

CHAPTER 1

What Is Multicultural Psychology?



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SUMMARY

My whole life is a multicultural experience. I first learned to love and appreciate different cultures from my parents, who immigrated to the United States from the island of Barbados in the West Indies. I believe their openness to people from all walks of life came from their experiences as immigrants to this country, and they passed that on to me, my brother, and my sister.

Growing up with parents from a different country automatically made me aware that there are different cultures. Although I couldn't hear it, other people often commented that my parents spoke with an accent. I noticed that we ate different food. The differences were also apparent in the various groups with which we socialized. For example, we lived in a predominantly White neighborhood, but on the weekends we drove across town to the Black neighborhood to attend a Black church. Every weekend our house was full of people. My parents often invited their West Indian friends over to eat, play games, and tell stories. They also often befriended immigrant students from the local university they knew were far away from their families. We entertained students from all over—Latin America, Asia, Africa—and everybody was treated the same.

I also learned to love and appreciate different cultures from our family vacations. My parents took us on trips to different countries. Of course, they took us back to Barbados to learn about our West Indian roots, as well as to other Caribbean islands. We also traveled to Canada and Mexico. Again, in all our travels, I never saw my parents look down on or belittle anything or anybody in another culture. It was always seen as an adventure, an opportunity to see, do, and learn something new. And that has stayed with me for life. When I was old enough, I started traveling on my own.

My next primary multicultural experience was in high school. I attended a small, private, parochial school. The population was predominantly White (60%), but 40% other. By "other" I mean Cubans, Filipinos, Samoans, Koreans, Chinese, East Indians . . . you name it, we had it. In my closest circle of friends, one girlfriend was African American, one Cuban, one Bolivian, one Filipina, and one Chinese from Singapore. Talk about a United Nations! We all hung out together and everybody dated everybody else, no matter the background.

The utopia truly ended after high school. Some of the White people who were my friends throughout high school slowly distanced themselves from me and started hanging out only with other White people. I guess they saw that the rest of the world was not like our little oasis and succumbed to the pressure of the dominant outside culture,

adopting its racist, prejudiced attitudes. I ended up feeling hurt and betrayed by them. Deep down, I learned not to trust White people. The innocence of youth was gone. But those few negative experiences did not outweigh the positives. I still feel most comfortable in a diverse environment, and my circle of friends, family, and colleagues continues to be very diverse. I notice that the similarities are not necessarily in the color of our skin but in our attitudes. I tend to associate with people who also value and respect cultural differences.

And now my love for other cultures has turned into a life mission. In my work as a teacher, researcher, and clinician, I try to teach others the value of learning about and interacting with people from different cultures. (LAB)

This story relates some of the life experiences of one of the authors of this book, Lori A. Barker (LAB). The experiences of the other two authors—Jeffery Scott Mio (JSM) and Jaydee Tumambing (JT)—also reflect their multicultural backgrounds. JSM is from a family whose grandparents immigrated to the United States from Japan, and JT is a biracial immigrant from the Philippines.

Throughout this book you will read many unique stories of people whom we identify by pseudonyms. Motivated by these and other personal stories shared with us over the years by students, colleagues, and friends, we have woven this material as illustrations into the fabric of theories, concepts, and research findings to create a textbook that uses a new approach to multicultural psychology. The book's topics include, among others, worldviews, communication, immigration, acculturation, racism, identity, and physical and mental health. We hope you enjoy the personal touch we have used in our approach.

WHAT IS MULTICULTURAL PSYCHOLOGY?

In the story that opens this chapter, LBH describes how her experiences interacting with people from many different backgrounds eventually led her to a career in multicultural psychology. Her story might give you some indication as to what the field of multicultural psychology is all about, but let us get more specific. In this chapter we introduce you to the field of multicultural psychology and to concepts that will be discussed in more detail in the following chapters.

Let us begin with a basic definition of the term **multicultural psychology**. First, let us define *psychology*. Most likely you already have had a class in introductory or general psychology where *psychology* was defined as the systematic study of behavior, cognition, and affect. In other words, psychologists are interested in how people act, think, and feel and in all the factors that influence those human processes. Therefore, you can probably guess that *multicultural psychology* involves examining in some way the effect of culture on the way people act, think, and feel. On one hand, culture is an external factor because it influences the events that occur around us and our interactions with other people, but on the

multicultural psychology—the systematic study of behavior, cognition, and affect in settings where people of different backgrounds interact.

other hand, culture also influences our internal processes, such as how we interpret the things going on around us.

The prefix *multi-* means “many,” and the suffix *-al* means “of” or “pertaining to.” Therefore, the term *multicultural* means pertaining to many cultures. If we put this together with *psychology*, we can conclude that *multicultural psychology* concerns the systematic study of behavior, cognition, and affect in many cultures.

That is a good place to start, but the term is really a little more complicated. What about the final component? We still have not defined *culture*.

I moved to Florida to take a position as a district manager for a grocery store chain. It was a bit of culture shock for me. I'm not used to all the different cultures. In California we have Mexicans and Vietnamese and Japanese, but in Florida they have Cubans and Haitians. I have one store in an area where it's all Cubans and everybody speaks Spanish. Then, you drive a few blocks and turn the corner and everybody is Haitian and speaks French. And the different groups don't get along. I'm not used to that. Even if I spoke Spanish fluently it wouldn't help, because people from the different countries speak Spanish differently, like people from Cuba versus people from Venezuela. They don't even understand each other. I have a lady friend I spend time with, and we often hang out with her friends from different countries. One night we went to a Greek restaurant and everyone in there was speaking their language, listening to their music, and just doing their thing. I felt very uncomfortable because I didn't understand any of it. The other night at her place an old man from Puerto Rico was visiting. It was very interesting because he was like a walking encyclopedia. He talked about the history of all the different cultural groups, why they look the way they do, how they ended up living in different regions. He went on and on for hours. I learned a lot from listening to him.

PETER, 40+-YEAR-OLD WHITE MAN

Culture is a complex term. Defining it is difficult, because although we use it all the time, we use it in so many ways. For example, in describing his experiences when moving from California to Florida, Peter used “culture” to refer to countries, languages, food, and music; he also referred to the influence of history and traditions. Those are some of the many ways we use the term *culture*.

You may also note that we describe Peter as “White.” At times, we will identify those whose ancestors came from Europe as White, and at times we will refer to such individuals as European American. Those terms may be seen as interchangeable in most cases. Our experience has been that when we refer to White students as European American, many say, “I am not from Europe.” They do not make the connection that when we refer to those whose ancestors originated in Asia, we label them as Asian Americans even if they were born in the United States. For those of us who teach and research topics in the multicultural domain,

the term “European American” is more common, but we recognize that for most people, “White” is the more common term.

When someone asks you what culture you are from, how do you reply? Do you tell them your nationality (e.g., Chinese, El Salvadoran)? Do you tell them where your ancestors were from (e.g., “I’m Polish on my dad’s side, but Swedish on my mother’s”)? Do you refer to your racial group (e.g., “I’m Black”), or do you use a specific ethnic label (e.g., “I’m African American”)? If you answer in one of these ways, you are like most people, who, when asked about culture, reply by stating their race, ethnicity, or country of origin (Matsumoto et al., 1997).

Sometimes we use the word *culture* to mean various types of music, art, and dance. For example, when people refer to the cultural life of a city, they usually have in mind artistic opportunities, such as access to a good museum and a good symphony orchestra, and the quality of the plays that come to town. Other times we use the term *culture* to refer to such things as food, clothing, history, and traditions. For example, American Indian¹ culture is associated with powwows, sweat lodges, talking circles, and the like. These activities represent traditions that tribes have passed down from generation to generation and are ways in which the people connect with their cultural heritage, purify themselves, and express ideas and solve problems. Yet other times we use the term *culture* in reference to the regular or expected behaviors of a particular group. We might say “teen culture” to refer to the particular way adolescents act, talk, and dress. It signifies that adolescents behave differently from people of other age groups.

David Matsumoto and his colleagues (Matsumoto et al., 1997) conducted a study in which they asked university undergraduates to define *culture*, and they received a wide variety of responses, which the researchers coded and summarized into 18 categories. Three categories were used most often—Expressions, History, and Beliefs—but other categories included Race, Religion, Family, and Hobbies.

Kroeber and Kluckhohn (1952) and Berry and associates (1992) described six uses of “culture” in everyday language: (a) *descriptive*, the specific behaviors and activities associated with a culture; (b) *historical*, a group’s heritage and traditions; (c) *normative*, the rules that govern the behavior of a group; (d) *psychological*, which emphasizes behavioral processes, such as learning and problem-solving; (e) *structural*, which reflects the organizational elements of a culture; and (f) *genetic*, which refers to the origins of that culture.

1. Various terms have been used to categorize indigenous peoples of the Americas. Common terms are “Native Americans,” “American Indians,” “Native American Indians,” and “Aboriginals.” The two most common terms are “Native Americans” and “American Indians.” We have chosen to use “American Indians.” That is because some White people who want to resist classification based upon racio-ethnic grounds have said, “I was born here in America, so I am Native American, too.” Moreover, those of Mexican descent may also validly use the term “Native American” because many of their ancestors lived in the Western regions of the United States when those regions were still part of Mexico. According to our friend and colleague Joseph E. Trimble, the term “American Indian” is the least confusing and most accurate, so we have adopted that convention. However, we recognize that many American Indians still prefer the term “Native American.” We are merely using “American Indian” as a convention for this book.

culture—the values, beliefs, and practices of a group of people, shared through symbols, and passed down from generation to generation.

Let us use Mexican culture as an example. To talk about Spanish as the primary language is a descriptive use of “culture.” To talk about the holidays the people celebrate, such as Cinco de Mayo and El Día de los Muertos, is a historical use. To talk about traditional gender roles and machismo is a normative use. To talk about the process of learning a new language or adjusting to a new culture is a psychological use. To talk about the importance of the extended family is a structural use. Finally, to talk about the combined influence of indigenous and Spanish (European) people on Mexican physical appearance is a genetic use.

So far, our discussion covers the ways in which we use the term *culture* in our everyday language. How do psychologists define *culture*? Psychologists have struggled to develop a concise definition of *culture*. Atkinson (2004) sums up the debate by saying that culture “consists of values and behaviors that are learned and transmitted within an identifiable community . . . and also includes the symbols, artifacts, and products of that community” (p. 10). In other words, culture usually refers to a particular group of people and includes their values, or guiding beliefs and principles, and behaviors, or typical activities. Those values and behaviors are symbolized in the things that the group of people produces, such as art, music, food, and language. All of those things are passed down from generation to generation. In summary, we could define **culture** as the values, beliefs, and practices of a group of people, shared through symbols and passed down from generation to generation.

Narrow and Broad Definitions of Culture

The field of multicultural psychology distinguishes between narrow and broad definitions of culture. A narrow definition of culture is limited to race, ethnicity, and/or nationality. This use of the term is probably the more common one.

In contrast, a broad definition of culture includes “any and all potentially salient ethnographic, demographic, status, or affiliation identities” (Pedersen, 1999, p. 3). In other words, any of the important or meaningful ways in which we identify ourselves can be viewed as a culture. Sue, Ivey, and Pedersen (1996) give the following broad definition of culture: “any group that shares a theme or issue(s)” (p. 16). Therefore, language, gender, ethnicity/race, spirituality, sexual preference, age, physical issues, socioeconomic status, and survival after trauma all define “cultures.” Under this broad definition, we can have simultaneous membership in more than one culture.

Some psychologists argue that a broad definition of culture isn’t particularly helpful. Should something such as gender be included? Do men and women really have separate and distinct cultures? If this definition is taken to its extreme, anything could be considered a culture. Let us use the Deaf Community as an example.

If we define a culture as a distinct group of people characterized by shared customs, behaviors, and values, would the Deaf Community fit that definition? Backenroth (1998) thinks so. She argues that deaf people share a common language (sign language); have their own schools, churches, and social organizations; have common experiences and a common way of interacting with one another



PICTURE 1.1 What is culture? Photograph by Tom Zasadzinski

and with hearing people; and therefore have a distinct culture. Following is a description of Deaf culture by a deaf person:

Deaf culture for me is about the complexity of deafness. Life as a deaf person, life stories, and destinies. Deaf culture for me is not theatre, art and so on per se. These ways of expression are not particular for deaf people. However, the content in these different ways of expression can illustrate the Deaf culture, deaf people's lives. For example, the American artist Harry Williams, now deceased. He was painting violins without chords, separated violins, like two worlds. This example is a clear expression of the Deaf culture, not art per se but the content in art. The particular traits that deaf people in comparison to hearing people in society, for example the language, music, the pictures and so on, are typical deaf cultural expression . . . well, o dear it is so difficult to describe this in words but easy to experience.

(ANONYMOUS RESEARCH PARTICIPANT, QUOTED IN BACKENROTH, 1998).

Do you agree with a broad or a narrow definition of culture? As we stated earlier, although some psychologists disagree, most multicultural psychologists subscribe to a broad definition of culture that includes statuses and affiliations such as gender, physical ability, religion, and sexual orientation. This broad definition of culture includes a wide range of **diversity** that encompasses differences beyond race, ethnicity, and nationality.

Culture and Worldview

Sue (1977) defines a **worldview** as “the way in which people perceive their relationship to nature, institutions, other people, and things. Worldview constitutes

diversity—differences beyond race, ethnicity, and nationality, such as sexual orientations, religions, and abilities.

worldview—a psychological perception of the environment that determines how we think, behave, and feel.

our psychological orientation in life and can determine how we think, behave, make decisions, and define events” (p. 458). In other words, different cultural groups perceive, define, and interact with their environment in different ways, on the basis of their past learning experiences (Sue, Ivey, & Pedersen, 1996). People from different cultures may see or experience the same thing but interpret it in drastically different ways. An example of this is seen in the differing ways the European-American and African-American communities reacted when, after his criminal trial, O. J. Simpson was acquitted of the murders of his ex-wife, Nicole Brown Simpson, and her friend Ronald Goldman.

Time Magazine calls October 3, 1995, one of “Eighty Days That Changed the World” (Poniewozik, 2003). At 10:00 a.m. that day the world paused to watch the verdicts in the O. J. Simpson criminal trial. O. J., a former NFL football star and popular celebrity in both the White and Black communities, was accused of brutally murdering his ex-wife, Nicole Brown Simpson, and her friend, Ron Goldman. The world was captivated by the case, and many watched the daily courtroom drama. When it came time for the jury forewoman to read the verdicts, some networks went to a split screen where on one side they showed crowds gathered at various spots in the African-American community, and on the other half showed groups gathered at popular spots in the European-American community. When the “not guilty” verdict was read African Americans jumped, shouted, and cheered as if they’d won the Superbowl, while European Americans looked shocked and stunned. Some cried while others expressed outrage.

The media commented on the differing reactions of the two communities in the weeks and months following the verdict, including a documentary on CBS called “O. J. in Black and White” (CBS News, 1996). Many struggled to explain the drastically different reactions. Reactions to the O. J. verdict for both African Americans and European Americans go all the way back to slavery. In the south, black slaves far outnumbered white slave owners. Therefore, white slave owners used violence, fear, and intimidation to keep black slaves in line. Once slavery was abolished whites, fearing for their safety, developed new tactics to keep large numbers of ex-slaves in line. The Ku Klux Klan accomplished this task through the continued use of violence, fear, and intimidation, but the justice system did as well. African Americans were often falsely accused and convicted of crimes for which they were not guilty, or given harsher sentences when they were. Even today, statistics indicate that African Americans are more likely to be arrested, imprisoned, and continue to receive harsher sentences for equivalent crimes when compared to European Americans, including the death penalty (Legal Services for Prisoners with Children, n.d.).

Back track to 1992 and the verdicts in another famous trial of four European-American police officers accused of beating Rodney King, an African American. The beating was caught on videotape and aired on

television over and over in the following weeks. African Americans hoped that for once the system would work in their favor. After all, hadn't everybody seen the videotape? When a majority European-American jury found the four European-American officers "not guilty" all hope was lost. African Americans reacted, not just to the verdict, but to centuries of unjust treatment. The Rodney King beating verdict was simply the straw that broke the camel's back; the match to the gasoline. African Americans (and others) in Los Angeles and other communities expressed their hurt, disappointment, pain, and rage by rioting for three days.

In 1995, when O. J. was acquitted, with the help of an African-American defense lawyer and a predominantly African-American jury, many African Americans said, "Finally! We beat them at their own game!" Hope was restored. On the other hand, when the system they invented no longer worked in their favor, European Americans cried foul and said the system was flawed.

ADAPTED FROM BARKER-HACKETT, 1995

The drastically different responses of the African-American and European-American communities to the verdicts in the O. J. Simpson trial illustrate the different worldviews of these two communities. Remember, worldviews are shaped by past experiences. The jubilation of the African-American community and the outrage of the European-American community can truly be understood only in the historical context of centuries of unjust treatment of African Americans by European Americans, particularly within the justice system. (Worldview will be discussed in more detail in chapter 3.)

What Is Race?

Previously we said that most people use the word *culture* to refer to their race, ethnicity, or nationality. The terms *culture*, *race*, and *ethnicity* are often used interchangeably, but technically their meanings are distinctly different. Their usage is often confusing. Atkinson (2004) calls them "three of the most misunderstood and misused words in the English language" (p. 5). Since they are vital to a discussion of multicultural psychology, we must try to define them and clear up some of the confusion. Let us begin by defining *race*.

The term *race* is used in two main ways—as a **biological concept** and as a **sociocultural concept**. Zuckerman (1990) says, "to the biologist, a race, or subspecies, is an inbreeding, geographically isolated population that differs in distinguishable physical traits from other members of the species" (p. 1297). Biologically speaking, a race is a group of people who share a specific combination of physical, genetically inherited characteristics that distinguish them from other groups (Casas, 1984). From this biological perspective, human beings are divided into three main racial groups—Negroid, Caucasoid, and Mongoloid. These three groups are distinguished from one another by phenotype, or noticeable physical features, such as skin color, texture of hair, shape and color of eyes, and thickness of nose and lips.

biological concept of race—the perspective that a race is a group of people who share a specific combination of physical, genetically inherited characteristics that distinguish them from other groups.

sociocultural concept of race—the perspective that characteristics, values, and behaviors that have been associated with groups of different physical characteristics serve the social purpose of providing a way for outsiders to view another group and for members of a group to perceive themselves.

Results of genetic studies indicate that the physiological differences among racial groups are superficial and that as human beings we have far more genetic similarities than differences (Latter, 1980; Zuckerman, 1990). Variation within different racial groups is far greater than is variation among the groups (American Anthropological Association, 1999). Estimates indicate that 88 to 90 percent of genetic variation occurs within local populations, while only 10 to 12 percent is between populations (Angier, 2000). Most respected scholars currently acknowledge that human beings came from the same beginnings in Africa and that genetic differences among groups can be explained by patterns of migration and adaptation as groups moved farther and farther away from that point of origin (Angier, 2000; Begley, 1995; Diamond, 1997). The American Anthropological Association (AAA) concluded that “race is not a legitimate biological or genetic construct; rather, it is an ideology used to justify the domination of one identifiable group of people by another” (AAA, 1999, as cited in Miller & Garvan, 2008, p. 15). In other words, there really is only one biological race . . . the human race (Atkinson, 2004; Fish, 2002).

Although a biological definition of race has little evidence to support it, once the broad categories were drawn and the idea of significant genetic differences among groups was propagated, the term took on sociocultural significance. “The concept of race has taken on important social meaning in terms of how outsiders view members of a ‘racial’ group and how individuals within a ‘racial’ group view themselves, members of their group, and members of other ‘racial’ groups. . . . Thus, the term *race* survives despite the lack of a scientific basis because it continues to serve one purpose or another for those who use it” (Atkinson, 2004, p. 8). Helms (1990) calls such purposes the psychological implications of racial group membership.

The sociocultural meaning of the term *race* resulted from the geographic isolation of groups sharing similar physical characteristics. Once those groups migrated to different parts of the globe, they also developed their own unique set of values, beliefs, and practices. The term also gained sociocultural significance because some groups used physical differences to justify the oppression of other groups. For example, White Europeans selected Black Africans for enslavement in part because of the drastic differences in physical appearance. It was easy to identify a Black African slave and distinguish him or her from a White European slave owner. Once Europeans enslaved Africans, a system of values and beliefs developed to justify the inhumane practice. Europeans propagated the ideas that Africans were primitive, savage, and inferior, even stating that slavery was good for “civilizing” them. Such beliefs were widely spread and passed down from generation to generation so that even today African Americans continue to combat stereotypes about their racial inferiority.

Thus race, rather than being a biological fact, is a sociocultural concept. This means that the term exists because it has become useful in our interpersonal, group, and societal relationships. Atkinson (2004) says that the sociocultural use of the term *race* continues because it provides people a way of organizing the world and reducing complexity, and for some groups it provides a vehicle for identity and empowerment. Because of confusion between the two definitions of



PICTURES 1.2 To some, the concept of race is biological, whereas to others, it is a social construction.
Photographs by Jersson Rivera

the term *race*, there has been much debate in the psychological literature about the appropriateness of its use (e.g., Helms & Talleyrand, 1997; Yee, Fairchild, Weizmann, & Wyatt, 1993; Zuckerman, 1990).

The term **ethnicity** is often used interchangeably with race and culture. Technically, ethnicity refers to the combination of race and culture, for ethnicity is determined by both physical and cultural characteristics (Atkinson, 2004; Phinney, 1996). Individuals may be from the same racial group but come from different cultures, leading to their particular ethnicity. For example, Black people are all of African descent but now live all over the world in various cultures. Racially they are “Black,” but depending on what part of the world they grew up in, they are from different cultures, leading to separate and distinct ethnic groups. Thus we have Afro-Cubans, Afro-Brazilians, and African Americans. That is why racial categories can be confusing. If a Black person from Cuba is filling out a survey in the United States and is asked to check off his or her race, which one does he or she check—African American or Latino? He or she is both. To select just one is misleading and inaccurate. The following story illustrates this dilemma.

For myself being half Thai and half Chinese, I know a lot of people don't consider that being biracial because they both fall under Asian, but the two different cultures still have an effect on me . . . I usually just tell people I'm Thai. I'm not really denying my Chinese side, it's just that my parents raised me with the Thai culture. Speaking Thai, eating Thai foods, learning the proper Thai etiquettes, etc. My parents never really put any of the Chinese part of me into my lifestyle. That is a big reason why I chose to be more Thai. It's more familiar to me than the Chinese culture. Now that I'm older I am exploring more Chinese culture and I learned that Thai and Chinese cultures are very different. I'm still more biased toward my Thai side, though. Probably because I can relate more since I grew up that way.

NING, 20+-YEAR-OLD BIETHNIC (THAI/CHINESE) WOMAN

ethnicity—
 a combination of
 race and culture.

culture contact—critical incidents in which people from different cultures come into social contact with one another either (a) by living and working with one another on a daily basis, or (b) through visiting other countries on a temporary basis, such as for business, tourism, or study.

cross-cultural psychology—the study of comparisons across cultures or countries, as opposed to comparisons of groups within one society.

Multicultural Psychology versus Cross-Cultural Psychology

Our goal has been to define *multicultural psychology*. So far, we have broken the term down into its components, stating that *psychology* is the systematic study of behavior, cognition, and affect; *multi-* and *-al* mean pertaining to many; and *culture* refers to the values, beliefs, and practices of a particular group of people that are shared through symbols and passed down from generation to generation. If we put all that together, we can define *multicultural psychology* as the systematic study of all aspects of human behavior as it occurs in settings where people of different backgrounds encounter one another. Multicultural psychologists are concerned with “the psychological reactions of individuals and groups caught up in culturally heterogeneous settings” including the “behaviors, perceptions, feelings, beliefs, and attitudes” that result from living in such conditions (Bochner, 1999, p. 21).

Our definition of multicultural psychology states that the field is interested in what happens when people of different backgrounds interact with one another. Bochner (1999) defines **culture contact** as “critical incidents where people from different cultural, ethnic, or linguistic backgrounds come into social contact with each other” (p. 22) and describes two broad categories of contacts: (1) contacts that occur between members of a culturally diverse society, or between people of many different backgrounds who live and work together on a daily basis; and (2) contacts that occur when people from one society visit another country, for purposes such as business, tourism, study, or assistance (e.g., Peace Corps). Multicultural psychology is interested in both types of cultural contact, although it emphasizes the first type.

Besides multicultural psychology, terms used in the literature include cross-cultural psychology, cultural psychology, and ethnic minority psychology. Sometimes these terms all refer to the same thing, and they often reflect historical developments in the field (i.e., different terms were used at different times), but sometimes there are some clear distinctions. For example, **cross-cultural psychology** is often concerned with comparisons across cultures, not, as multicultural psychology is, with comparisons of many cultures coexisting within one society. Although some might argue with that conclusion, in a broad sense multicultural psychology can be seen as the broad umbrella under which these other areas fall.

WHY DO WE NEED THE FIELD OF MULTICULTURAL PSYCHOLOGY?

We need multicultural psychology because, quite simply, the United States is a multicultural society. It is in fact a setting where people of different backgrounds encounter one another. According to the Census Bureau (Grieco & Cassidy, 2001; <http://www.census.gov/prod/cen2000/dpi/2kh00.pdf>), the population of the United States is currently 69.1% non-Hispanic White, 12.5% Hispanic, 12.3% Black, 3.7% Asian and Pacific Islander, and 0.9% American Indian. Census projections indicate that the European-American population will decline while each of the other racial groups will grow. Therefore, although European Americans currently make up the majority, U.S. Census projections suggest that sometime in this century

the United States will become a “majority minority” country (National Population Projections, 2002). In other words, all ethnic minority groups combined will be larger than the European-American population.

This increasing diversification is due to two primary forces—immigration rates and differential birthrates (Sue & Sue, 1999). Ever since the Pilgrims arrived at Plymouth Rock, the population of the United States has been greatly influenced by immigration. Census 2000 data indicate that foreign-born and first-generation residents now make up one-fifth of the entire U.S. population, and that number is likely to keep growing (Schmidley, 2001). Currently, the largest numbers of immigrants into the United States come from countries in Asia (25%) and Latin America (51%). Unlike the early immigrants to this country, who were mostly White Europeans and were easily assimilated into mainstream culture, current immigrants are from more visible racial and ethnic groups that are not as easily assimilated (Atkinson, 2004).

In addition, ethnic minority groups continue to have higher birthrates. The average number of children per mother for European Americans is 1.7, whereas it is 2.4 for African Americans, 2.9 for Mexican Americans, and 3.4 for Vietnamese (Sue & Sue, 1999). The number of children born to foreign-born women has also been increasing. In 1980, 1 birth in 20 in the United States was to a foreign-born woman, whereas in 2000 the number increased to 1 in 5 (Schmidley, 2001). Those numbers indicate that ethnic minority groups are growing at a faster rate than are European Americans and help explain what Rodriguez (2002) refers to as the “browning” of America.

MULTICULTURALISM AS THE FOURTH FORCE

Paul Pedersen (1990, 1991), a leading multicultural psychologist, proposed the idea that multiculturalism is the “fourth force” in psychology. What does he mean? In psychology, the term *force* is used to describe a theory that has a huge influence on the field and precipitates a **paradigm shift**, or major change, in the way people think about human behavior.

The notion that multiculturalism is the fourth force suggests that this perspective will have just as big an impact on the field of psychology as the first three forces—psychoanalysis, behaviorism, and humanism (Table 1.1). Pedersen (1990, 1991) does not see multiculturalism as replacing the other three theories but, rather, as adding a fourth dimension to psychology to supplement and, ideally, to strengthen the other three. He says that labeling multiculturalism as the fourth

multiculturalism as the fourth force—the idea that multicultural psychology is so important that it will fundamentally change the direction of the field of psychology, as psychoanalysis, behaviorism, and humanism have.

paradigm shift—a major change in the way people think about a field.

TABLE 1.1 Multicultural Psychology as a Fourth Force

Force	Name of Theory	Key Theorists
First Force	Psychoanalysis	Freud
Second Force	Behaviorism	Pavlov, Thorndike, Watson, Skinner
Third Force	Humanism	Rogers
Fourth Force	Multiculturalism	Sue, Pedersen, White, Ivey, Bernal, Trimble

force “explores the possibility that we are moving toward a generic theory of multiculturalism that recognizes the psychological consequences of each cultural context, where each behavior has been learned and is displayed . . . and calls attention to the way in which a culture-centered perspective has changed the way we look at psychology across fields and theories” (Pedersen, 1999, p. xxii).

In other words, calling multiculturalism the “fourth force” challenges us to acknowledge that (a) all behavior is learned and occurs in a cultural context; (b) until recently, this fact has virtually been ignored by the field; and (c) once we understand the nature and contribution of culture, this understanding will dramatically alter and expand the way we study and understand behavior. Pedersen and other multicultural psychologists believe it is no longer possible for psychologists to ignore their own culture or the cultures of their clients and research participants. A multicultural perspective makes our understanding of human behavior more clear and meaningful, rather than more obscure and awkward. “The main goal of [multicultural psychology] is to convince general psychology that culture is an important contributor to the development of human behavior, and to our understanding and study of it” (Pedersen, 1999, p. 6). Thus, identifying multiculturalism as the “fourth force” in psychology attempts to place it at the center of the field.

UNDERSTANDING THE CULTURAL CONTEXT OF BEHAVIOR: THE BIOPSYCHOSOCIAL MODEL

One of the major tenets of multicultural psychology is that all behavior is learned and exhibited in a cultural context. Therefore, to fully understand human behavior, we must understand its cultural context. Culture influences everything.

The **Biopsychosocial Model** helps explain the effect of culture on behavior. This model grew out of behavioral medicine and health psychology and focuses on an understanding of the psychological, social, and biological factors that contribute to illness and that can be utilized in the treatment and prevention of illness and the promotion of wellness (Engel, 1977; Schwartz, 1982). Although the model originally focused on an understanding of physical illnesses, it is also very useful in understanding psychological ones. Let us take a closer look at this model.

On the morning of May 5, 2004, David Reimer retrieved a shotgun from his home while his wife, Jane, was at work, took it into the garage, and sawed off the barrel. He then drove to the nearby parking lot of a grocery store, parked, raised the gun, and shot himself. He was 38 years old. What led David to such despair that he decided to end his own life?

Press reports cited an array of reasons for his despair: bad investments, marital problems, his twin brother’s death two years earlier. Surprisingly little emphasis was given to the extraordinary circumstances of his upbringing. This was unfortunate, because to truly understand David’s suicide you first need to know his anguished history, chronicled in the book, *As Nature Made Him: The Boy Who Was Raised as A Girl*, by John Colapinto (2000).

Biopsychosocial Model—a model of human behavior that takes into consideration biological, cognitive-affective, social interpersonal, social institutional, and cultural factors.

David Reimer was one of the most famous patients in medical history. He was 8 months old when a doctor doing a routine circumcision accidentally removed his entire penis. David's parents were referred to a leading expert on gender identity, psychologist Dr. John Money, who recommended a surgical sex change from male to female and the administration of female hormones to further feminize his body. David became the ultimate experiment to prove that nurture, not nature, determines gender identity and sexual orientation. His twin brother, Brian, provided a perfect matched control.

Dr. Money continued to treat David and, according to his published reports through the 1970s, the experiment was a success. David, who'd been renamed Brenda, was portrayed as a happy little girl. The reality was far more complicated. "Brenda" angrily tore off dresses, refused to play with dolls, beat up her twin brother, and seized his toy cars and guns. In school she was relentlessly teased for her masculine gait, tastes, and behaviors. The other children wouldn't let her use either the boys' or the girls' restroom, so she had to go in the back alley. She complained to her parents and teachers that she felt like a boy. Brenda was also traumatized by her yearly visits to Dr. Money, who used pictures of naked adults to "reinforce" Brenda's gender identity and who pressed her to have further surgery on her "vagina." Meanwhile, Brenda's guilt-ridden mother attempted suicide; her father lapsed into alcoholism; and the neglected twin brother, Brian, eventually descended into drug use, petty crime, and clinical depression.

When Brenda was 14, a local psychiatrist finally convinced the parents to tell Brenda/David the truth. David later said about the revelation: "Suddenly it all made sense why I felt the way I did. I wasn't some sort of weirdo. I wasn't crazy."

David went through the painful process of converting back to his biological sex, yet was still very troubled and attempted suicide twice in his 20s. He eventually married, but he was not easy to live with, given his explosive anger, fears of abandonment, feelings of sexual inadequacy, and continued depressive episodes. At about the age of 30 David received help from a rival psychologist of Dr. Money, Dr. Milton Diamond at the University of Hawaii, but he continued to have difficulties. In the spring of 2002, his twin brother died of an overdose of antidepressant medication. Then, in the fall of 2003, David was cheated out of \$65,000 by an alleged con man. The last straw seemed to come on May 2, 2004, when after 14 years of a difficult marriage, David's wife told him she wanted a separation. Two days later, David ended his own suffering.

[Adapted from Colapinto (2004), and "David Reimer," (2004)]

Many factors contributed to David Reimer's suicide. The Biopsychosocial Model helps put those factors into perspective. The Biopsychosocial Model says that behavior can be understood on many levels (see Figure 1.1). The first is the *biological level*. At the most basic level, our behavior is influenced by our

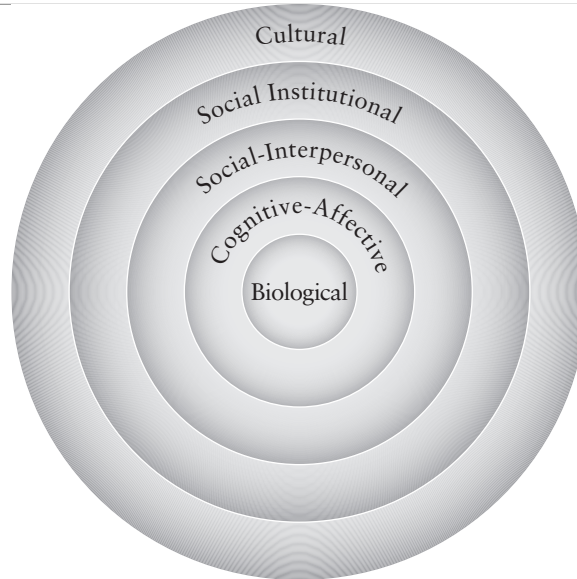


FIGURE 1.1 The Biopsychosocial Model. Adapted from Engle (1977) and Myers (1986)

physiological and genetic makeup. When we lack certain nutrients, our body sends us signals that something is out of balance and needs to be corrected. For example, if we do not have enough fluids in our body, we feel thirsty and are motivated to drink. If our body lacks fuel, we feel hungry and we eat. The behaviors of eating and drinking are linked to basic biological needs. Our behavior is also influenced by our genetic makeup.

There was evidently a strong genetic component to David Reimer's depression. His mother and brother suffered from depression, and his father may have as well. It is possible that his father was self-medicating his depression through alcohol abuse. Research clearly indicates that depressive disorders tend to run in families (Keller et al., 1986). Perhaps David Reimer inherited a biological predisposition to depression from one or both of his parents. His unusual life circumstances brought it out for him as well as for his brother.

The second level of the Biopsychosocial Model is the *cognitive-affective level*. Cognitions, in general, refer to our thoughts but include all our basic mental processes, such as memories, perceptions, and beliefs. *Affect* refers to feelings or emotions. This level examines the effect our thoughts and feelings have on our behavior. The connection between one's mental or psychological state and physical health has long been established. For example, we know that when we are stressed, our immune system is weakened and we are more likely to get sick. You have probably had the experience of coming down with a cold during or immediately after a particularly stressful week at school.

The cognitive-affective level is the level at which most people understand and think about mental disorder, because most of what we know and study in

the field of psychology occurs at this level. Currently, the most popular theory of depression is the Cognitive Theory, proposed by Aaron Beck (1967a, 1970). Beck proposed that depression is associated with and maintained by negative thinking patterns. Beck noticed that depressed people exhibited what he labeled the **Negative Cognitive Triad**, or a negative view of the self, the world, and the future. He also noticed that depressed people made a number of *cognitive errors*, or distortions of reality. One example of a cognitive error is *overgeneralization*, wherein the person draws global conclusions about his or her worth, ability, or performance on the basis of a single fact.

For instance, David Reimer may have concluded that because he did not have a penis, he was less of a man and would never be able to have a normal, happy, satisfying married life. According to Beck, these negative and distorted thoughts lead to negative or depressed feelings. Once people get caught in this negative cycle, it is very hard to get them out. Even after David met and married his wife, Jane, he was still plagued by feelings of low self-esteem and sexual inadequacy.

The third level of the Biopsychosocial Model is the *social-interpersonal level*, which focuses on the impact of social relationships on our behavior. For example, the various approaches to marriage and family therapy all emphasize that the problems of individual family members are the result of the interpersonal dynamics of the entire family system, or the unique pattern of interactions among family members. There was an interpersonal component to David Reimer's depression. His family relationships probably influenced his depression as he interacted with his alcohol-abusing father, his guilt-ridden mother, and his neglected brother. In addition, David received relentless teasing and cruelty from his peers, which probably also had an effect on the development of his depression.

The fourth level of the Biopsychosocial Model is the *social institutional level*. Social institutions are large, complex, relatively stable clusters of social relationships that involve people working together to address some basic human or societal need (Sullivan & Thompson, 1994). Examples of social institutions include the military, the government, the educational system, and large corporations. At this level of analysis we try to understand how behavior is influenced by our interactions with these large organizations. For example, a man may become depressed because his company is downsizing and he loses his job. A businesswoman may become depressed because she is juggling the demands of both career and family.

David Reimer's case was influenced by the family's interactions with the health care system, first with the botched circumcision and then with the referral to and advice of Dr. Money. At the time of the accident, David's parents were described as "teenagers barely off the farm" (Colapinto, 2004). It is not hard to imagine their fear and confusion and the influence that a powerful authority figure such as Dr. Money, with the backing of the medical establishment, had on their decision making. Any of you who have had a serious medical problem and have had to navigate the health care system can attest to how stressful this can be.

The final level of the Biopsychosocial Model is the *cultural level*. At last! You may have been wondering when culture would factor into this model. As we have discussed, culture reflects the values, beliefs, and practices of a group of people,

Negative Cognitive Triad—Beck's label for the negative view depressed individuals tend to have of themselves, the world, and the future.

and all behavior occurs in a cultural context. Let us go back to our previous example of the depressed businessman and let us say he is African American. He may feel that he was let go because of racism, a belief about the inferiority of African Americans that continues to pervade our society. What about the businesswoman? Although our cultural beliefs about the role of women have changed to incorporate the idea that women can have careers outside the home, we have not entirely abandoned the belief that women should be the primary caretakers of children. Women in America are caught in a bind between these two sets of beliefs.

David Reimer's case was influenced by the cultural attitudes of the time. In the 1960s and 1970s, when David was growing up, fairly traditional gender roles still predominated in our society. The belief was that David had to be either male or female and that this could be dictated by his genitals and how he was treated. However, when Brenda/David did not fit into the traditional ideas of how a girl ought to behave—wearing dresses, playing with dolls, walking and talking a certain way—he was ridiculed by his friends. As an adult, David equated masculinity, or being a “real man,” with having a penis and being able to sexually satisfy his wife. Where did his ideas about masculinity and the proper husband role come from? They came from the larger society. What would have happened to David if he had been born into a different culture? Do you think his circumstances would have been different? What do you think would happen to him if he were born today?

Figure 1.1 depicts the Biopsychosocial Model as concentric circles, with the biological level in the center and each level a larger ring until the last and largest is the cultural level. The biological level is the most basic at which we can analyze and understand behavior, and the levels become larger and more complex as we go out, with each level influencing the other. As the last level, culture influences them all. Thus, the Biopsychosocial Model reminds us that all behavior occurs within a cultural context. A complete analysis of David Reimer's suicide must consider all the levels, from his biological predisposition to depression, to his negative thinking patterns, to his family dynamics and treatment by peers, to the health care system and cultural beliefs about gender roles. All of these worked together, seemingly against David, to lead him to that moment when he raised a shotgun and took his own life.

THE BASIC TENETS OF MULTICULTURAL THEORY

One of the major premises of multicultural psychology is that all behavior is learned and occurs in a cultural context. What are some of the other major ideas that shape the field?

The field of multicultural psychology evolved primarily out of the areas of clinical and counseling psychology and work that was done on conducting counseling and psychotherapy with diverse populations. Sue, Ivey, and Pedersen (1996) outline the basic tenets of a theory of multicultural counseling and therapy (MCT). Although some aspects are specific to treatment, the theory includes general principles that are the foundation of multicultural psychology.

TABLE 1.2 The Basic Assumptions of a Theory of Multicultural Counseling and Therapy (MCT) (Sue, Ivey, and Pedersen, 1996)

PROPOSITION 1	MCT is a metatheory of counseling and psychotherapy.
PROPOSITION 2	Both counselor and client identities are formed and embedded in multiple levels of experiences (individual, group, and universal) and contexts (individual, family, and cultural milieus). The totality and interrelationships of experiences and contexts must be the focus of treatment.
PROPOSITION 3	Development of cultural identity is a major determinant of counselor and client attitudes toward the self, others of the same group, others of a different group, and the dominant group. These attitudes are strongly influenced not only by cultural variables but also by the dynamics of a dominant-subordinate relationship among culturally different groups.
PROPOSITION 4	The effectiveness of MCT theory is most likely enhanced when the counselor uses modalities and defines goals consistent with the life experiences and cultural values of the client.
PROPOSITION 5	MCT theory stresses the importance of multiple helping roles developed by many culturally different groups and societies. Besides the one-on-one encounter aimed at remediation in the individual, these roles often involve larger social units, systems intervention, and prevention.
PROPOSITION 6	The liberation of consciousness is a basic goal of MCT theory. MCT theory emphasizes the importance of expanding personal, family, group, and organization consciousness of the place of self-in-relation, family-in-relation, and organization-in-relation. This emphasis results in therapy that not only is ultimately contextual in orientation but also draws on traditional methods of healing from many cultures.

Sue et al. (1996) lay out six basic assumptions of MCT. These are summarized in Table 1.2. The first proposition says that MCT theory is a “metatheory” of counseling and psychotherapy. This means that it is a generic theory that provides a framework for understanding all other therapeutic approaches, both the traditional ones (i.e., psychoanalytic, behavioral, humanistic) and the nontraditional ones, such as indigenous forms of healing. No one approach is viewed as inherently good or bad; each simply represents a different worldview.

The second proposition says that both client and counselor have multiple identities, at the individual, family, group, and cultural levels. These identities are dynamic, and the salience of one over the others varies across situations and across time. For example, LAB is an African-American, female, Christian, heterosexual individual. Those are four of her primary identities, and they are listed in their most typical order of importance. However, in some situations, the order

switches, and one of the other identities becomes more salient; for example, when she is with only African Americans, her gender may become more important. To fully understand a person, we must understand all layers of his or her personal identity. (The concept of multiple identities is discussed further in chapter 7.)

The third proposition of MCT theory says that cultural identity plays a major role in one's attitudes toward the self, others in the same group, others in different groups, and the dominant group. One's cultural identity is shaped by a variety of forces, and it typically develops as one progresses through a series of stages, moving from a lack of awareness of culture and its impact, to encountering cultural issues and reflecting on oneself as a cultural being, to some form of internalization and integration of multiple cultural perspectives. (We discuss issues of cultural identity in detail in chapter 7.)

The fourth proposition says that therapy is most effective when the therapist takes into account the culture of the client when defining issues, setting goals, and developing treatment strategies. One of the main goals of multicultural training is to help therapists expand their repertoire of helping skills so they can find the best match between the client's culture, the client's presenting problems, and the interventions.

Proposition 5 expands on this idea by saying that therapists need to go beyond the traditional helping role of one-on-one therapy and be willing to integrate other things, such as indigenous forms of helping and community resources. Going to therapy carries a great stigma in some cultures; therefore, many people who need help do not seek services. Many people are more comfortable going to their pastor or priest. Perhaps psychologists could coordinate with clergy in making referrals, provide training for clergy to enhance their counseling skills, or provide counseling in church settings where individuals feel more comfortable. Or consider a Chinese person who comes to a Western therapist for help but who is also seeing a traditional Chinese herbalist. By opening up the lines of communication and cooperation, the therapist and the herbalist could work together to coordinate the client's treatment. (The issue of culture and mental health treatment is discussed further in chapter 9.)

Finally, Proposition 6 of MCT theory discusses the "liberation of consciousness." MCT emphasizes that psychologists need to break out of the traditional mode of thinking, open their minds, and expand beyond a Western, individualistic perspective to incorporate aspects of the family, group, organizations, and society. That means placing the person in context and understanding self in relation to all these other groups. These ideas should sound familiar, since they were discussed in connection with the Biopsychosocial Model.

Some aspects of MCT theory are specific to counseling and psychotherapy. Nonetheless, it also includes general principles that form the basis of multicultural psychology. One is the idea that culture provides the context for all behavior. Another is that each person has a cultural identity that is made up of many dimensions and layers. This cultural identity is shaped by larger cultural forces and by interactions with other groups, particularly the dominant group, and influences an individual's attitudes, feelings, and behaviors. We must expand our minds beyond traditional Western ways of thinking and try to understand and



PICTURE 1.3 Breaking away from traditional Western ways of doing things may give one insight into treating clients from other cultures. *Photograph by Carl Kriesant*

incorporate non-Western concepts and ideas (Picture 1.3). These premises are the meat and potatoes of multicultural psychology. The following quotation captures the essence of multicultural psychology:

Indeed, cross-cultural and multicultural literature consistently indicates that all people are multicultural beings, that all interactions are cross-cultural, and that all of our life experiences are perceived and shaped from within our own cultural perspectives (APA, 2003).

HISTORICAL BACKGROUND

In this section we highlight some of the historical events that had an effect on the field of multicultural psychology. This is not a comprehensive historical review but simply the description of a few key events to give you a sense of the way the field developed and the primary areas of theory, research, and practice in multicultural psychology. This section will give you a background for topics covered in more depth in the rest of the book.

Dubious Beginnings

The birth of psychology as a scientific field of study is traditionally regarded as having occurred in 1879 with the founding of the first psychological laboratory in Leipzig, Germany, by Wilhelm Wundt (Goldstein, 2005). Wundt's laboratory

structuralism—the first formal approach to psychology that attempted to examine the contents of people's minds.

introspection—the method that structuralists used to examine the contents of people's minds.

ethnic psychology—the study of the minds of "other races and peoples."

soon became a magnet for individuals wanting to become psychologists. Individuals who studied there went on to establish their own laboratories in countries around the world, including the United States. Wundt and his colleagues studied psychophysiological processes they called **structuralism**. Through a process called **introspection**, research participants reported on their own mental experiences. The researchers measured things such as sensation, perception, reaction times, imagery, and attention (Wade & Tavris, 2003).

The intense examination of individual differences and quest for heritable traits leading to greater survival of the species eventually led to research on racial group differences. Early names for this area of research included "ethnic psychology" and "racial psychology" (Guthrie, 1998). Haddon (1910) defined **ethnic psychology** as "the study of the minds of other races and peoples, of which, among the more backward races, glimpses can be obtained only by living by means of observation and experiment" (p. 6). Robert Guthrie (1998), in his book *Even the Rat Was White*, argues that this research was highly influenced by the popular notion of racial superiority and an underlying desire by White Europeans to lend scientific credibility to such beliefs. Early studies compared racial groups not only on psychophysiological measures but on intelligence and personality as well.

Guthrie (1998) describes an early joint expedition by anthropologists and experimental psychologists sponsored by the Cambridge Anthropological Society to the Torres Straits in the South Pacific in 1889. Wundtian methods of psychophysics were used to examine hearing, vision, taste, tactile acuity, pain, motor speed and accuracy, fatigue, and memory in native peoples of that region. The researchers concluded that the inhabitants were far less intelligent than their examiners. Guthrie also describes another early psychophysiological study that took place at the World's Congress of Races, which convened at the St. Louis World's Fair in 1904. A number of prominent psychologists in attendance tested approximately 1,100 individuals from 22 different groups. Again, the conclusion was that some of the racial groups made many errors and took a long time to perform the tasks and looked similar to mentally deficient people. Guthrie cites other early studies that drew similar conclusions about the racial inferiority of certain groups.

Alfred Binet and Theophile Simon are credited with the development of the first standardized intelligence test in France in 1904. The most famous revision of Binet-Simon test was done in the United States in 1916 by Lewis Terman of Stanford University. Although it has been revised several times since then, the Stanford-Binet is still one of the most widely used intelligence tests, and Terman is considered one of the leading and most influential early psychologists. Terman standardized his intelligence test on a sample of about 1,000 children and 400 adults. All the children were White native Californians. Nonetheless, that did not stop him from drawing negative conclusions about the mental ability of Blacks, such as that they are not capable of abstract thinking and should be placed in special education classes (Terman, 1916). Based on his later testing of a sample of Mexican and American-Indian children, Terman concluded that individuals from these cultures were genetically inferior (Cohen & Swerdlik, 2002).

Guthrie (1998) claimed that Terman's test was biased in favor of White, middle-class culture. Test takers were asked to interpret middle-class proverbs such as "One swallow does not make a summer"; to repeat sentences based on the ability to speak the English language, such as "The early settlers had little idea of the great changes that were to take place in this country"; and to discriminate between "prettiness" and "ugliness." It is not difficult to imagine ethnic minority children struggling with such tasks. Terman's conclusions were not unusual for the time. Other studies comparing the mental abilities of Whites and members of minority groups reached similar conclusions (Guthrie, 1998). Standardized testing of ethnic minorities continues to be a controversial issue today and is discussed in more detail in chapter 2.

Results of such studies were used to support popular notions of racial inferiority and to support ideas and policies such as limitation of education and occupational opportunities for ethnic minorities. For example, Terman recommended that Blacks be placed in special education classes and trained for manual labor. Arguments of racial inferiority, buffered by questionable research practices, also fueled the **eugenics** movement (Guthrie, 1998), which believed that certain groups should not be allowed to procreate because they would pass on negative or deficient genes.

Ethnic minority psychologists were virtually nonexistent until the 1930s, when the first Black students began to enter graduate programs. These students protested the negative image of Blacks portrayed in the psychological literature and frequently dedicated their theses and dissertation research to refuting beliefs about Black mental inferiority. Examples of dissertation titles during this period include "Analysis of Test Results from Third Grade Children Selected on the Basis of Socio-Economic Status" by Howard Hale Long (PhD, 1933, Harvard University), "Non-Academic Development of Negro Children in Mixed and Segregated Schools" by Inez Beverly Prosser (PhD, 1933, University of Cincinnati), and "A Socio-Psychological Study of Negro Children of Superior Intelligence" by Martin David Jenkins (PhD, 1935, Northwestern University; all cited in Guthrie, 1998). Thus, the work of early psychologists on racial group differences and the response of ethnic minority psychologists to their racist conclusions can be considered the early roots of multicultural psychology. (For a more detailed history on issues of race, culture, and ethnicity in psychology, see Duckitt, 1992; Freedheim, 2003; Holliday & Holmes, 2003).

We Begin to Define Ourselves

Research among ethnic minority psychologists soon turned to the effects of forces such as racism, discrimination, and poverty on individuals from ethnic minority backgrounds. A landmark study in this area was conducted by Kenneth and Mamie Clark in 1939. The Clarks, a husband-and-wife team, conducted a study in which they showed a sample of African-American and European-American children Black and White dolls, or pictures of Black and White children, and asked a series of questions such as "Which doll is prettiest?" "Which doll is the smartest?" "Which doll is ugly?" "Which doll is dirty?" The Clarks found that African-American children tended to attribute more positive characteristics to the White

eugenics—a movement that maintains that only "good genes" should be passed from generation to generation and that "undesirable" groups should be dissuaded from reproducing.

dolls or pictures. They concluded that such responses indicated the low self-esteem of African-American children and that those negative self-perceptions were the result of racism and discrimination. Their results played a key role in the Supreme Court Decision in *Brown v. the Board of Education* in 1954 that resulted in the desegregation of schools. Guthrie (1998) states that this demonstrated the role that psychology could play in producing significant social change and that “there is no doubt of the impact of the Clarks’ work for the betterment of American society” (p. 152). [To see a modern-day replication of the Clark’s doll study conducted by high school student Kiri Davis, go to www.mediathatmattersfest.org/6/index.php?id=2]

The Clarks’ work also had a significant effect within the field of psychology in that it sparked further research in the area, most notably research on racial and ethnic identity, which continues to be one of the most dominant topics in the multicultural literature today (Parham, 2001). In 1970 Joseph White published the first article on African-American psychology in *Ebony* magazine, and in 1971 William Cross published a model on “nigrescence” or the “Negro-to-Black conversion experience” in which he described five stages that African Americans go through in the development of their racial identity. Cross proposed that African Americans begin in a stage where they identify primarily with White culture and see their Blackness as negative. Their progression through the stages is sparked by some significant, moving, or startling event that makes it impossible for them to avoid issues of race. Following that event, Cross believed, many Blacks enter a stage where they immerse themselves in their Blackness and devalue anything that is White. The final stage is one of acceptance and comfort both with one’s own culture and with the dominant culture.

Cross’s article sparked a long line of work on ethnic identity. Most notable in the group are Thomas Parham and Janet Helms (1981), who operationalized Cross’s stages into the Racial Identity Attitude Scale, one of the most widely used and cited measures of racial identity. This scale has been adapted for use with a wide range of other populations, including Whites (e.g., Helms, 1995b), and gays and lesbians (e.g., Walters & Simone, 1993). The work of these individuals also influenced the development of other models of racial and ethnic identity. We have dedicated an entire chapter to this topic, so you will read much more about it in chapter 7.

Gender Differences

Once upon a time in psychology there was no such thing as gender differences. That might seem unthinkable to you, since today some people are making millions of dollars from the idea that men and women are from different planets, but there was a time when gender differences were not discussed in the field of psychology. If they were, women usually ended up with the short end of the stick.

In the early 1970s, during the resurgence of the women’s movement in the United States, Carol Gilligan was a graduate student at Harvard University working with Lawrence Kohlberg. Kohlberg (1968, 1976) proposed six stages of moral reasoning based on research he conducted over a span of 12 years with 75 boys who ranged in age from 10 to 16 years old when the study began. Kohlberg used stories to test the boys’ reasoning on a number of moral concepts. He was more interested

in the reasoning behind his participants' answers than in what they would actually do. On the basis of his findings, Kohlberg concluded that children's moral reasoning changes with age and maturity, following his six stages in progressive order.

Gilligan (1993) found that men tended to base their moral choices on abstract principles, such as justice and fairness, whereas women tended to base theirs on principles of compassion and care. In other words, women tended to be more relationship oriented than men. According to Kohlberg's stages, this meant that women looked "less moral" than men because their responses did not fall into Kohlberg's higher levels of moral reasoning. Rather than concluding that women were not as moral as men, Gilligan suggested that women think and speak differently about relationships (Picture 1.4). Gilligan does not make strong claims about the cause of the differences but acknowledges that they "arise in a context where factors of social status and power combine with reproductive biology to shape the experience of males and females and the relations between the sexes" (Gilligan, 1993, p. 2). In other words, factors at the biological, social-interpersonal, and cultural levels interact to result in the differing reactions of men and women to moral dilemmas.

Gilligan (1993) criticized psychology for the "repeated exclusion of women from the critical theory-building studies of psychological research" (p. 1). Thanks in no small part to Gilligan and other leading women psychologists, research



PICTURE 1.4 Women may have different ways of moral reasoning than men do.
Photograph by Andrea Poltorak

standards have changed. Women must now be included in studies, and gender differences must be examined in order for research to be considered good science. Another influence of Gilligan and others is that the psychology of women is a respected and growing field. We know that to truly understand the human condition, we must include humans from all backgrounds in our research samples. That was not always the case.

Lesbian, Gay, and Bisexual Issues

Lesbian, gay, and bisexual (LGB) issues were at first studied by the dominant culture to examine the extent to which homosexuality was a psychological disorder (Hancock, 2003). According to Hancock, this was the first generation of research on LGB issues. The second generation was a reaction to the first, as researchers set out to depathologize homosexuality. The current and third generation of research focuses more on the similarities and differences with respect to heterosexual populations and on some unique issues within the LGB community.

Currently, many researchers are examining gender differences within the LGB community (Blumstein & Schwartz, 1983; Dempsey, Hillier, & Harrison, 2001; Gonsiorek, 1993; Kurdek, 1995; Peplau, 1991). For example, Dempsey and associates have found that lesbians tend to have a more flexible sexual identity than do their gay male counterparts. Other current topics include racial and ethnic differences among LGBs (Chan, 1989, 1992; Croom, 2000; Greene, 1997), bisexuality (Dworkin, 2000, 2001; Fox, 1996; Ochs, 1996), and relationship, families, and parenting issues (Ben-Ari, 1995; Blumstein & Schwartz, 1983; Green, Bettinger, & Zacks, 1996; Mathews & Lease, 2000; Patterson, 1996).



PICTURE 1.5 Lesbian, gay, and bisexual individuals are beginning to define themselves rather than allowing the dominant culture to define them. *Photograph by Alyssa Harter*

THE RISE OF MULTICULTURALISM

As we have seen, the field of psychology has traditionally been a White-male-dominated field, in theory, research, and practice. Members of minority groups, such as African Americans, women, and the LGB community, have traditionally been left out or viewed as inferior. The same can be said for other diverse groups, such as people with disabilities and those of diverse religious backgrounds. The broader climate of social change, which addressed the issues of underrepresented, oppressed, and disadvantaged groups during the 1950s, 1960s, and 1970s (e.g., the civil rights movement, the War on Poverty), also affected the field of psychology. Over time, psychology and psychologists have been pushed to become more inclusive. Following are some examples of those efforts.

One way to examine how the field of psychology has dealt with multicultural issues is to look at the history of its primary professional organization, the American Psychological Association (APA). With a membership of over 150,000, APA is a large and powerful organization that sets the standards for the practice of psychology and represents the field in society at large. Historically, APA has the reputation among minority groups of having to be pushed to acknowledge and address their needs. (For a more detailed account of APA's handling of ethnic minority issues, see Comas-Diaz, 1990). One response to this was for groups to break away from APA and form their own organizations.

Various historical influences convinced Black psychologists to make such a move. These historical influences included the assassination of Senator Robert F. Kennedy and the civil unrest in many major cities in the United States in the mid-1960s. Moreover, very few African Americans were being trained in the top psychology programs in the country. Between 1920 and 1966, the 10 most prestigious psychology departments in the United States had awarded only 8 PhDs to African Americans out of a total of 3,767 doctorates; 6 of those 10 departments had not awarded a single PhD to an African American (Albee, 2003, in Freedheim, 2003). The following is a firsthand account of the inception of the Association of Black Psychologists (ABPsi) at the APA National Convention in 1968 by Dr. Joseph White, the "father" of Black Psychology.

Blacks were being called "dumb," and "stupid," and "inferior." Now they were talkin' about my mama and them, so I had some personal feelings about that. We all did. So it was a personal thing. We held a meeting to talk about how we didn't like what was going on in psychology. People started givin' sermons, and testifyin', and hootin' and hollerin'. As the "Black Grapevine" went into effect and folks heard about what was going on, more people started to come. Estimates range from 80 to about 200 Black psychologists and their allies who participated in those first meetings.

As the meetings grew bigger we realized we needed a bigger space, so we approached the person in charge of logistics for the conference to ask for a meeting room. At first we were told no. Well you know White folks don't plan anything without having a contingency plan, so we

knew they had to have a room, so folks started gettin' upset. Then we were told we'd have to wait in line to get a room. Well Black folks reacted like we'd been waitin' 400 years and The Man acted like we'd been waitin' 5 minutes. Then folks got angry and we had what you call a communication breakdown. People started cursing. Someone called the man a mother f—and that we were gonna kick some a—. It got really heated so we had to take a break. We were told to come back in 5 minutes. In 5 minutes they had a meeting room for us on the first floor of the Hyatt Regency with cokes and refreshments and everything.

On the final day of the APA conference, members of our newly formed ABPsi executive council had a meeting with the executive council of APA. The members of ABPsi presented APA with a “challenge to change” that outlined a series of issues that demanded APA’s immediate attention, including increased efforts to recruit African-American students in psychology, greater representation of African-American psychologists in APA, development of a means to provide mental health services to the African-American community, and recognition of the Black power and identity movement as a credible tool for fighting racism. . . . So, we made demands on APA, they responded, and we formed ABPsi, and ABPsi has been goin’ ever since.

JOSEPH L. WHITE, PERSONAL COMMUNICATION, JULY 25, 2004

After the founding of ABPsi in 1968, other minority groups followed suit and formed their own organizations. Examples of other special-interest professional associations include the Association of Women in Psychology, the Asian American Psychological Association, the National Latino Psychological Association, and the Society of Indian Psychologists. When these groups began forming their own professional associations, APA recognized that it needed to become a more inclusive organization.

APA has also dealt with multicultural issues through its organizational structure. In 1979 APA established the Office of Ethnic Minority Affairs (OEMA) to handle issues related to cultural diversity, such as expanding the roles of ethnic minority psychologist (Holliday & Holmes, 2003). APA is organized into various divisions, each representing a particular area of interest. Currently, there are 53 divisions in APA, several of which deal with issues of diversity. Some of those divisions address specific cultural groups (e.g., Division 35, Society for the Psychology of Women). Others reflect broader areas of interest but have a history of paying significant attention to minority-related issues (e.g., Division 9, Society for the Psychological Study of Social Issues). See Table 1.3 for a listing of these divisions.

Division 45, The Society for the Psychological Study of Ethnic Minority Issues, founded in 1987, is the main division for psychologists interested in multiculturalism. Division 45 publishes its own journal, *Cultural Diversity and Ethnic Minority Psychology* (Educational Publishing Foundation), as do many of the other divisions. APA also deals with multicultural issues through the Office of

TABLE 1.3 Divisions of the American Psychological Association (APA) Concerned with Diversity Issues

Division 9	Society for the Psychological Study of Social Issues
Division 17	Society of Counseling Psychology
Division 27	Society for Community Research and Action: Division of Community Psychology
Division 35	Society for the Psychology of Women
Division 36	Psychology of Religion
Division 44	Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues
Division 45	Society for the Psychological Study of Ethnic Minority Issues
Division 48	Society for the Study of Peace, Conflict, and Violence: Peace Psychology Division
Division 51	Society for the Psychological Study of Men and Masculinity

Information on each of these divisions can be obtained by visiting the APA Web site at www.apa.org.

Ethnic Minority Affairs and the Board for the Advancement of the Public Interest in Psychology.

Evidence for the rise of multiculturalism in psychology is also seen in the various documents and policies adopted by APA. The Ethical Principles of Psychologists and Code of Conduct (APA, 2002) is the main document guiding the profession of psychology. It defines the boundaries and responsibilities of the profession. The document is divided into two parts. The General Principles describe aspirational goals for the profession, and the Ethical Standards lay out specific dos and don'ts. Statements regarding the need for psychologists to pay attention to culture were first included in the document in 1992. In the current version, General Principle E, "Respect for People's Rights and Dignity" states:

Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices (APA, 2002, p. 1063).

The Code also states that psychologists need to obtain training, experience, consultation, or supervision to ensure the provision of competent services to diverse populations, and that the specific characteristics of the individual, such as linguistic or cultural differences, should be taken into account when psychologists are interpreting the results of psychological tests. This is especially important

when critical decisions are made on the basis of those results, such as placement in educational programs. The Code did not always include such statements. The fact that they are now included indicates that multiculturalism is supported, at least in principle, from the top down in the field of psychology.

A policy that illustrates the rise of multiculturalism in the field of psychology is the adoption of the multicultural competencies by APA in 2003. As mentioned earlier, the social climate of the 1960s and 1970s drew attention to the failure of psychology to address issues of diversity. In particular, the need to provide culturally sensitive forms of psychotherapy was highlighted, and the focus quickly turned to how to train psychologists to work with individuals from diverse cultural backgrounds.

In 1973 at an APA conference on training in psychology in Vail, Colorado, APA made a landmark decision that graduate training programs (Korman, 1974) must include courses on multicultural issues. However, implementation of that policy was slow. It was not until 2003, 30 years after the APA Vail Conference mandate, and after much hard work by leading multicultural psychologists across the country, that APA finally adopted a set of multicultural guidelines (APA, 2003), which were based in large part on the multicultural competencies proposed by many psychologists in the interim (e.g., Sue, Arredondo, & McDavis, 1992; Sue et al., 1998). The document is titled “Guidelines on Multicultural Education Training, Research, Practice, and Organizational Change for Psychologists” and reflects the knowledge and skills needed by psychologists in all areas of the field to work in our diverse and rapidly changing society. (See Table 1.4 for a summary of the guidelines.) By publishing these guidelines, APA took a greater step in formally acknowledging the importance of culture and set the standard for training psychologists to work with and study diverse populations.

The following is a story that illustrates the struggles faced in implementing multicultural training standards. One of the authors (JSM) had proposed including multicultural psychology as a “major area” of study for comprehensive examinations but was voted down by the clinical faculty.

Stunned, the DCT [Director of Clinical Training] and I met, wondering what happened. Weeks later, he suggested that I try to make the proposal again, giving my colleagues the benefit of the doubt that perhaps they misunderstood my request. I stated my case even more clearly and passionately than before, also emphasizing APA's commitment to this area and its requirement that cross-cultural/multicultural content be infused into all graduate programs in psychology. This time, I thought for sure, my colleagues would understand and pass the proposal. However, to my surprise, the response was even more heated than before. I heard comments like these: “Cross-cultural psychology is too limited an area to be considered a major topic area for prelims.” “There is nothing to cross-cultural psychology.” “We allowed it to be a required course—what more do you want?” “Cross-cultural psychology is unimportant.” “Haven't we already dealt with this? No means no!”

You might think that this happened in the 1970s when the idea was still relatively new to those teaching in the profession. Or that those professors were “old fogies” who were trained under an antiquated

TABLE 1.4 Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2003)

Commitment to Cultural Awareness and Knowledge of Self and Others	
Guideline 1	Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from them.
Guideline 2	Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about ethnically and racially different individuals.
Education	
Guideline 3	As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.
Research	
Guideline 4	Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among people from ethnic, linguistic, and racial minority backgrounds.
Practice	
Guideline 5	Psychologists are encouraged to apply culturally appropriate skills in clinical and other applied psychological practices.
Organizational Change and Policy Development	
Guideline 6	Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

system, anyway, so of course they would be against new ideas. What would you say if I told you that this happened to me in 1989? The surprising thing was that two of the most vocal opponents to the proposal were relatively new and young professors, so even the old-fogies excuse cannot be applied. This incident convinced me that I should be looking elsewhere for employment, and even though I received tenure from the university later, I gave it up to leave such an environment.

(Adapted from Mio & Awakuni, 2000, pp. 1-2).

As that story and others like it illustrate, the multicultural movement has met serious resistance. Several authors cite various reasons for resistance to multiculturalism. Sue and associates (1998) identify what they call “the seven deadly resistances” (p. 28). These are arguments raised by the power structure against integrating multiculturalism into training programs, such as the contentions that current theories are generalizable to all populations and that conceptually sound multicultural standards do not exist. Mio and Awakuni (2000) wrote a book

titled *Resistance to Multiculturalism: Issues and Interventions*, in which their main premise is that resistance to multicultural issues is rooted in various forms of racism. But they do not leave us without hope. They also outline what they think are effective ways of addressing such resistance, such as self-awareness, openness, and self-examination; knowledge and understanding of White privilege; and knowledge and understanding of ethnic identity models.

SUMMARY

Multicultural psychology is the systematic study of all aspects of human behavior as it occurs in settings where people of different backgrounds encounter one another. Essential to an understanding of multicultural psychology are such terms as *race*, *ethnicity*, and *culture*, as well as issues and controversies related to those terms.

A brief historical perspective shows that racism permeated the field from its early beginnings in research on individual and racial group differences and in the response by ethnic minority psychologists and women to bias in that research. Some psychologists suggest that multiculturalism is the “fourth force” in psychology, meaning that it will have as big an effect on our understanding of human behavior as did psychoanalysis, behaviorism, and humanism.

The main premise of multicultural theory is that all behavior occurs in a cultural context. Multicultural issues have gained greater acknowledgment and inclusion in the field of psychology over time, but not without resistance and struggle, as evidenced in the various policies and practices of the American Psychological Association.

Food for Thought

Whether or not multiculturalism truly is the fourth force in psychology remains to be seen. You are free to draw your own conclusions about that. We cannot deny, however, that culture is a critical factor in the way human beings think, feel, act, and interact. The field of multicultural psychology seeks to study that factor, with the ultimate goal of increasing our understanding of ourselves. We hope this chapter has whetted your appetite, for in the following chapters we introduce you to more specific areas of theory, research, and practice in the field of multicultural psychology.

Critical Thinking Questions

What were your early experiences with racial and ethnic differences? What were your early experiences with other aspects of difference? How have those early experiences shaped you into the person you are now?

Have you ever been to foreign countries and felt out of place? Have you ever been to other regions of the country and felt out of place? Have you ever been to different areas of your own city that have made you feel out of place? How have you handled those situations?