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Reflections of a Counseling Psychology Graduate Student on Multicultural Competence

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The other day I was flipping through my introductory psychology textbook and reread, for the umpteenth time, the basic definition of psychology: "the science of behavior and mental processes" (Myers, 2001, p. 4). I like to reflect on this simple yet profound definition of psychology from time to time, almost to take a step back and remind myself of the "big picture" as to why I chose to become a psychologist. I am intellectually tickled by what this definition is *not* saying – it is not saying that psychology is the understanding of the behavior of *certain groups of people, but not others*; it is not saying that psychology is the investigation of mental processes of European American college males. Perhaps this is why when scholars felt that the field was in fact privileging Western values and ideals (Atkinson, 1979; Sue, 1981), multicultural psychology began to blossom as a sub-discipline.

In fact, the movement toward diversifying psychology has gained so much steam that multiculturalism has been dubbed as the fourth force in psychology, following psychoanalysis, behaviorism, and humanism (Pedersen, 1990, 1991). In particular, multicultural competence has become a buzzword that researchers and clinicians are happy to discuss (Sue, 1998), at least on the surface. In addition to an attitude or a stance, multicultural competency calls for effective actions (i.e., competence) in working with diverse cultural groups (Sue, 1998). An inclusive stance is a good start, but taking actions comprise of a critical component of multicultural competence. What have we done to increase our skills in working with diverse populations? And what can we do differently from now on?

For sure, there are countless ways to apply and practice multicultural competence in psychology. In this essay however, I narrow in on two domains of psychology I have dabbled in: research and practice. I believe that we as a discipline have made great strides in representing

diverse cultures in research and practice; at the same time, lessons learned so far point to exciting and challenging directions, directions that have further implications for providing a voice to the unheard, resources to the needy.

Research

One way to assess the promotion of multiculturalism in psychology is to examine the *quantity* of research focused on multicultural issues. The fact that more and more research is being conducted on diverse populations is a critical and necessary step for psychology. Researchers are now held accountable for including various cultural groups in research studies, or at the very least, considering the implications of not doing so. Furthermore, peer-reviewed journals that are devoted to multicultural issues (e.g., *Cultural Diversity and Ethnic Minority Psychology*; *Journal of Multicultural Counseling and Development*) have provided the means by which research projects devoted to the study of culture are printed and disseminated to interested audiences. Journals not explicitly devoted to cultural studies welcome articles that incorporate multicultural topics: a recent *Journal of Counseling Psychology* devoted its entire issue to research on the sexual minority population. A PsychInfo search using the keyword “multicultural competency” returns 128 peer-reviewed journal articles, attesting to the relevance and the popularity of this topic for our discipline. Quantitatively speaking, it is an exciting time for multicultural researchers. The outlets are there, as well as the general audience who are at least willing to listen to us discuss the influence of cultural variables on psychological processes.

What about the *quality* of research? Strong states that “counseling psychologists' aversion to theory-driven science and their enthusiasm for naïve empiricism impede scientific progress” (Strong, 1991, p. 204), ultimately sending out a call for a cycle of theory-development and empirical testing. The multicultural psychology literature is not immune to this expectation. On

the contrary, if we are to gain respect as a sub-discipline of psychology, theory-building is a *must* goal for all of us. Many times, researchers have lamented the fragmented and the atheoretical nature of multicultural psychology (see Pedersen, 1991, for a discussion of fragmentation in international student research). For what good is a body of empirical works if no overall conclusions can be drawn based on them? For example, how can we determine what is universal and what is culture-specific in psychology?

Cohen (2009) outlines three stances that one could take regarding culture-specificity and universality, and these are very relevant for theory-building. The first is that underlying all cultural differences is a universal similarity; cultural differences only mask underlying human sameness. On the other end of the spectrum is the idea that cultures are impossible to understand from an outsider's perspective; all phenomena are unique to culture. The middle ground that Cohen proposes is that "all cultures contain to some extent the same ideas and meanings but that they elaborate or make more accessible a certain set of these ideas and meanings while deemphasizing others" (Cohen, 2009, p. 200). Certainly, this tension between culture-specificity and universality is here to stay in psychology. What better way to address this tension than to continue testing theories across cultures, such that universal phenomena are validated, and culture-specific tendencies are newly discovered? Thus, researchers should not be hesitant to test universally held assumptions across diverse cultures; at the same time, concurrently developing culture-specific theories and concepts will clarify the nuanced mechanisms that exist in diverse groups. This is consistent with the call for both top-down and bottom-up approaches in the study of race, ethnicity, and culture (Betancourt & Lopez, 1993).

There is much value in applying an existing theory or concept with diverse populations, consistent with the top-down approach (Betancourt & Lopez, 1993). It seems as though we are

almost hesitant to utilize this approach with diverse populations at times, I think, for the fear of imposing one culture on another; we value diversity and are skeptical of generalizations. As long as we do not blindly accept extant theories as being applicable to all populations, it is a worthwhile endeavor (and a needed one) to rigorously test the theories that have been developed in mainstream (i.e., predominantly Western value-laden) models of behavior and mental processes. Only then can we accept the theory of interest as is for the population of interest, reject the theory in its entirety, or modify the extant theory for it to be more applicable to the population. I recently completed a research project that exemplified this approach (Kim & Park, in press). We modified the theory of reasoned action (Ajzen & Fishbein, 1980) and applied it to the Asian American college student population to predict help-seeking intent. By incorporating culture specific elements, we were able to test the validity of a model that was not necessarily developed for this population.

At the same time, bottom-up approaches allows us to discover psychological processes and outcomes that are specific to a given culture (Betancourt & Lopez, 1993). The call for more within-group investigations found in the discussion sections of many multicultural articles should not be given or taken lightly. In some sense, taking on a bottom-up approach is perhaps more difficult than a top-down approach; it requires starting from scratch, and thus truly exemplifies an exploratory approach to science. Taking on this approach requires that more qualitative methodologies be employed, especially with populations that are underserved in the literature. I turn to the area of research most familiar to me – the international student literature. This traditionally underserved group has told its powerful story through studies involving the exploration of themes and experiences. For example, Swagler and Ellis (2003) in a focus group of Taiwanese international students found numerous themes related to the acculturation and

social support of international students from Taiwan. The unique struggles and the triumphs of these students need to be heard, and heard loudly. In a similar fashion, Sue et al. (2007) told the stories of Asian American college students and their struggles with racial microaggressions. This is another example of giving voice to those whose racism experiences may not be as represented in the literature (i.e., Asian Americans). Exploratory studies should not be the final product, but they certainly are needed to discover untapped constructs and processes for diverse cultural groups.

In sum, multicultural theory-building should continue, and continue vigorously. In areas where well-developed theories exist, rigorous empirical testing of competing theories should result in a funnel effect where ultimately, we are down to the “best” theory. After all, isn’t parsimony what we ultimately strive for?

Practice

There is much focus on the disparities in mental health, particularly in the utilization of mental health services among ethnic minority groups (Abe-Kim et al., 2007; U.S. Department of Human and Health Services [DHHS], 2001). In general, we know that ethnic minorities underutilize mental health services, and this is not because of lesser need (DHHS, 2001). Why are ethnic minorities unwilling to utilize mental health services, when compared to their European American counterparts?

Sue and Sue (2008) identified three barriers to the utilization of mental health services: culture-bound values (i.e., Western ideals that pervade therapy settings), class-bound values (i.e., middle to upper class values), and language variables. Perhaps addressing the language barrier is quite straightforward in some sense; increase the number of bilingual therapists, and we have

addressed this problem to a certain extent. But how can we address culture-bound and class-bound values as barriers to mental health treatment?

The obvious answer is to change the culture embedded in our mental health interventions. However, implementing this is difficult. It means that everything we do, ideally, is culturally-sensitive and provides a safe environment in which a person of any culture can receive the treatment he or she needs. This means revisiting the scientific empiricism, emotional expressiveness expectations, and individualism that pervade our therapy modules (Sue & Sue, 2008). Paying close attention to the current empirically support movement (and an emphasis on the randomized control trials) should benefit multicultural research; there is a lack of randomized control trials among ethnic minority populations (Sue, Zane, Hall, & Berger, 2009), and therefore the buildup of these areas will give more credibility to the science that is multicultural psychology. It is critical however, that these movements toward robust scientific evidence in ethnic minority mental health include *cultural* variables (Sue et al., 2009). Adapting extant interventions to be more culturally sensitive is a great way to achieve this. Sue et al. (2009) reported that there is robust empirical finding for the superiority of culturally adapted interventions over traditional ones. “Etic approaches may often require emic tailoring for optimal use and effectiveness,” (Hall, 2005, p. 788) and this is the case for psychological interventions as well. Only when this “emic tailoring” of current psychological interventions using cultural variables can we be free from the concerns that the movements toward empirically support treatment “direct research attention away from identification of cultural characteristics that can optimize counseling effectiveness” (Quintana & Atkinson, 2002, p. 289).

Personal Thoughts

I have mused upon two domains of my professional identity in this essay. As I write, I am consistently reminded that nothing has more profoundly shaped my views of cultural competence than my everyday experiences, especially those experiences (rare, yet profound) that move me to a place that I question everything I've learned through my books and clinical training. These are the moments that make me a better scientist, more competent clinician, and humbler person.

My wife and I were attending a major multicultural conference and were walking to a restaurant one late evening. Given the nature of the conference, issues related to race, ethnicity, and culture were swirling in my mind. In the middle of our walk we asked a European American male in his early twenties to take a picture of us on front of a prominent tourist attraction. He readily agreed, and while taking the picture, asked, "where are you guys from?"

I have been asked this question a million times. To my academic, "culturally-competent" mind, this question screams of Eurocentricism, stereotyping, "foreigner in my own land", and any other relevant terms I could think of from the multicultural literature. I replied to him, "South Bend, Indiana," referring to the location of my graduate school (I knew full well this was not what he was asking about). Why did I do this? I can only guess that it was my desire to prove an academic point – do not assume that I am a foreigner based on the color of my skin; or perhaps it was my inferiority complex as an ethnic minority manifesting itself in a defensive stance. I viewed myself, quite arrogantly, as an agent of cultural competence. After my reply, I smugly looked for the embarrassment, awkward silence, or realization that he had jumped to a wrong conclusion.

The reaction I was expecting never came. Instead, this young male gathered himself and followed up with a clarification, "What *ethnicity* are you?" When I informed him I was Korean,

he excitedly proceeded to recite a few sentences in Korean. It turned out that he had spent some time in Korea, and we chatted for some time about his time there.

I reflected on this exchange on my way back to the hotel. I was so engrossed in the do's and do not's of multicultural competence that it took away from what it means to be truly multiculturally competent: to not judge, to connect with others, and to embrace the culture that is within others and me. I was humbled by what this interchange taught me about my defensiveness. At the same time, the young man I talked to reminded me that at the core of it all should be a desire to learn, to ask questions about others and the cultures that they come from. Questions, important and relevant ones, need to be asked.

Only when we ask the right questions can we move forward in diversifying our discipline of psychology. These questions can take place in the domain of research, especially in addressing universal and culture-specific principles. These questions can take place in the domain of clinical work, in developing and implementing culture-specific interventions that will ultimately narrow the group between the underserved and the served. And perhaps most important, questions and dialogues can take place at the personal level, such that we are not afraid to be human, to ask questions, and to make mistakes. This is the greatest lesson I have learned related to multicultural competence.

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