the law-giver, says, ‘the guru who imparts knowledge of the self is greater than the father and even the mother, for, while parents give a physical body, he gives the spiritual, eternal body’ (as cited in Neki, 1973: 757).

The use of intoxicating drinks and drugs in India dates back to ancient times when it was looked upon with disapproval by Hindu scriptures. Through a process of social evolution, a climate has been created in the country where even those who drink consider abstinence a desirable state and respect those who do not. An ambivalent culture has emerged where negative and prohibitive attitudes coexist with those that are accepting. As a result, the use of alcohol has never become fully integrated into normal, everyday life in India.

Method

Interpretive interactionism, as advocated by Denzin (1989), was used to carry out the study. Using this method, which is concerned with capturing the phenomenon through locating and situating what is to be studied in the natural world, seemed particularly appropriate for studying the everyday lives of social workers in India, examining how they deal with technology transfer. The approach was further seen as an efficient way to capture the voices, emotions and actions of those being studied.

Data were gathered during two field visits to the T.T. Rangathan Clinical Research Foundation in Madras, India. The foundation, patterned after the Hazelton Foundation of Minneapolis-St Paul, is a full-fledged, in-patient agency with 55 beds that offers a one-month treatment program for its clients. Psychiatrists, social workers, clinical psychologists and recovering alcoholics work for the center. The center, operating on the notion of the abuse of alcohol as a treatable disease, offers a three-phase program each of which is in conjunction with Alcoholics Anonymous: detoxification, an intensive three-week therapy program and aftercare.

Data were collected by participant observation, focus groups, in-depth interviews and document analysis. Triangulation of multiple data sources and multiple methods were used to increase the
credibility of the findings. Focus groups were held with eight clients, the families of the eight clients and 10 social workers. Each group took 1–1.5 hours. After these group meetings, each participant was interviewed in-depth. All sessions were taped and transcribed. These transcripts, along with detailed field-notes and documents, were the basis for data analysis. Bracketing and thick description were used to identify themes, elements and essential structures of the data (Denzin, 1989). Themes and categories were not predetermined, but were clusters that emerged from the data.

Findings

_Dharma, karma_ and simply making pragmatic judgments as to ‘what works’, were found to be the predominant influences in the social worker’s utilization of knowledge and everyday practice choices. These three factors emerged as the primary themes discussed by social workers as they described attempts to apply their respective professional training and a Western treatment model to practice. In some cases the themes provided direction for clear alternative practice choices to the Western model; sometimes they indicated minor adjustments; and sometimes workers chose aspects of the Western model even though it appeared to conflict with one of these themes. After reporting on these themes in a general way, findings on more specific practice choices and interventions in the areas of advice giving, family intervention, confrontation and reassurance will be presented.

_Dharma_. _Dharma_ was found to be important to social workers’ own responsibilities in executing their duties as well as in understanding their clients, their clients’ spouses and their clients’ families. This sense of duty particularly influenced their practice choices and behaviors related to the giving of advice and intervening in family matters.

_Karma and acceptance_. In a similar way, _karma_ is a concept that, to a large extent, rules the lifestyle of Indians. Workers reported that this faith in _karma_ helped the client to better accept things in life. Social workers saw belief in _karma_ as an important factor that influences contentment among clients. An example given was that a conductor of a bus will typically have total acceptance of his life situation. He is unlikely to have an ambition to become the manager. He may aspire to earn a few more rupees, but he will not aspire to have a car. He is happy with his little moped and his little flat that he can afford. Some of the social workers shared that this
helped in dealing with the grandiosity that is common with alcoholics. A worker reported, ‘A lot of the grandiose thinking comes down on its own, rather than needing to work on it consciously.’ There is an acceptance of poverty and the fact that for many it is not possible to have more than one meal a day. As one of the social workers put it, ‘I do think that this acceptance is partly because of our belief in *karma*. Because we are oriented to think that we have only what we deserve, so we think that we are getting what we have to almost like a fair share.’ This same acceptance, however, may be a problem when dealing with family matters and family intervention and will be discussed below.

*Doing what works.* Social workers repeatedly spoke of doing things in a particular way because they work. This seems to be central to the indigenization process. Upon further inquiry, they reported that they learned particular things worked by ‘doing’. Their descriptions were not unlike Rosaldo’s notion (1993: 193) of ‘Rather than work downward from the abstract principles . . . work outward from an in-depth knowledge of a specific form of life.’ Learning by doing is related to what Geertz (1983) refers to as ‘local knowledge’. ‘Like sailing, gardening, politics and poetry, law and ethnography are crafts of place: they work by the light of local knowledge’ (p. 167).

**The indigenization of specific practice choices and interventions**

The following examples of the indigenization of practice choices and interventions evolved as consistent themes of the study.

*Giving advice*  
Giving advice was found to be prevalent and a very important intervention for these social workers. However, it seemed to be an intervention that caused conflict within the social workers themselves. They are taught in schools of social work to not give advice. They understand that avoiding advice-giving is closely related to the social work value of self-determination. Workers reported that they theoretically value allowing the client to decide what he or she wants. Therefore, when they initially give advice, they reported that they felt they are not doing what they had been taught, namely, respecting the rights of the client.

Initially there seemed to be denial among the social workers that they were giving advice. At the second session, when this discussion
came up again, some of the social workers were sharing that they sit with the clients and talk about alternatives. Then, when clients ask them which one to follow, they say that, ‘If I were in your position, this is what I would do, but you can choose to do what you think is best for you.’ Here, there was a subtle softening of the stand they took in the previous session. During the next session and during individual interviews with the social workers, clarification was sought on this point and workers explicitly stated that they give advice. They justified giving advice for three reasons; one, it was their duty; two, it was expected by clients and their families; and three, it works.

Duty as it relates to giving advice was explained by one social worker who stated:

I feel that it is my duty to see to it that the patient is on the right path. Probably it is this duty feeling that makes me give a lot of advice when I am working one on one with a client. With a client I may feel that it is my duty to prevent him from relapsing if I know/am aware that what he is doing is not good for his sobriety. So the wife may report to me that this is what my husband is doing, so I would talk to the patient based on this report and give advice. Because I think the client may listen to me more, rather than his wife.

Another worker stated:

I am comfortable with telling the client directly what to do because I am married and therefore there is respect from the client. I think that if I know that the client is heading towards doing something that is not healthy for his sobriety it is my duty to tell him that he is wrong and this is what you have to do . . . especially if I think that the patient is fumbling.

There was a predominant indication that being directive works best with most clients. Workers reasoned that since clients often see the social worker as an authority figure, telling the client (not suggesting) what to do works best and the social worker can be most effective utilizing this approach. Workers reported that this was particularly true with clients who were illiterate, who came from villages and who were found to have cognitive dysfunctions. One worker stated:

I give a lot of advice if they are not very literate, especially when they come from villages. I threaten them and tell them, ‘If you drink a little more, you will die or you would go mad. If you want to live, you have to stop drinking and that is the only way.’ Sometimes, this kind of advice comes automatically, unconsciously, without me realizing, without my knowledge.
Family intervention

Social workers saw the family as the central social institution of Indian society and valued its maintenance over the needs of its individual members. This was in considerable conflict with the treatment model being utilized in the agency. Agency administrators had recognized this conflict at an earlier point and had structurally included family members in the treatment process to a much greater degree than the imported model.

Acceptance associated with *karma* was seen as a problem by some of the social workers. Because the family tends to accept this person who has a drinking problem, a wife will not leave an abusive husband even though he may be beating her. Here the *karma* is that ‘this is my husband and this is my fate and so there is nothing to do about it.’ Although workers reported that this immense support from the wife and the family may put the wife at risk and may also buffer the alcoholic from coming for help, they recognize that this acceptance helps in strengthening the family ties as it is inclusive and represents their readiness to help the client. Workers were quite articulate in describing the paradoxical influence of *karma* and the value of this acceptance on practice. During these discussions one of the workers quipped that many people have told her that she was doing a lot of *puniya* (good *karma*) because she is helping.

*Karma* and the acceptance of one’s fate had a particularly important impact on practitioners when dealing with the husband–wife relationship. Workers repeatedly shared that they do not advocate separation of husband and wife. They expressed their resistance to the idea that the marriage could be broken, not only because marriage is considered sacred, but also because the husband and wife have a duty towards each other and their family. Workers often listen and understand the feelings and struggles of the wife who is living with the alcoholic, but when the client comes for treatment the wife is expected to show patience and tolerance. Here is an example of such a report:

I will not induce a crisis by separation because I will not do it myself. Does it not interfere with my family duties? If I will not do it, I do not expect my client’s wife to do it too . . . I do not believe so how can I suggest it to my clients?

I am very much culture-bound. If a client has come and got himself admitted, I would say to the wife that she has to give her husband a fair chance . . . yes, so far he has neglected his duties, but now he is willing to get back and discharge his duties in the right way . . . so let’s wait. Rarely will any wife want to leave her husband and ask for my advice.
Discharging one’s duties is also linked to the extended social support system of the client. Family members consider it to be their duty to help this individual when he is rehabilitating. An example of how the dynamics of duty operate was illustrated by a worker with an example from her caseload.

See, now I have this patient, Mr AZ. He is from a Tamilian Brahmin family. He is 42 years old and not married. So, when he was admitted here we were wondering who will attend the family program because he has no wife. His parents are dead. The patient’s elder brother’s wife volunteered to come and attend the classes for two weeks. ‘I have an amma stanam [status of mother],’ she said, ‘in the family as I am the first daughter-in-law and also his mann [sister-in-law].’

Translated it means that since she was the eldest brother’s wife, she held the status of mother in the family so she would do her duty and attend the program. Clients also talked about their duties in their recovery. When they are thinking, reflecting and recovering from alcoholism, they think about their duties and responsibilities. Damages were often seen as failed duties. ‘I have an elder sister of marriageable age and I have not yet got her married. My father is not alive anymore, so it is my duty to get her married,’ declared a client. So when he was discharged from the hospital, one of his first issues was to look for a bridegroom and get his sister married. In a similar fashion, since his father was not alive, he had to look after his mother, his unmarried sisters, his widowed sister and her family. He also had to get the elder sister’s daughter married. So this issue of dharma is complex and intertwined. Yet whose duty is what is quite clear and people are aware of their duties. The following is an example reported by a worker:

My sister not being married was a major issue in my life. I had a very deep feeling of shame because of this. If anybody invited me for their sister’s marriage I used to feel bad. But I never used to set aside some money for this marriage every month from my salary. Whenever I used to eat at home I used to feel I am a thanda soru [useless]. Until one day my counselor told me, just stay from alcohol and that is the value of the food you eat there in the house, not just giving some money every month to your mother. So I decided to be sober to all these duties of a brother, son, etc., and here I am sober today for five years.

A social worker shared her thoughts succinctly on the importance of the family:

Family role is extremely prominent here. It is unthinkable for us to work with the patient without the family being here. It is the rarest of rare cases that it happens here, and even then some distant friend, known person will still be there to help. I would say that the family becomes pseudo-counselors.
One of the interesting features in working with families here is how the social workers maintain the hierarchy that exists within the family as they work with different people. The balance that is culturally maintained is not tipped. One of the social workers shared an interesting story with regard to this.

In one of the families I was working with, the daughter-in-law and the mother-in-law were not getting along. I felt that the daughter-in-law has to change because I cannot ask the mother-in-law to change. If the daughter-in-law has to live in this family with her husband, she has to change. Primarily this was also because the mother-in-law was blaming the daughter-in-law for the son’s alcoholism, so there was resentment. But what I did was, initially, I talked to them separately. Later on after I got enough details I rebuked the daughter-in-law in front of the mother-in-law. Told her that as a daughter-in-law in the family she has some duties and she has to fulfill those. She has to get up in the morning, cook and do the household chores. When I did this I also at the same time told the mother-in-law that having brought a girl from another family into their house it is her duty to look after her as her own daughter. This worked better than I had expected. Maintaining the hierarchy and emphasizing their duties helped.

Reflecting on the cooperation and involvement of the family, the family role in the treatment process is closely tied to doing one’s duty. Family members feel the sense of responsibility of looking after the client.

Confrontation
A technique that is often used with alcoholics seems to be sparingly used in this setting. Discussions with the social workers revealed that it is a big decision to confront clients, and it is often done only when the client has severe denial. It is interesting that a link emerged between confrontation and cultural sanctions. All the social workers, except one, were females, and one of the responses to the decision whether to confront is likely related to the gender cultural rules. Females do not often ‘answer back’ males in the culture. So there is a degree of discomfort in ‘Ethruthu pesuvaathu’ (literally translated, it means talking back) to a male client. One of the social workers shared with regard to this.

_Ethruthu pesamaten_ [I will not talk back], always, even my father or my elder brother. So I feel uncomfortable to confront because I am a female and to confront a male is kind of an odd situation to be in.

Another theme that emerged in confrontation was the personality of the social worker and the decision to confront. Some of the social workers indicated that they did not confront because they were by nature passive people. As one social worker put it, ‘I am a timid
personality so I talk very softly and never raise my voice, so I rarely, very rarely confront.’

After further discussion of this issue, there was an acknowledgment from the social workers that they did confront, even though it was rare. The nature of the confrontation seemed to be mild, carefully planned and entered into cautiously. It included self-preparation and client preparation. Often this was done jokingly, ‘Tomorrow we are going to fight with one another, so be ready for this.’ Sometimes the client was given reassurance that there were some minor clarifications of details, and, therefore, it was to be done with him and the wife or family. The sharing of one of the social workers seems to reflect this caution before confrontation:

Because these people are sensitive, all of us are sensitive. Especially with someone who is going through a lot of stress in this process of being confronted with reality that they have addiction. I think that it requires a lot of courage to accept alcoholism and a lot of courage to accept all those damages. Being admitted in such kind of hospital is itself confrontive as it requires a lot of guts to stay and attend a treatment program and go back. So I feel that all this is subtly confrontive enough for not only the client, but the wife and the family also. Everybody knows that he is admitted here for alcoholism and labeled as an alcoholic. He is going to keep coming here, meeting the counselor, keep collecting Antabuse, and every time it is a confrontation. I have tried to confront harshly, but I think it often misfires. When I confront in a more supportive way, it works.

Other important guidelines to confrontation seem to be not to raise one’s voice when confronting because the loudness of voice may put the person off. It was thought helpful to use the same voice, but probably a little firmer, and during the beginning of the session to give the client another chance to establish what is the reality as far as alcoholism and damages go. If the client is still unable to catch on what he needs to be talking about or contributing, then the social worker explains the whole thing. Again, it was ‘explain’ and not a more forceful word that was used to describe this process.

Reassurance

Another intervention that workers perceived as needing local adjustment to meet needs was the use of reassurance. Reassurance as a technique was often used in individual casework with the client and more so with the families. Often there seemed to be reassurance given by blanket statements made by the social worker to the client or family members. Significantly, reassuring blanket statements seemed to be made more often with the wife of an alcoholic.
as she was perceived as being extremely anxious and wanting to know if he was going to be all right.

The discussions on reassurance seemed to be closely associated with the issue of perception of the social worker as an authority figure. Counselors seem to make this link to explain why reassuring blanket statements are used.

I am seen as an authority figure so whatever I say the client follows. So I often say, this is what you do and you will feel better. Or, stay for a week more and things will definitely improve. I think I do this because of the nature of the relationship I have with the client.

It was often stated that reassurance with blanket statements would raise the hopes of clients and families. When this issue was raised, the social workers responded that to get clients motivated it is essential that they be given hope and have their levels of expectation raised. Moreover, since families wait for the ‘do not worry’ statement from the worker, they feel that they might as well tell them that. If there is hope in the person’s mind, it is perceived by the workers that it might help them feel better physically.

Discussion

The social work literature has reported the difficulties that social work practitioners in developing countries have experienced in trying to comprehend Western knowledge in day-to-day practice with their clients (Huang, 1978; Nagpaul, 1972; Roan, 1980). In response to this confusion and frustration, this study found that social workers seemed to be working through and developing their own niche in practice that is relevant and specific to their everyday practice situations. A constructionist perspective that people are constantly making meanings and defining their own situations (Berger and Luckman, 1966; Denzin, 1989), gives further insight to this process. Saleeby (1994) emphatically states the importance of meanings and the context of practice in the profession of social work. ‘Meanings and interpretations are socially constituted, a product of interaction and exchange,’ he argues (p. 356).

There is a complex interplay of meanings and motives that influence practice styles. As these social workers were interviewed and observed, one could see how their feelings, values, life history, practice experience, formal knowledge and internalized mentors seem to operate with one another for practice to emerge.

In reviewing and studying the responses of the social workers, the authors were repeatedly impressed with the predominance of
the culture as a directive for practice. ‘Culture is almost everything’ nearly became a mantra as we discussed the findings. The workers were self-conscious about these cultural factors, particularly of dharma and karma, and how they affected their practice.

These social workers had distinctive ideas about advice-giving, family intervention, confrontation and reassurance that were at variance with Western models of practice and practice behaviors. This is not to suggest that they did not have ambivalence in each of these areas. Their ambivalence was that they felt a need to do things that were not entirely congruent with what they had been taught. Essentially they resolved this ambivalence by acting in a way that they thought was culturally more appropriate and in a way that they thought was more effective. They gave advice because the culture allowed that to be an appropriate role for professional helpers and because it ‘worked’. Duty was central in planning intervention in family matters. The family and the duty to the roles for each family member were perceived as more important than what one finds in Western models of practice where the individual has priority. Workers were not expected to be confrontational nor did they believe that confrontation would ‘work’. Confrontation may well have been of less importance to these workers as denial seemed to be much less of an issue than it is in Western literature where it is perceived as a central dynamic of alcohol use and abuse. Reassurance was used because it was expected, because it ‘works’, and because the workers believed that hope was very important for the client and the client’s family.

Developing social work practice knowledge in the non-Western world by non-Westerners is often difficult because of the absence of infrastructure to support knowledge development. Until that problem is resolved, social workers will probably continue to be taught from Western models of practice, and the indigenization of those models will continue to be important as a process and as a research subject. The authors note that most of the literature on cross-cultural practice is devoid of knowledge grounded in the everyday life of the practitioner and the client and believe that such research should be encouraged and promoted.

A positive note from this study is that despite being taught foreign models of practice, practitioners appear to be quite creative in modifying such knowledge and making it more appropriate for the local culture. Those who might believe that social work practice knowledge might be destructive because of cultural incongruity give too much credit to the power of such knowledge and too little
credit to the power of local culture and the ingenuity of culturally-grounded practitioners. In the examples we looked at here, when workers recognized cultural deterrents to a particular intervention or approach, it was not tried or was tried and simply did not work. The workers were alert to these cultural incongruities and made adjustments. However, had they been working from an indigenous model that reflected their culture to begin with, they no doubt would have had more self-confidence in their knowledge base and been less ambivalent about not following what they had been taught.

References