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Cultural Diversity: Implications for Theory and Practice

Cynthia García Coll, Ph.D.

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Cultural Diversity: Implications for Theory and Practice

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Abstract

This paper argues that cultural diversity and contextual factors should be at the core of theoretical and clinical formulations. In the same way that women's normative processes can be considered deviant, other cultures', races' and socioeconomic classes' "normative" processes have also been considered deviant by mainstream psychological and psychiatric theories. Some basic conclusions and implications are derived from the literature on how women's behavior becomes regulated by cultural values, beliefs and practices. Several suggestions are presented regarding clinical work with clients of diverse backgrounds. Finally, several implications are identified for the application of cultural diversity as a core component of a relational framework.

This paper was presented on February 5, 1992, as part of the Stone Center Colloquium Series.

Most of our knowledge about so-called normative human behavior and development has been based on research, theoretical formulations, or clinical interventions with white middle class populations. The work carried out by Stone Center scholars and others over the last ten years has alerted us to the fact that most of these theories have also been based on models that are readily applicable to men and tend to "pathologize" what these scholars have come to see as normal developmental pathways for women.

What I would like to suggest is that in the same way that women's normative processes have been considered deviant by mainstream theorists and practitioners, the normative processes of other cultures, races, and socioeconomic classes have also been treated as deviant in mainstream psychological and psychiatric theories and interventions. Therefore, I propose that we expand further our alternative framework not only to include women but to incorporate cultural diversity. These further elaborations of our models must lead us to a serious consideration of how we conceptualize normative and deviant psychological and developmental processes in diverse populations and will contribute to the creation of a movement where cultural diversity and contextual factors are at the *core* of our theoretical and clinical formulations.

As a basis for this proposal, I would like to discuss the following specific topics:

First, the challenges and pressures of our world today that make the consideration of cultural diversity essential to our theoretical and clinical formulations.

Second, some basic conclusions drawn from developmental literature on how human behavior becomes regulated by cultural values, beliefs, and practices.

Third, the particular issues faced by so-called minority or ethnic groups in the United States.

Fourth, some of the issues that we will have to

face when we are conducting clinical interventions with clients of diverse backgrounds.

The Challenge of cultural diversity

As we approach the end of the twentieth century, we take for granted that events in the Middle East, Eastern Europe, or Japan have immediate effects on our daily lives. Examining the advances in communication and the global movement toward economic, political, and ecological interdependence, we would predict that the pressure for diverse cultures to interact, understand, accept, and maybe modify each other will be more the norm than the exception in the decades, if not the centuries, to come. Thus, for us to start consistently incorporating cultural diversity as a framework in our formulations is to be, again, at the forefront of a necessary movement and in a position to prevent conflicts that can arise as a consequence of such necessary crosscultural interactions.

But we do not have to go beyond our territorial boundaries to face the challenge posed to us by cultural diversity. Just walk into most inner cities in the United States today and face the pockets of thriving and nonthriving ethnic communities where different sets of values, beliefs, customs, foods, and languages are an integral part of day-to-day living. Rather than a melting pot, we are becoming a tossed salad; as new waves of immigrants keep arriving at our borders, our subpopulations retain strong cultural values through generations (in spite of superficial assimilation and integration into the American Way). It is clear that cultural diversity is here to stay. Some samples from statistics of population growth and projections give us a clear picture of what we might expect in the future.

-In 1985, census figures revealed that one of every seventeen women in the United States was Hispanic (Amaro & Russo, 1987).

-By the year 2,000 (*only* eight years from now), one third of all children in the United States will be nonwhite (Report from the National Commission on Children, 1990).

-The growth of Hispanic and Asian populations in this country has been especially rapid in the past decade, partially because of immigration, but also because of higher fertility rates. For example, in 1982, the fertility rate for Hispanic women was 96.1 births per / 1,000 women 15-44 years old, 48% higher than the rate for non-Hispanic women (Ventura, 1987).

-To reflect on how institutions are changing, Wellesley College reports that out of a total of 578 women enrolled in the class of 1995, 226 (39%) are identified as women of color (Wellesley Statistics, 1991-92).

-Another phenomena that contributes to the prevalence of cultural diversity is the observation that second and third generations which have already become "assimilated" become interested in the ancestral heritage and return to the original culture to selectively acquire some of its traits while rejecting others (Jaffe & Carreras-Carleton, 1974).

Cultural diversity with its challenges for interaction, understanding, acceptance, and possible modification is here to stay.

Culture and the regulation of human behavior

The literature on developmental studies conducted in other cultures can shed some light on how human beings become part of a cultural system. We need to understand and appreciate the process of acquisition of patterns of behavior, if we are going to be effective agents of change. Crosscultural studies of early development point out that parents' interactions with their children are partly shaped by the instrumental competencies that adults are expected to have in a given population (Levine, 1977), and that these competencies vary as functions of culture, history, and economic and social situation.

Adults, consciously or unconsciously, try to inculcate, through various child-rearing techniques, cognitive, linguistic, motivational, and social competencies that are considered relevant to their cultural milieus. A good example is the pioneer work by William Caudill and his colleagues (e.g. Caudill & Schooler, 1973) which documents how *early* in life this process starts. Caudill observed that by three to four months of age, American and Japanese infants and their mothers showed very distinct patterns of behavioral interactions that reflected the general expectations for adult behavior in the two cultures — in the United States, individuals were to be physically and verbally assertive; in Japan they should be physically and verbally restrained. American mothers tended to do more looking at, positioning the body of, and chatting to their infants. Japanese mothers, on the contrary, did more carrying, rocking, and lulling or continuous soothing of their infants. As a consequence, the American infants showed greater amounts of gross bodily activity, play, and happy vocalizations, while the Japanese infants seemed passive, having only more unhappy vocalizations.

This example shows how, from the infancy period,

cultural values and modes of social interactions are transmitted through primary relationships. But as the child gets older, fathers and siblings, and in some cases, members of the extended family (grandparents, aunts, and cousins) provide other regulatory processes reflecting the cultural environment. "Appropriate" behaviors and modes of social interaction are also learned from peers and other institutions outside of the family. Schools are a major vehicle, but, in most societies, religious organizations and other community organizations reinforce value systems that then become integrated into the individual's world view. Although variations within cultures have been observed, they can be categorized as gradients of a response system, and some basic generalizations can be made from this literature:

1. Regardless of the child-rearing technique under examination, most patterns of behaviors displayed by parents around the world are thought by those parents to be for the benefit of the child. Our society values freedom of action — as an example of how this is translated in early infancy, we now consider playpens as restrictive and unnecessary for early motor and exploratory behavior. Our concept is that by allowing the child to explore, we create a "better" environment in which the child can develop.

To give you a contrasting view, once in the highlands of Peru, I asked a mother why infants and toddlers until the age of 18 to 24 months were kept tied up and swaddled on a cradleboard (a custom, by the way, that is still observed among some Native American groups in the United States, but that would be considered unacceptable in the mainstream culture). The mother explained to me that the main reason was that it made the child stronger. (I think she was thinking about isometrics). For that reason, they would keep boys on the board longer than girls in preparation for the harder work that they would be expected to do in the fields. At that point, I asked myself what the psychological consequences of being strapped and unable to move for the first 18 to 24 months of your life would be and wondered how a tradition like this contributed to the passivity and humbleness I observed in Peruvian children and adults.

Robert Levine (1977) also saw the practice among parents in different parts of Africa of carrying toddlers on the mother's back and restricting the mobility of children who can walk as a response to the hazard of cooking fires for small children. Thus, we can conclude from the literature that even opposite child-rearing techniques can be thought by the parents to have the same benefits for the child. We can also conclude that from birth human beings are exposed to a culturally relevant environment.

2. Another set of conclusions that we can derive from the existing literature is that, despite wide variations in child-rearing techniques around the world, most human beings show remarkable consistency in some developmental patterns. For example, even if we speak different languages or differ in our reliance on verbal or nonverbal communication, most of us ultimately learn to communicate effectively in our immediate surroundings. The rate of language acquisition may differ; the content or mode of delivery may vary, but we all learn to speak or become competent communicators. The same can be said about some basic cognitive, intellectual, or social skills. From the literature on the development of attachments, we have learned that most infants, even if exposed to multiple caregivers, form primary attachments and that the quality of these attachments are predictive of the quality of the interactions between the children and other adults or their peers (Bretherton and Waters, 1985). However, what may differ from one culture to another is how you express affection, how you foster growth within the relationship, or how much you value separation and individuation. For example, if the ideal for adult relationship is relative enmeshment, as that described for Puerto Rican families by Canino and Canino (1980), we would expect that the attachment and separation processes would foster interpersonal dependency (rather than autonomy) in these children and their families.

3. In the same way that the literature suggests that there are some universal aspects of development that may vary only in timing, content, or expression in different cultures, there are some aspects of human development that are more specific to some cultural contexts than to others. One of the numerous examples of so-called cognitive skills that are present or more prevalent in some cultures than in others is abstract reasoning or hypothetical-deductive thinking (Dasen & Heron, 1981). Rather than intellectual or cognitive deficits, these differentials should be conceptualized as expressions of what is emphasized, considered important, or thought of as competence in that particular society.

Another example comes from the literature on the definition of the self. There is an array of studies that have documented how different cultures vary in their emphasis on autonomy and individualism versus interdependence and collectivity (Brinton Lykes,

1985). It has been suggested that Western civilizations emphasize the self as autonomous and individual, whereas other civilizations emphasize the collectivity, often to the point of dissolving any notion of individuality (Shweder & Bourne, 1982). Scholars working with very diverse cultures (Puerto Rican, Japanese, Indian) have all come to similar conclusions and have used terms such as symbiotic-reciprocity, sociocentric-organic, normal-enmeshment to describe the normative developmental processes observed in these cultures (Canino & Canino, 1980; Shweder & Bourne, 1982; Roland, 1987). Roland (1987) describing his experience in India asserts:

"Indian relationships lean far more toward the symbiotic (end) of the continuum. By this I mean that there is enormous sensitivity to other's feeling and dependency needs, particularly to what might hurt them. Indian self is one whose ego boundaries encompass others of the extended family, a self less separate and differentiated . . . . the capacity for empathy and interpersonal sensitivity are highly developed" (page 240).

Thus, as individuals may differ within this culture in how much they value the interrelation of self and others, cultures also differ in this aspect of their value systems.

Similarly, cultures differ in their emphasis or tolerance of emotional expression, how much emotion can be directly expressed or under which circumstances these expressions are appropriate. In her analyses of Japanese culture, Rosenberger (1989) points out cultural differences in the use of context as a psychological organizer as follows:

". . . strong personal opinion, intense emotion, personal power, passionate sex or ostentatious consumption, can be found in Japan, but they are *contextualized*, usually, into inner areas of self and society . . . the Japanese self is capable of a broad range of expression — diverse emotions, various expressions of sexuality and even multiple ethical interpretations through changing contexts of time, place and group. The 'morality' of it all is not found in any one content or mode of being and acting, but in appropriate switching, among contexts and modes of expression" (p. 93).

This example is useful in understanding how individuals from diverse cultural backgrounds will find it acceptable to express emotions in some contexts, but not others, or will self-disclose in front of family or nonfamily members. Again, child-rearing practices will mediate the learning or acquisitions of these modes of social interaction. For the more symbiotic sense of self, immediate, all-gratifying mothering of the child is continued far beyond what theorists, like Mahler (Mahler, Pine & Bergman, 1975) would consider to be optimal for normal development (Roland, 1987). This is accompanied by greater physical closeness (frequently being carried, closer sleeping arrangements), less sensitivity to the child's individual needs and feelings and discouragement to a much greater extent of separation and individualization. The collectivity is emphasized by the presence of multiple caregivers or significant others, which can include grandmothers, aunts, older siblings, or cousins. Members of the extended family are an integral part of the collectivity where the child grows as well as an integral part of the adults' social lives. These brief examples, the emphasis on a collective sense of self and the contextualization of emotional expression, illustrate two important areas of developmental outcome which I will return to later on in this paper because of their important implications for clinical interventions.

4. A final conclusion from the literature is that gender differences seem to be universal. Boys and girls tend to be treated differently, their developmental pathways differ in some areas, and adult women in most societies have a different status than men. In their pioneer work in which they found similar sex differences in children across six quite diverse cultures: New England, Africa, Mexico, India, and the South Pacific, Beatrice and John Whiting (l975) state that:

". . . girls are more intimate-dependent (touched and sought help) than boys, but these differences are significant only in the 3 to 6 age group; girls are also more nurturing, significantly so at 7 to 10 years of age (they helped and offered support); boys tend to be more dominant-dependent and are significantly more aggressive. These findings are remarkably consistent in all six societies"(pages 147-148).

The special case of minority groups

Earlier, I mentioned the fact that we do not have to go far beyond our territorial boundaries to feel the impact of cultural diversity on human development. However, I think it is easier to recognize and accept cultural influences when we are abroad. It is sort of expected and part of the traveling task. My observation is that it is much harder to interact, understand, accept and incorporate, or even tolerate, cultural diversity at home. How many times have children who are taught to be passive and submissive at home been penalized for such a behavior at school?

How understanding are we of a woman's world view in which acceptance of faith means staying in an abusive, exploitative relationship? How well can we accept that our definition of a problem is dismissed by an entire family, or that their recourse is herbal medicine or praying?

I have argued elsewhere (Garcia Coll, 1990), that developmental processes for so-called minority groups in the United States are influenced not only by cultural beliefs and caregiving practices but by other important influences as well. Yes, developmental goals, instrumental competencies, and child-rearing techniques are different in these groups (Ogbu, 1981), and yes, these are important enough to be clearly recognized. There are studies documenting that from the time their children are infants, parental beliefs and goals and parental behavior differ between minority and Anglo families in the United States (Garcia Coll, 1990 for review). But as the word minority implies, these groups occupy different resource environments which permeate other sources of influence in their development. As an example, the report of the U.S. Department of Health's Secretary's Task Force on Black and Minority Health stated in 1986 that there is a striking difference in the health, throughout the lifespan, of many minority populations and the Caucasian population (U.S. Department of Health and Human Services, 1986). These problems are compounded by the underutilization of health services, especially general preventive care, due to socioeconomic, linguistic, and cultural barriers (Anderson, Giachello & Aday, 1986; Boyce et al., 1986; Chavez, Cornelius & Jones, 1986). Moreover, most members of minority groups in the United States have lower socioeconomic status than the population at large, with some few exceptions (e.g., Cuban-Americans and some subgroups of Asian-Americans) and high unemployment and low educational attainment are more the norm than the exception among Native Americans, African-American and Hispanics (U.S. Senate Select Committee on Indian Affairs, 1985; Report from the National Commission on Children, 1990). From early on, these groups have been directly or indirectly exposed to a host of problems, including residential segregation, substandard housing, unemployment or underemployment, poor health (mental as well as physical), loss of civil rights, prejudice, discrimination, and poor self-image (LeMasters, 1970). In some studies, social class differences add a dimension of "difference" among ethnic groups (Laosa, 1978; Gutierrez, Sameroff & Karrer, 1988). The family contexts are also different, characterized by younger mothers, a higher percentage of single mothers, and also large, extended families. Studies have also shown that, although a high percentage of African-American families are single parent households (National Center for Health Statistics, 1982), kin residence sharing has long been acknowledged as characteristic of the African-American family (Gutman, 1976; Martin & Martin, 1978; Staples & Mirand, 1980). Despite these observations, there is a paucity of research concerning the impact of kinship on child rearing, parent-child interaction, or developmental processes throughout the lifespan (Wilson, 1984). Nevertheless, if we recognize that these groups experience *different* cultural values, as well as different access to economic and social resources, and that they are being subjected to prejudice, racism, classicism, sexism, and segregation, we would expect that their world view, psychic structures, and developmental outcomes would be profoundly impacted.

Where does this reality leave us? How can we collectively recognize how profound these differences are in spite of some basic similarities? And what are the implications for theory and practice? I would like to address these issues on two levels: first in our clinical interventions with clients of diverse backgrounds and second in our research and theoretical formulations.

Clinical implications

A framework of cultural diversity will impact on how we assess, intervene, and measure progress and outcome in any clinical or teaching setting. As Spiegel (1976) stated, "When ethnicity is combined with social class variations, the therapist must be something of an anthropologist. He should familiarize himself with the child-rearing customs and family relationships of the relevant ethnic groups . . . and he should be able to perceive the degree to which the patient's behavior may be bizarre, deviant or conforming not just to American middle-class standards, but primarily to the values of his social class, ethnic group, and geographical settings" (Canino & Canino, 1980, page 535).

This is not a trivial task. However, the literature suggests areas of assessment that need to be carefully addressed to get an "insider's perspective" on the definition and etiology of the problem, as well as on the appropriate modalities of intervention. Included in these areas are: racial and ethnic identity, cultural mistrust, developmental stage of migration, and acculturation.

Racial or ethnic identity has been found to be a major component of the self-concept and an important influence on self-esteem (Ethier & Deaux, 1990; Spencer & Markstrom-Adams, 1990; Tatum, 1992). Several models of racial/ethnic identity development have been formulated (Atkinson, Morten & Sue, 1983; Helms, 1990) to describe the process. In general terms, most oppressed persons respond to the dominant culture by (a) striving to become assimilated into it; (b) physically, socially, and psychologically withdrawing from it or leaving it; (c) separating themselves into physically and culturally homogeneous groups while maintaining contact with those of the dominant culture in employment or classroom settings; or (d) affirming their values as minority persons (Gibbs, 1975). It is clear that ethnic identity permeates the person's view of the self, the world, and future opportunities while also providing a structure for interpersonal relations and subjective experiences (Gibbs & Huang, 1989). As Spencer and Markstrom-Adams (1990) assert, "ethnic identity has the potential of providing a conceptual framework for interpreting the ongoing experience or 'fit' between self and the environment" (page 290).

In considering this aspect of the person's development, Thomas (1985) asserts that "counselors need to begin with an honest self-appraisal of their own identity, their view of their own cultural group, their view of others of similar and different status and their views of the dominant culture. They must ask themselves where do they fall in their own ethnic/racial identity, how they presently behave toward those who happen to be at various stages of development, and whether they are functioning in hindering or supportive ways" (page 126-127). As Beverly Tatum's work (1992) has so clearly exemplified, racial and ethnic identity processes are as much a part of the dominant as well as the oppressed "view of the self," and, in predominantly white environments there is enormous resistance from both to change.

A related construct is that of cultural mistrust or the lack of trust experienced by members of minority groups toward members of a dominant group. Most of the research to date has been done with African-Americans, although more recent work has included Hispanics and Native Americans. In general, studies have found that cultural mistrust explains clients' high dropout rates from counseling with white counselors, lower expectations from the counseling process, or lower performance on intelligence tests (Terrell & Terrell, 1981; Thompson, Neville, Weathers, Posten & Atkinson, 1990; Watkins & Terrell, 1988). Thus an important part of the process of getting the client's perspective on the therapeutic or intervention process is provided by a thorough assessment of where this person stands in the continuum from healthy cultural paranoia (or the appropriate anxiety and suspiciousness that the person develops as a result of ongoing exposure to a culture or ecosystem they cannot trust) to clinical paranoia, which is a function of unwarranted suspicion (Thompson, et al., 1990).

A third important dimension to be assessed is that of the impact on the individual of adjustment to migration and the process of acculturation. These two constructs will be most relevant to first generations, although second and third generations may still be dealing with the acculturation process. Both Arredondo-Dowd (1981) and Espin (1987) have provided useful frameworks for assessing the impact of migration on the individual. Espin (1987) conceptualizes the process of migration as having three stages: (a) the initial decision concerning relocation; (b) the actual geographical move into another country, and (c) the adaptation to a new society and way of life. Acculturation and adaptation to the new culture may also follow several stages (Arredondo-Dowd, 1981), including the initial joy and relief and idealization of the host culture, followed by disillusionment. Finally, if the process is successfully completed, the migrant moves into acceptance of the good and the bad found in the host country. Szapocznik and colleagues (Szapocznik, Kurtines & Fernandez, 1980; Szapocznik, Rio, Perez-Vidal, Kurtines, Hervis & Santisteban, 1986) have elaborated on the process of acculturation and its impact on psychological well-being. They propose that in order to minimize the detrimental effects of adaptation to a new culture, individuals must strive to become bicultural. The traditional view of acculturation as adoption of host culture and rejection of culture of origin leads to psychosocial maladjustment. In their view, it is not adaptive to discard those skills which effectively allow them to interact with the culture of origin, such as language or relationship style. Therefore, it is the role of the therapist to facilitate an effective bicultural adjustment not only for the individual, but for all family members and thereby to reduce intergenerational/intercultural conflict.

To quote their work:

". . .effective adjustment requires an acceptance of both worlds as well as skills to live amongst and interact with both cultural groups. Bicultural individuals must be aware of these differences and

need to develop the flexibility to implement different survival skills according to the cultural context in which they function"(Szapocznik, et. al, 1980, pages 3-4).

It is interesting to observe that gender differences have been noted in the processes of migration, acculturation, and adaptation. According to a study by Ethier and Deaux (1990), men find their cultural background to be a source of self-esteem and a buffer against perceived threat. Women, however, see their ethnic identity as more important than do men. Women also tend to acculturate more rapidly than men do once they are in a new culture (Espin 1987), and when gender roles for women are different in the new country, conflict is created within the traditional power structure of the family. In addition to gender, race and age are also important influences on an immigrant's welcome. Espin (1987) writes, "Light-skinned, young, and educated immigrants usually encounter a more favorable reception in the United States than darker-skinned, older, and uneducated newcomers." Racial discrimination can be a "disorienting" experience, hindering acculturation. In addition, acculturation is more rapid among young immigrants than among their parents, creating generation gaps and family disruption (Szapocznik, et al., 1984).

In summary, the challenge presented by cultural diversity is here to stay. It is clear that for therapists to know another's language or to be superficially sensitive to cultural issues might not be enough for them to be effective agents of change, nor will such knowledge enable them to be in the position of promoting psychological well-being. We must go beyond recognizing differences, to addressing our own privileges, and our own prejudices. We have to be careful not to fall into the practice of stereotyping. We need to recognize that acculturation is *not* a linear process, but a delicate process of unfolding and folding (Espin, 1987) and that individuals are going to be affected differently. It may be necessary to redefine our goals and expectations and to be flexible in our therapeutic approaches. We may find that the building of trust and the establishment of therapeutic alliance may take longer, or may be established in different ways than expected.

Implications for research and therapy

An example of my own research illustrates how adopting a cultural diversity framework affects the core of research questions and theoretical formulations. Throughout sixteen years of research in Puerto Rico, we have worked on the premise that the social and cultural environment is a major determinant in the outcome of teenage pregnancy, teenage parenting, and the developmental outcome of their infants. What we have found and documented is that most of the high-risk conditions associated with teenage pregnancy and parenting in the United States are not found in a sociocultural context that accepts and might actually encourage early childbearing (Garcia Coll, 1990). In traditional Puerto Rican culture, pregnant teenagers do not have more obstetric complications, their babies are not born with more problems, nor do they have more developmental problems than infants born to older mothers. In general, teenage mothers feel more supported and less stressed. Research like ours has contributed to the viewing of teenage parenting as influenced more by the family and sociocultural context, than by the characteristics of the individual per se.

We may find that we have to ask ourselves different questions as we try to integrate cultural diversity into our relational framework. Are our definitions of growth-enhancing relationships and expressions of mutuality affected by cultural conceptions? How do different sociocultural contexts affect a relational therapeutic approach, i.e. do we have to, in some circumstances, change from focusing on a single relationship, to family or clan relationships? How do power differentials get negotiated in extremely hierarchical societies? How is a relational approach affected by a collective sense of self?

In sum, I would like to join some of my hispanic colleagues like Hortensia Amaro, Lillian Comas-Diaz, Oliva Espin and Glorisa Canino, whose work on gender issues among Hispanics exemplifies the need not only to consider gender but to place sociocultural contexts at the core of our clinical and theoretical formulations. To quote Comas-Diaz (1987):

"Feminism — with its emphasis onempowerment, adaptation and flexibility in role relationships, promotion of competence and commitment to social change is particularly relevant . . . However, for feminist therapy to be effective, it must be embedded in a sociocultural context."

I would like to extend an invitation similar to the one eloquently expressed by Oliva Espin (1991) in her address to the annual convention of the American Psychological Association last year:

"We need to look for ways in which our theories and practices include the experiences of all women in an integral form . . . in sharing my dream with you, I

would like to stir your own and instill some hope and new vision in our work, so that collectively, we could create a future. . . that would be congruent with our feminist commitments and beliefs."

A future, I would like to add, which would not only include all women regardless of ethnicity, race and class, but all children as well — a future where the child will not be punished because a teacher perceives her as passive, or a single, teenage mother will not be frowned upon. A future, where building on our previous work, we will learn how to interact, understand, accept, and modify our own cultures and worldview.

Discussion Summary

After each colloquium presentation a discussion is held. Selected portions are summarized here. At this session, Drs. Robin Cook-Nobles, Jean Baker Miller, Irene Stiver, and Janet Surrey joined Dr. Cynthia Garcia Coll in leading the discussion.

Question: I would be interested to hear how you would respond to what Jean has suggested are five signs of a good relationship. Would the signs be any different in another culture?

Garcia Coll: In some of our discussions we have talked about the notion of a relationship being energizing. To a certain extent I am wondering if that is something that is really culturally bound. I am not sure if all cultures would define or value energizing in the same way. We do not have to go to Japan to deal with a different concept of what energizing might mean. I also think that relying on only one growth-promoting relationship could also be culturally bound. African-American women, even if they are single or not attached to one particular person, have a core of extremely important relationships. Among the Hmong culture, the clan is also extremely important. The notion that there will be one or two growth-promoting relationships versus a collectivity of interrelated relationships would be important to consider in other cultures.

Surrey: One of the critiques of this model by Asian and Middle Eastern women came to our attention when we were in Turkey. Their feeling was that, in their culture, identity was totally defined by relationships and that this was a bad thing because people were therefore held in. There were no individuals; there was only a series of relationships and that is how peoples' identities were formed. There was no room for individuals to act and everything individuals did would have implications for all their relationships. So there was a very tight culture that had some benefits in terms of support and a sense of family. However, when we talked about open growth-enhancing connections where there could be movement and change versus relationships that were hierarchically ordered and fixed, then the notion that a relationship could be healthy was much more understandable. The difference between us initially was culturally determined by words and the way we spoke, but when we got down to the data and the phenomenon in a different deeper sense, there was less difference between us.

Question: I was expecting to hear about our culture being very linear- dualistic, black-white thinking, right-wrong, yes-no — simple answers in opposition to each other. My hope and my hunch is that other cultures are a lot more civilized and sophisticated in the way that they go about their thinking. How would that play out (if it's true) in a therapeutic relationship?

Garcia Coll: I would not say that there are some cultures which are more civilized cultures than ours. I think that what we see in other cultures is that the rights and wrongs are not absolutes, but are conceptualized as a function of context. For example, in some cultures it is accepted to disclose, to be completely open about your feelings only in some contexts or with particular persons. That has a tremendous impact in terms of the therapeutic situation because there might be things that a person will never share with you because, for example, you are not a family member. Or the opposite might happen. You think that the family has to be brought in because you think that there is not going to be any growth or movement without the family but that person will never consider talking about those particular issues in the family situation. So cultures differ in what they consider appropriate contexts for expressing emotions, or for dealing with conflicts. As a therapist you have to get a sense of where that person is coming from otherwise a therapeutic situation might not go anywhere.

It becomes very important for the therapist to function in some ways as an anthropologist. In dealing with people from different cultures you need to find out what the rules are, what the conditions are, what the ways of expressing are. You have to get as much as you can about the cultural context from the person.

Stiver: Very often you hear from clients who are feeling assaulted by therapists because they have not been able to engage in that process. Many times

clients want to know if the therapist is of the same ethnic background. Not that this is necessarily needed, but that question is an important question because the person is saying: Am I going to be misunderstood? Will this be taken into account? Because I do think that lots of times they are told that ethnicity does not matter. Even the assurance that it matters is a very important first step.

Cook-Nobles: I think there is a larger issue. Cynthia talked about cultural diversity at the core of our work. I guess my question is how can we get this movement going? How can we own it and take responsibility for it? Why is it that when the topic is not cultural diversity, this room is overflowing; but when it's cultural diversity, therapists think that the topic is not as important. I feel that the black-white dichotomy in the culture gets in the way by pitting people against each other rather than bringing them together. How can we move it to the next level? We often hear at these colloquia how men treat women badly, but yet the men are not present in large numbers. I throw this challenge out because many therapists treat people of color, but for some reason they feel uncomfortable in looking at the cultural diversity between them and their clients. And how they may view the problem or how they may treat the client or how they may go about connecting is going to be a function of their culture. So that is my challenge to you. How can we really get this movement going in a genuine way rather than in a superficial kind of way? We talk about understanding cultural diversity, but will we really incorporate it?

Comment: Maybe the response to your challenge begins at home. For me that is easy to talk about. I live in an interracial family, and so that is a reality for me. But I was thinking about what Cynthia was saying about things that you reveal in the family versus things that you would reveal outside and what a different set of revelations those would be. My experience with the Asian half of my family is that the whole idea of mutuality, and even zest in relationships, and the good things that the first questioner was raising that came from Jean's work are very relevant. In Asian families those are things that are expected to happen in the family, and the family is somehow deficient if it does not provide those good things and good mutual relationships. While I think that the experience for many American women is that they have those good relationships with their friends, usually their women friends, and that the family, as a rule, may be deficient in those relationships. So I think bearing that great difference in mind, you have to think of the therapy situation as one which is not the same as real, every-day life. I'm thinking of the way the therapy hour is separate from daily life. You gradually come to a point at which your client considers you family; then it becomes okay to explore areas that would not have been okay if you were not family. It is a very gradual process in which you indicate your interest and your willingness to hear about ethnic experiences. Maybe it's a little bit different than being an anthropologist because there's a whole question about anthropologists as voyeurs. It's really wanting to be part of the experience that this immigrant family or this culturally different client is experiencing. You give the message that you want to be a part of that family, and I think that then you begin to hear the things that you would never have heard as long as you were "the other."

Garcia Coll: I think that the notion of participant observer (as opposed to an outside observer) has been more the norm in the last twenty years in anthropology. You just cannot sit back and take notes; you really have to participate in the culture. I think what you just said is exactly what we're talking about. I think it's very important to engage in the process.

Question: In the clinic where I work I am being told that I can see people for a total of ten to twelve sessions. When a client comes to me from a culture of which I know very little (and I work in the inner city and there are many diverse families that come), I wonder how I am going to be able to gain that insider's perspective in only ten or twelve sessions.

Cook-Nobles: Well, we do it in six to eight sessions. Actually, the short-term model works well with certain ethnic and racial groups in which therapy might not be a part of the culture. They can really focus on a problem, and the therapist can be much more active. The therapist can humble herself and allow the client to take a greater responsibility for what they want to work on and how they want to work on it. So actually, the short-term model fits quite well. The person sees some accomplishments, therefore, trust is built up. Hope is built up. But I think your work cannot begin when you meet the client for the first of the twelve sessions. Your piece of the work has to begin before the client enters your office. We have to educate ourselves by reading and learning about the diversity in the communities that we serve. This is the one reason to get agencies to do more crosscultural training, consistently and all along. You have to have some background before you start.

Let me just share that I was born in 1954, and where I grew up was segregated. I lived in a black

world basically because blacks and whites could not interact. But the majority of people I see at Wellesley College are not like myself. I had to cross that culture line. So if I can cross that culture line as a minority person who does not have formal power, then clearly people in this culture with formal power can cross that culture line. I say that to you to give you hope and to empower you to dare to change and dare to take the risk.

Garcia Coll: I want to support that. When I was saying that a quick fix will not work, what I was referring to is that I get skeptical about having one workshop during the year to address cultural diversity. I don't think that is the answer. Every single time there is some training, cultural diversity should be a part of it. I do not want segregation. We know segregation does not work. We need to deal with diversity in a very different way. So I think it is very do-able, but there has to be a real commitment to this cause. We cannot wait until we have a client in front of us, but we really have to make it part of our day-to-day training, our day-to-day consultation, and our day-to-day learning.

Ethnicity is not something that only others experience. It's very much at the core of everyone's experience. As therapists, we need to look at our own cultural backgrounds, to examine how this background affects us as therapists as well as how our clients see us and to talk with our colleagues about our backgrounds and cultures and how we see them influencing us. That is making cultural diversity part of the core.

I want to make one other point. There have been studies done that have shown that just pairing clients with and therapists on the basis of ethnicity does not guarantee anything. There are socioeconomic differences; there are acculturation differences. And so the issue is not that you have to have the same ethnicity, but that you can *share the same framework* — that you can really get into your client's context and acquire the insider's perspective.

Question: Is cultural diversity what we want to be talking about or is it pluralism? To me diversity sounds like there is a norm and then there's a difference. I think our legacy as United States citizens is that we are the norm — you may be different but I will be nice to you. I just wonder if diversity is what we ought to be talking about. What about multi-versity? That sounds like a strange word, because we are not used to it, but I feel increasingly uncomfortable talking about diversity because I do not think that diversity is what we really are talking about. Because it pre-supposes a norm.

Garcia Coll: I think that one of the things that you hear over and over again at the Stone Center colloquia is the problem of language. And how the language shapes our cognitive thinking. Part of our work is to look at language and how it shapes and limits what we see and how we perceive.

As an example, we are trying to get rid of the word "minority cultures" at this point. The movement to "diversity" and "cultural diversity" encompasses not only culture but different kinds of diversity, such as sexual preference. How I understand it is that pluralistic societies not only tolerate diversity, but they promote and celebrate differences as an integral part of the whole. I do not know if we are ready for that yet. I think that we are now at the cultural diversity step, and then we will see where we go from here.

Question: Something that I struggle with is how to resolve my belief in human rights, particularly from a feminist perspective, with my desire to understand different cultural traditions and tolerate behavior that appears to be restrictive for women. What do we do when we see the need for change when that change means going against someone's cultural background? Do we back off or do we create conflict?

Garcia Coll: I think what you are presenting is a tremendous political dilemma because to a certain extent you are going to create alienation — that person may be alienated from her own cultural system and at the same time the cultural system may be oppressive. I do not think there is any easy answer. I try to take it on a very personal level by realizing that part of the process for some women is to face the loss of that cultural identity. I also think that the notion of biculturalism is an important one: you try to keep what you value or what you think is important about your own cultural background and at the same time you adopt things from the new culture. You just do not go from one culture into the other, but you acquire certain skills that are going to make you competent in the new culture. There will always be a sense of loss and a sense of alienation, but there is also going to be a sense of "I can be competent in two different cultural milieus". It's not easy. It is demanding to keep that balance of going back and forth, but I see a lot of individuals really dealing with it — for example, first generation college students when they go back to their traditional cultures and become aware of their emerging language, their different modes of relating, even new moral values. Striving for biculturalism is very important.

It is also important to look at these processes on a

continuum and not to say that some cultures are bad toward women and other cultures are good. There are a lot of women in the U.S. who feel that this culture is not so good for women. In order to really get to the answer we really need to talk to the women in other cultures. How does the culture uplift them? How do they see their culture? It's important to understand the culture from their own frame of reference and from their worldview and not to assume that it's bad for them. We really have to humble ourselves, hear their voices, and let them come forward and say what it is in their culture that supports them and what alienates them, because I think in all cultures women can tell both sides of the story.

Question: What you were just saying ties into the question that I'm going to ask. I think it is important that a therapist does not necessarily think that she has the right answer and she is going to convey it to someone. I was thinking about what you said about power. I'm a psychiatry resident. I have worked on inpatient units and often find it very difficult. I think between a doctor and client there is already a differential of power. When I have worked with clients who are persons of color, I find that the differential gets exaggerated and can be quite an obstacle. It can be very awkward for me. What sort of advice do you have for me? How to think about that? How can I manage that?

Garcia Coll: In societies that are hierarchical, power differentials are more the norm than the exception. There is definitely a reverence, for example, for doctors regardless of who they are. I think you can turn that around to work in your favor. For example, you might have to be a lot more prescriptive than you would like because that is what they are waiting to hear from you. There are some very basic expectations that you need to fulfill. So part of what you need to do is get a sense of what the expectations are, maybe from the family members and other informants from that culture. To a certain extent, you need to get used to the idea that you may not be able to bridge that power differential, but you may be able to use it for the benefit of the person.

I feel that you have already gotten halfway there from the fact that you are struggling with the question and from the fact that you're referring to clients and not to patients. I really think that you are much farther along than you've actually given yourself credit for.

Question: When you talk about the problem of movement and getting clinicians to value cultural diversity in therapy, I wonder if a lot of clinicians do not think that they have to become sensitive to the client and the client's culture and give up something without necessarily gaining something back from the exchange. I am wondering what kind of room there is in the therapeutic interaction for the therapist, who is already acting as an anthropologist and participant, to engage the client in the framework the clinician has and knows best for delivering services. Is there room for the therapist to educate the client about his or her own way of delivering services? And how do you go about doing that without alienating your client?

Cook-Nobles: This also relates to the power differential. I think that it is important to share with your client the culture of therapy, so that the person knows what to expect. By doing that, the therapist is giving away some of the power. Therapy does not have to be mysterious. I explain to clients what I'm doing and why I'm doing it. Then I sit back and let the process go. I think that sometimes if clients have a framework, it does not feel so scary. They feel they have greater control, and they can take greater responsibility. They do not feel huge levels of anxiety, because they know what you are doing. For short-term psychotherapy, it works better too.

I would also like to add that I think that what you are suggesting is very important in terms of the mutuality of the relationship. There is a kind of sharing that needs to go on a lot of the time when you're not seeing someone who comes from a similar background or who is very sophisticated about therapy. Many times there is a dilemma and a conflict between certain values and experiences in one's culture and the culture of therapy. Therapy is a very unusual culture if you think about it. I think it is important to admit that, to explore that, and to communicate respect for the other person's position — letting that person know that one honors that position even though there might be some shifts and changes as two people get to know each other and the different perspectives they bring to the relationship. So I think that should be a mutual process of education and exploration.

I just want to add how essential it is to give up the notion that our reality is the only reality, to move out of a pattern of seeing things as absolute; and to move out of what I think of as a kind of arrogance that derives from being part of the dominant and privileged culture and to ask the question: What are the different realities represented here? Just beginning to ask this question is a very important first step in the process of mutual understanding.

Miller: I would just like to echo that. It seems

that we can make the therapy process more of a real exchange that includes not only really asking, but also really telling about where we are coming from. That would speak to the power differential too. It does not totally resolve it, but I think it could begin to help.

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