

THE IMPORTANCE OF RECOGNIZING SUBCULTURES AND MULTIPLE OPPRESSIONS IN CULTURALLY COMPETENT MENTAL HEALTH PRACTICE

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Abstract

Literature suggests that when studying to become a mental health therapist it is important to be culturally competent and to hold a pluralistic view of the world in order to be an effective and empathic helper. However, many training programs and theories examine a one dimensional view of individuals, pigeon-holing them into only one category; male, female, black, white, Hispanic, homosexual, heterosexual etc. To be a culturally diverse therapist, one must recognize that individuals often belong to more than one culture; in addition, within cultures there are subcultures that require individual attention in order to get a full multi-cultural perspective. This paper will include a discussion of the importance of recognizing subcultures in order for Mental Health Counselors to understand the importance of multiculturalism in the work they do.

In 1991, The Association for Multicultural Counseling and Development (AMCD) recognized and approved of the publication of a document implicating the importance of developing a multicultural perspective in counseling (Sue et. al., 1992). With this, 31 multicultural competencies were identified and the American Association for Counseling and Development was encouraged to adopt these competencies as accreditation criteria for therapists in training (Sue et. al., 1992). However, the criteria proposed only focused primarily on four cultural groups: African Americans, Asian Americans, Hispanics and Latinos arguing that the proposed standards could be relevant to other minority/oppressed groups as well (Sue et. al., 1992). While the recognition of other minority groups reflecting things such as socioeconomic standing and sexual orientation are important, it is also important to recognize that individuals often fall into more than one group, i.e., an African American Lesbian, a poor Caucasian male or a middle class biracial female. Recognizing that individuals come to counseling with their own set of “cultures” as well as belonging to both minority and majority groups simultaneously is important in understanding the perspective of a client.

In his article, “The Psychological Measurement of Cultural Syndromes” (1996), Harry Triandis discusses the concept of “cultural syndromes”:

“A pattern of shared attitudes, beliefs, categorizations, self-definitions, norms, role definitions and values that is organized around a theme that can be identified among those who speak a particular language during a specific historic period and in a definable geographic region” (p. 3).

While these syndromes appear to be in reference to specific racial groups, certainly the concepts of “particular language” and “definable geographic region” could be applied to cultural subgroups. ‘Geographic area’ does not need to only pertain to an entirely different country or continent and ‘particular language’ can be a language group contained within a larger cultural majority (i.e., Little

Italy, China Town, Ebonics etc.). The syndromes identified by Triandis are: tightness, cultural complexity, active-passive, honor, collectivism, individualism, and vertical and horizontal relationships (p. 4). However, for the purposes of this paper, I will examine two of these syndromes, collectivism and individualism and how they can be applied to a sample group, Caucasian American males. Triandis (1996) states that there are four attributes that define collectivism and individualism: the meaning of the self, the structure of goals, behavior and the focus on the needs of the in-group (p. 5). Application of these attributes to the culture of the “Caucasian American male” indicates that this group is made up of individualistic traditions; white American males tend to define themselves as “autonomous and independent of groups” (p. 4), priority is given to their personal goals vs. goals of group, behavior is determined by attitudes and if a relationship is more of a detriment than a benefit, that relationship is abandoned. This can be evidenced in sayings such as ‘climbing the corporate ladder’, ‘do what is best for you’, ‘if everyone jumped off of a bridge, would you?’ and other such adages of American culture. However, when this cultural group is broadened to include other important aspects of culture such as geographic location (i.e., the inner city), age (i.e., adolescence) and socioeconomic status (i.e., poor), the cultural demographic of the group “Caucasian American Male” can change dramatically. For example, many disadvantaged males living in impoverished areas band together to form gangs and, as such, live as a collective group, relying on one another for survival. As is illustrated in this example, when examining the term “culture” it is important to take into consideration the full spectrum of the definition of the word and not just consider generalized aspects of a particular group. In doing so, cultural subsets come to light and thus a greater understanding of the group and/or individual you are working with. When viewed this way, one can see how different therapy could be with a ‘Caucasian, American male’ versus a ‘poor, adolescent, Caucasian, American male living in the inner city.’

With the concept of cultural subgroups comes the notion of “multiple oppressions.” By definition, multiple oppressions mean that an individual is “a member of two or more oppressed groups” (Reynolds et. al., 1991, p. 175). Consideration of multiple oppressions also involves the concept of identity development. That is, when an individual belongs to more than one cultural subset and also has multiple oppressions, that individual is at risk for poor identity development or one that is maladjusted. The concept of “cultural programming” is discussed at length in Multicultural Diversity training programs and how important it is for individuals to have a cultural program with which to identify in order to assimilate to the culture in which they are growing up. However, for an individual who is bi racial; a minority and of a different sexual orientation; a female and of a different race etc. it can be considerably more difficult to form a whole sense of identity. This can be for many reasons including, but not limited to, a lack of cultural role models who fit who they are, a lack of acceptance from those within their immediate cultural group and not knowing how to integrate two seemingly different cultural backgrounds. Individuals who do not form a firm sense of identity can often be the population to enter therapy in an effort to assimilate who they are with their cultural/ethnic background and their present place in life and society. Without a firm understanding of how multiple oppressions can negatively impact a client, a therapist will be unable to empathize and/or effectively work with that client. As stated by Reynolds, et. al.:

“Although a few of the current models of identity development offer measurable constructs, they create an incomplete and therefore, inaccurate picture of the multiple layers of identity and oppression. Although these frameworks add much to our appreciation of human diversity, they also simplify the complexities of identity development and group identification.” (1991, p. 175).

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Reynolds et. al. (1991) goes on further to state that multiple oppressions need to be addressed as individual oppressions and also as collective oppressions. For example, a therapist working with a woman who is black and a lesbian may need to examine each of these oppressions alone; that is a 'woman', 'black' and a 'lesbian'; but then also assist that client in examining these cultural identities as one whole and how that may be affecting her, who she is and where she views herself in life individually and among others in a group.

As is illustrated in this paper it is clear to see that becoming pluralistic in our views on multiculturalism is not a simple, straightforward process; rather it involves the many layers that make up the definition of "culture" and ignoring one of these layers can mean a world of difference in reference to the clients we work with as therapists. While race and ethnicity are certainly very important components to keep in mind, these components can change dramatically when things like age, geography, socioeconomic standing, gender and sexual orientation are taken into account. In addition, cultural syndromes can further delineate one culture into two separate cultural subsets whereas on the surface level they may have seemed like only one. Much work has been done in the area of Multicultural Diversity training and some great concepts and theories have shed light on this important subject. By continuing to break down these theories and ideas and applying them to the seemingly ever changing multicultural climate and definition of culture, we as therapists will further our journey to a more pluralistic view within the counseling profession.

References

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