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Counseling Roma Americans: Cultural and Practical Implications for Counselors

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Abstract

Many papers and books have been written detailing the essential components of working with various cultural groups. However, limited (and dated) research has been performed on understanding the Romani culture. Through media, the presence of the Roma American culture has become more prominent; therefore, it is important for counselors to develop cultural competence when working with Romani students and families. This paper seeks to introduce the Romani culture to the counseling field and address the implications for counseling such individuals and their families.

Within today's dominant American culture, Gypsy, or Romani, culture remains rooted in the image of the old Gypsy fortune teller as portrayed by the venerable Russian actress Maria Ouspenskaya in the 1941 movie, "The Wolf Man." In this movie, Ouspenskaya plays Maleva, who intones in a decidedly Eastern European accent, arguably her most famous line as the Wolf Man (played by Lon Chaney) is dying:

Even a man who is pure in heart and says his prayers by night, may become a wolf when the wolfbane blooms and the autumn moon is bright. The way you walked was thorny, through no fault of your own, but as the rain enters the soil, the river enters the sea, so tears run to a predestined end. Now you will have peace for eternity. (Waggner, 1941)

While the 'folkloric philosophy' pronounced by Ouspenskaya displays a popular view of Romani culture, few people have any real concept of how Roma descendants live within modern day America. This paper investigates Roma American culture and the distinct

qualities that potentially shape and affect the therapeutic approach for practicing counselors.

After completing a thorough review of the literature, it was found that the Roma American culture is not well-researched. Its members originate from a variety of ethnic backgrounds. And without any written history, it is difficult to extensively investigate Roma history because their main defense to preserve their culture is secrecy. With a continuous history of oppression, Roma individuals are extremely hesitant to share their history and customs with ‘outsiders,’ such as anthropologists, sociologists, counselors, and medical professionals. Those who have been successful in learning about the Roma people discuss the obscure nature of their beliefs, their genuine distrust of anyone who is not Roma, and their strict daily rules and rituals (Miller, 2010). Knowing more about their belief system, their distrust of outsiders, and their rules and rituals is imperative to working effectively with Roma clients in a therapeutic setting.

History of Roma Culture

To understand current Roma American clients, counselors must first examine the bits and pieces of their available history. Until recently, there was no written history related to the Roma culture. Scholars posit that a massive pilgrimage started in India and then made its way to Eastern Europe by the 13th century. According to Miller (2010), the Roma people appeared in Western European texts by the 15th century and reached America by the 16th century. Historically, Roma peoples were seen by European states as a nationless group moving from place to place for lustful-erotic and selfish purposes (Gay y Blasco, 2008). Their self-defined cultural and regional boundaries often were denied by European powers as a means to undermine that Roma people had any part in defining the social environment of the region, and the same cultural view followed them as they immigrated to the U.S. In reality, for centuries, Roma have been less nomadic and more sedentary within America and European countries (Gay y Blasco, 2008). And while the ethnocentric view of the dominant society refuses to recognize their allegiance to certain nations and customs, Roma see their people as historically rooted in various Baltic and Western European countries (Gay y Blasco, 2008).

Roma have also been labeled as secretive because they isolate themselves from popular American culture (Gropper & Miller, 2001). The origin of many of the isolating behaviors of Roma society has deep roots in how U.S. state regulations and dominant cultural groups have ostracized Roma people. By examining the Roma culture in the context of 21st century governmental policy and public opinion, one discovers that the most negative and oppressive views come out of fear that Roma—having presumed wandering and selfish “foreign” tendencies—place an untenable strain upon national economic resources, including governmental welfare programs (Gropper & Miller, 2001). Contrary to popular belief, much of Roma wandering was indeed a response to racial discrimination and oppression in their own countries and moving was their only means to survive. Therefore, the Romani nomadic cycle is perpetuated by the dominant society, as Gay y Blasco (2008) explained in a conversation with a Gitano Gypsy living in Spain: “‘They all knew that this would not be the last time they would be made to pack up and go, start again from scratch elsewhere. The Gadje’, I was told, ‘don’t want us to put down roots’” (p. 300). Consequently, the dominant culture argues that the wandering ‘gypsy’

wrecks havoc on government run social systems and degrades the cultural purity of its people (Gay y Blasco, 2008).

However, aside from the negative stereotypes the dominant culture has used to unite and marginalize Roma people, the differing groups of Gypsies have little to nothing in common with one another. Further, even though the term Roma suggests a connection to the Eastern European country of Romania, Roma have little to no association with that specific culture (Miller, 2010). Indeed, the language spoken by different Gypsy cultures, which is most often Romani, is also not consistent and of little assistance in identifying different Roma subcultures. Today, researchers are aware of the Machvaia living on the West Coast of the U.S. (primarily Washington and California) and the Kalderaš groups living on the East Coast (Gropper & Miller, 2001). Professionals who work with Roma individuals must be aware that Roma are much less interested in their linear historical particulars than outsiders typically are. Also of note, historical details of various Romani individuals have the potential to change based upon the mood of the interviewee and the level of secrecy they feel is needed for safety (Gropper & Miller, 2001).

Gropper and Miller (2001) commented on the fluidity of language in reference to Roma people. A phrase can possess different meanings based upon the speaker and context of its utterance—when and where. Examining the contextual environment is necessary when referring to them as Gypsies and/or Roma/Romani. It is suggested to be mindful of what Gay y Blasco (2008) referred to as the *reification* of the oppressive language and stereotypes that define Roma people. Such terminology has been acquired over the last 700 years of history, so it is often so pervasive that it cannot be acknowledged as oppressive. The term “Gypsy” has been vilified and given an erotic association by the dominant culture. It is not uncommon for a person who believes that she was swindled in a business transaction to complain that she was “gypped.” Therefore, because of its negative connotation, scholars have replaced the term “Gypsy” with “Roma.” Even though not all Roma peoples use such terminology to describe themselves, it has been generally accepted by the research community (Gay y Blasco, 2008). In turn, Roma have created their own pejorative jargon for non-gypsy folk, who are known as *gadje* (Gay y Blasco, 2008) or *outsiders* (Miller, 2010).

Roma Identity and the West

Roma interaction with Western European and American nations has been filled with tragedy and violence. Roma were some of the first to be persecuted at the start of the Holocaust, and there are still violent hate crimes against Roma in Eastern Europe today (Gay y Blasco, 2008). Therefore, there still exists a general distrust of Roma within the dominant culture and people. And such distrust is reflected in the manner in which Roma individuals interact with inquiring scientists and medical professionals. For example, Miller (2010) commented on how many of the families that she attempted to interview in Seattle, WA, met her with hostility. The children would often scream at her in order to scare her off, and the parents would accuse her of being an FBI or CIA spy.

Roma secrecy can best be explained by the marginalization they face in the U.S. McAuliffe (2008) discussed marginalization as the force that pushes non-dominant ethnic groups to the periphery by the dominant group. A separation and atmosphere of exclusion exists and therefore a mistrust evolves between these marginalized groups and the

dominant culture. Such marginalization can also engender a general devaluing of their own culture and ethnic group by the victims of such behavior, just like many other non-dominant ethnic groups (McAuliffe, 2008). Roma have been, and continue to be, rejected by the dominant society because of their “nomadic” lifestyles and alternative occupations (e.g., fortune tellers and musicians). Therefore, as an apparent defense mechanism, Roma have almost enthusiastically adopted the invented separateness as part of their culture. For example, Miller (2010) described in her book that one of the Roma families she interviewed told her, “God made it this way. Roma with Roma, Americans with Americans” (p. 33). Further, the interviewees explained how the author would never fully understand their culture. They hold their customs close to their household, and they see any outside influence as a potential invasion to their way of life.

By examining how the dominant culture scrutinizes Roma people, one can better understand how Roma respond to that criticism in their personal lives and businesses. According to Gay y Blasco (2008), the dominant culture criticizes Roma culture as being dominated by “nomadism, poverty, and predatory female sexuality” (p. 302). Yet, further examination into the lifestyles, norms, and customs of Roma shows that they travel as a means to provide their family with economic support. Some families follow a specific travel route, while others have been anchored in a specific town or city for generations. Based in residual fears from Nazi persecution of “gypsies,” most traditional Roma families will not admit their countries of origin so as to avoid adverse political and social repercussions, thereby only reemphasizing Roma as a nationless people (Heimlich, 2006). Thus, there may be treatment implications for counselors in that a Roma client may not possess a clear sense of self or intact identity.

Roma preoccupation with secrecy and isolation also influences how they self-identify when interacting with various economic, educational, and health systems in the U.S. In reference to self-identification and ethnicity, the two concepts tend to conflict with one another. Ethnicity for Roma is a flexible term and it depends on the context they are in. If they are speaking to a government welfare official, they may refer to themselves as “American” because they know that “Gypsy” is a pejorative term and could potentially expose them to unwanted attention. When speaking to others of their cultural group, they are more likely to refer to themselves as a member of their specific cultural group—Machvaia, from the West Coast or Kalderaš, from the East Coast. Professionally, it may be more beneficial to describe themselves as Gypsies, especially if they are a fortune teller or musician—traditional Roma vocations. Therefore, by understanding the context, one can better understand how Roma culturally self-identify.

Additionally, most of Roma self-identification is in relation to the dominant culture. The dominant group, as defined by McAuliffe (2008) is the group that, “defines acceptable roles for non-dominants,” and therefore defines the non-dominant groups as, “incapable of performing the preferred roles” (p. 67). As a result, one witnesses the believed inferiority of the non-dominant groups within broader society. Within this dichotomous worldview, the non-dominant cultures are not embraced by the dominant culture, and the non-dominant cultures are consistently put in the position to seek to inherit customs from the dominant culture (McAuliffe, 2008). According to Silverman (1982), “A Gypsy's very survival among non-Gypsies often depends on his [or her] ability to conceal as well as exaggerate his Gypsiness at appropriate times” (p. 380). However, there are also efforts to conceal one's culture when dealing with authorities or

insensitive service providers. Therefore, based on McAuliffe's (2008) definitions of integration (“a full understanding for the dominant culture while still maintaining practice and pride of their own culture”) and assimilation (“an individual discards their own personal culture in order to adopt the dominant culture”), the Roma are professional integrationists who effectively resist assimilation (p. 91). Counselors should be aware that they may need to break through such walls of resistance, such as secrecy, protection of culture, and familial survival, when working with Roma children and families.

Roma Cultural Values

While their culture is sacred, the need for historical continuity within Roma society is curiously absent. Within Roma culture, there is no apparent need to understand the origin of a certain custom—the importance is in the existence of the custom itself and the need to pass it on to newer generations. Gropper and Miller (2001) stated, “Perhaps the very fear of disappearing somehow acts to reinforce Romani determination to maintain their cultures” (p. 91). Within this belief, one can understand that Roma people believe that their rules and customs define their people, and without the structure in place, all Roma would fall victim to the dominant culture (Roman et al., 2014).

One of the most important codes of the Romani culture is cleanliness. Miller (2010) described her observation of the tidiness of her Roma friends’ stores and homes. Likewise, the preparation and serving of food must be fresh and clean (Miller, 2010; Roman et al., 2014). The values of purity in the Roma culture are engrained in their rituals. Traditional Roma beliefs separate the human form into two parts. The upper parts of the body (the torso and head) are named *vuzo*, meaning relatively pure. The lower parts of the body (including the sexual organs and legs) are known as *bi-vuzo*, lacking purity. Clothing, soaps, and rituals differ and are separated based on whether they are being used for the lower or upper part of the body (Miller, 2010). The hands are a transitional part of the body that interacts with both the lower and upper parts; therefore, consistent hand washing is mandatory (Miller, 2010). Counselors may encounter Roma clients who have been sexually traumatized, and the traditional manner in which Roma separate their bodies would be a significant element to address with the Roma client. And since cleanliness is so highly valued, a more intense shame may manifest for a Roma client than a client who represents dominant Western attitudes.

The sharing of meals is also highly valued in the Roma culture. When a meal is shared between persons, there is a display of trust and mutual appreciation for one another. Therefore, the practice of going out to eat is not desirable to many Roma. If they do venture out, they often criticize the cleanliness of the space and the lack of respect that the people who are handling the food have for their customers. The Roma have such a high respect for the value of food that they usually ask if their guest has been fed instead of asking how he/she is. If a family member or friend is thin, they are viewed as poor. Traditionally, good general health and fortune is represented by a full and rotund figure. In keeping with this cultural norm, counselors may consider offering a meal to share—such as culturally appropriate snacks or beverages—during the course of therapy. Often considered outside common practice, in this case it would act as a bridge across the cultural gap between the counselor and Roma client. It is also vital that the counselor be mindful of his/her own stature and general physical appearance, because it could

potentially impact how the Roma individual or family perceives the counselor, and therefore, the therapeutic process.

Nonetheless, there exist Roma individuals who have openly adopted dominant American values and norms. *National Geographic's* "American Gypsies" (Macchio, 2012) examines the lives of a young Gypsy man, Chris, and his family. The show focuses on a family whose gypsy roots are in Eastern Europe, but they all currently live in New York City. The show presents how the family has adopted some of the customs of popular American culture. In one episode, the audience watches as a Roma man and his cousins set up a Gypsy-themed food truck on the streets of the city. They use contemporary American innovation to promote and sell their traditional Roma cuisine. However, the young men do receive criticism from their elders because their new business is viewed as counter to the traditional Roma ways (Macchio, 2012).

The young men have obviously been exposed to popular American culture and have combined and adopted, or acculturated, popular American customs—food trucks—with the traditional customs of their family—Roma cuisine. Acculturation (versus enculturation, which is the adoption of the dominant culture's values and beliefs) is defined by McAuliffe (2008) as, "the meeting of at least two different cultures" (p. 87). Acculturation can be seen by more traditional Roma as a threat to the Roma group, whereas younger Roma experience acculturation as an adaptation to perceived dominant American values. This generational discrepancy can place a great deal of stress on the family. In their article, Gropper and Miller (2001) quoted scholar Margaret Jolly as stating, "when we change, it's called progress, but when they [tribal groups] do—notably when they adopt some of our progressive things—it's a kind of adulteration, a loss of their culture" (p. 85). Therefore, generational conflict of acculturation is witnessed as change and can be seen as an affront to their Roma culture, which the elders have fought so hard to preserve.

Another example of an individual finding herself in limbo between cultural identities can be found in Miller's (2010) book. Miller interviewed a woman named Rose. Rose married an outsider and was therefore shunned by the family, no longer being invited to family functions. If she attempted to go to one of these gatherings, despite warnings, the Roma women in her community would most likely turn their backs to her and call her *curva*, or whore, to her face. Rose meets periodically with her mother in secret, so as not to defile her mother's reputation. Otherwise, Rose is without family or a recognized support system in America, because her Italian in-laws also view her as foreign and distasteful, never to be fully accepted as a family member (Miller, 2010). Rose had been previously married to a Roma man when she was just a teenager. However, his family did not share the same customs as her family. She moved from California to New York to be with her ex-husband's family. She was accustomed to sleeping in beds with sheets, waking early, men and women living separately, and watching the women in her family work for a wage. The family she married into slept on bare mattresses on the floor. If a man was seen without his wife, it was viewed as an embarrassment. Marriage was not based in love, but was seen as a duty. Further, the women were not allowed to be fortune tellers or work outside the home. She found herself hating her own culture for forcing her to marry within the Roma community (Miller, 2010). Such cultural dissonance would be tremendously relevant when working

with Roma families because such dynamics often play into the emotional well-being of the wives, husbands, and children of the family.

Changing Family Values

Family roles have been changing as Roma people adapt their culture to their surroundings. Men are still viewed as heads of the household, and all major rules and regulations are determined by the *kris* (male judges/jurors); however, their gatherings are more recreational than judicial (Miller, 2010). But over time, females have gained more status in the modern age. Traditionally, females relied on their husbands or fathers for transportation, would often only see their husbands at meal times, and were the decision makers when it came to meals and household chores. Today, they drive vehicles for themselves, run fortune telling businesses, and have the right and means to leave an undesirable marriage if they choose. The pressure to bear children has dramatically declined, and most births are now performed in hospitals, a place where they intersect with outside systems such as the medical community and, potentially, counselors. Many of the changes can be attributed to American cultural influences. Traditional families continue to participate in offering a “bride price,” with future in-laws offering money to the future bride's family, but it's recognized more as a conventional gift versus a purchase. Historically, it was the job and honor of the younger generations to take care of their elders. Today it is widely accepted for Roma elderly to be nursed by healthcare professionals, whereas before it was seen as a disgrace to die alone, without the support of your extended family (Miller, 2010). Grief counselors working in hospice, or independently, would want to be aware of such distresses when working with Roma elderly. It may be in the client's best interest for the counselor to locate the elder's family and offer counseling that addresses the potential severance between family members.

According to Mandell's (1974) research, the role of children in the Roma household is a strong one. They are often the unspoken center of attention, and the entire extended family aids in the development of the child. Being immersed in the cultural tendencies and beliefs, Roma children are well versed in many of the customs by age six, and they understand the importance of maintaining cultural identity by not divulging their customs to outsiders. Often entering school later than their American peers, they are ostracized by the other children for their clothes and bizarre vernacular, only perpetuating the ‘us’ versus ‘them’ assumptions promoted by their elders (Mandell, 1974). Also, although they begin school later than their American peers, Roma families have been known to keep their children in school only until age ten and then remove them in order to avoid assimilation of non-Roma customs into their personal lives. Roma children are also taught at a young age to not trust outsiders (Miller, 2010). Counselors would want to be attentive of the possible hostility Roma children are facing at school and also provide support around the distinct, and potentially confusing, separation between life in school and life at home.

Regardless of their tireless efforts to maintain their distinct values and traditions, change has happened in Roma American culture. Horse-drawn wagons have been replaced by tents and automobiles. Tents have been abandoned for store front businesses and apartment living. Tightly knit families have been separated by landlords' strict policies on number of tenants per unit. The women of the household no longer go door to

door to tell fortunes; instead, modern lit signs hang in the windows of their businesses, and posters and flyers are used for advertisement. Although the Roma way of life now incorporates toaster ovens and microwaves, their moral codes remain steadfast (Groppe & Miller, 2001).

Roma and the Professional Health Community

Historically, Roma interaction with medical professionals has been limited. However, according to Mandell (1974), there was a huge shift in Roma perception of, and integration into, modern healthcare in the 1970s. When the article was written, Mandell observed an influx of Roma peoples (mostly children) entering health care centers with moderate to severe ailments. Therefore, it is likely that counselors may receive a referral with a Roma client or family because of a hospital visit.

Recently, a group of researchers set out to examine how Roma perceive medical treatment, death, and the subsequent implications for health professionals. Roman et al. (2014) found that Roma perceptions of illness and death are very different from the Western ideals of prevention, treatment, and pain reduction. Roma fear medical establishments because the environment is viewed as impure and polluted. In Roma society, the world is split between good and evil. Thus, when a Roma patient has an illness, especially if it is terminal, he/she becomes impure throughout his/her illness and ultimate passage into death. Although they put on an external façade of hope and support, Roma families often discriminate against family members suffering from illness. The patient is often aware of such discrimination by the family and adopts their impure shame as their own. For the counseling community, it is imperative to be aware of labeling a Roma individual with a mental illness because it could ostracize and isolate the client from his/her family, thus alienating the client and doing more harm than good.

Mandell (1974) and Roman et al. (2014) both suggested to the medical and counseling communities that there needs to be a specific approach when working with the Roma culture. The counselor's approach must remain sensitive to Roma clients, who possess a historically-based, predisposed fear and distrust of Western culture and ideals. Medical histories don't exist for most of the Roma clients that enter the emergency rooms, and many families often refuse to share cultural backgrounds with practitioners due to fear of negative backlash (Mandell, 1974; Roman et al., 2014). Thus, counselors may struggle with acquiring mental health evaluations for Roma individuals. Because there has been very little historical context from which to base medical evaluations, most medical information must be gleaned directly from the patients and their families; however, this information is rarely trustworthy. Many families who entered medical facilities were only seeking immediate crisis interventions for their family members and were resistant to any preventative treatments (Mandell, 1974; Roman et al., 2014). Therefore, after the initial crisis, it may be very difficult for a counselor to get a Roma client, or family, to return to a clinic or counseling office to complete an intake assessment. The initial interaction with a Roma family or individual is critical as it serves as a connecting point and gateway for providing future services.

Mandell (1974) also commented on how many of the Roma families that he worked with, although fearful of Western values, sought reassurance from Western medicine; it was comforting to find out that their child's cough was merely a chest cold

and not the tuberculosis they feared it to be. For counselors, it is imperative to be open to accepting the Roma's distressful history. In fact, an empathetic understanding of their historical roots may aid the counselor in explaining a certain condition or experience in order to provide a culturally conscious response. It is also very important to recognize that a counselor's work only represents one cultural lens. While the hospital is commonly seen as a place that cures and helps the sick, Mandell (1974) and Roman et al. (2014) described how many Roma see the hospital as a fearful place. Specifically, Roma children viewed the place as a prison because they were away from their families, being poked and prodded by strangers, and when the nurses or doctors attempted to explain their procedures and methods, the children couldn't understand what they were saying, leaving them confused and afraid.

Implications for Counselors

An important concept to understand when counseling a Roma family or individual is how Roma hold their customs very close to their household (Roman et al., 2014). Thus, it is imperative to interact with a great deal of transparency in both approach and methodology. It is also essential for practicing counselors to educate Roma client(s) on the counseling process. McAuliffe (2008) described the Western counseling process as, "personal disclosure, expression of emotion, and equality between counselor and client," all concepts which would initially be foreign to a Roma family or individual (p. 94). Focusing on basic-core skills, such as active listening, empathy, and building rapport, are essential to build the foundation of a strong therapeutic relationship with a Roma client. By utilizing these skills, counselors can remain sensitive to—and lend legitimacy to—their clients' long history of oppression and secrecy and can help the client feel safer and more trusting.

Roma tend to be resistant to outsiders attempting to integrate into Roma ways of life. It takes more than marrying into the family for a trustworthy relationship to form. They analyze your ability, over time, to adopt their customs and ways as a basis for integration and acceptance (Gropper & Miller, 2001). Relationships are formed based on family connections and common history. Therefore, in the context of counseling, this notion only confirms the idea that forming a trusting relationship with a Roma individual or family would require time, patience, and persistence on the part of the counselor.

As previously mentioned, Roma are highly skilled at integration into dominant culture, but consistently resist assimilation. Thus, coupled with their family secrecy and lack of trust of outsiders, Roma clients will most likely refuse to independently attend counseling because of their resistance to assimilate with the dominant culture. The more likely reason for a Roma individual willingly participating in counseling would be due to a court mandate, a medical crisis, or through social services. And when a Roma client appears in therapy, it is imperative that counselors are culturally sensitive and refrain from forcing Western ideals, values, or beliefs into the therapeutic space. It would also be beneficial for the counselor to be aware that because Roma are masterful at cultural integration, what a Roma client shares will most likely be inauthentic and based upon their interpretation of Western ideals, values, and beliefs. Thus, it is recommended that a great deal of clarification, curiosity, validation, and summarization be used when hearing the client's story.

Furthermore, based upon the cross-generational conflicts that occur (e.g., those seen in “American Gypsies”), it is essential that counselors investigate how such generational differences impact family dynamics and an individual’s mental health. Rose’s story was previously mentioned; she would also be a prime example of a new generation Roma individual who may seek therapeutic assistance for support and potential marital counseling. Although she no longer shares the same customs as her family, she still has roots in the Roma culture. Thus, it would be vital to examine where her values and beliefs align and secede with Western ideals.

It is also important to be knowledgeable of the roles of women and children in Roma culture. Although roles for women are changing as they become more acculturated in Western ideals, there remains a noticeable male authority in the Romani household. Therefore, it is essential that counselors are aware of the different roles women and men perform, and how the disparity could be causing or perpetuating distress, especially when working with Romani families or couples. Another important family dynamic to consider is the role children play in the family. They are raised by the community of Roma, and are taught to fear outsiders. Therefore, Roma children could be struggling with bullying or abuse at school and/or at home, but are fearful of sharing their experience with an outsider (i.e., the counselor).

One specific custom that applies to most Roma families is their focus on cleanliness. When interacting with Roma in a counseling setting, this specific subject could be addressed by the counselor showing respect for cleanliness. Merely keeping hand soap in the bathroom and a clean, clutter-free therapeutic space would be helpful and respectful of the Roma culture. Additionally, it would be important to promote proper personal hygiene, so as not to offend Roma clients, and to promote trust and respect.

As we enter the dawn of National Health Care, now, more than ever, counselors are working alongside medical professionals. Therefore, counselors working with Roma must understand the context from which Roma view illness. What a Western counselor may view as a single episode panic attack brought on by a stressful event, a Roma client may view as the efforts of an evil spirit. Additionally, because so many Roma believe that Western medicine provides quick cures, they could potentially be seeking counseling in order to get a quick and effective fix (e.g., a pill). Thus, as stated previously, it would be imperative to explain the therapeutic process as a collaborative experience that requires the counselor to form trusting relationships with clients. Since many counselors practicing in the United States are trained in Western and scientific therapeutic methods, it is essential that counselors understand that their training debunks and devalues any supernatural causes and cures. Roma individuals and families will most likely sense hostility if the counselor is unaware of how his/her method is devaluing Roma traditional practices. If a counselor acts as a social justice advocate with his/her clients and examines Western cultural language and values through the eyes of a culturally marginalized and isolated individual, it will be one more advance in collaborating to find a meaningful and trustworthy relationship with a Roma client. Counselors are in a position to lend an outstretched hand to Roma clients who need mental health services. However, this outreach and advocacy must be done with cultural knowledge and respect as well as caring and compassion.

Conclusion

By examining the austere lifestyles of Roma Americans, it is evident that racial and ethnic stereotypes have slandered a proud people. Their endurance stems from their fear of the dominant culture and their resistance to being incorporated within it. Generally, they do not trust researchers, politicians, and medical professionals because they have been historically violent, oppressive, and culturally insensitive to Roma's needs and customs. This lack of trust creates a difficult scenario for practicing counselors who are working to form a trusting rapport with their clients. In reality, the Roma culture is characterized by clean etiquette and strong family values. It is important to be knowledgeable of the stereotypes as well as the harsh realities of their lives when counseling Roma American clients. For many Roma Americans, the stereotypes which have been placed upon them have become the basis for how they interact with the dominant culture. These negative stereotypes have created a sort of self-fulfilling prophecy for this misunderstood group. As a counselor, it is imperative to break through the stereotypical barriers, provide an open and transparent therapeutic environment, and offer collaborative counseling by using a culturally sensitive lens. The general therapeutic approach would incorporate both Roma and outsider perspectives in order to bridge the cultural gap and form a trustworthy relationship.

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