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Notes:

Youngkhill Lee (ylee)
HPER Building 133
Indiana University
Bloomington, IN 47405

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MULTICULTURAL SENSITIVITY: AN INNOVATIVE

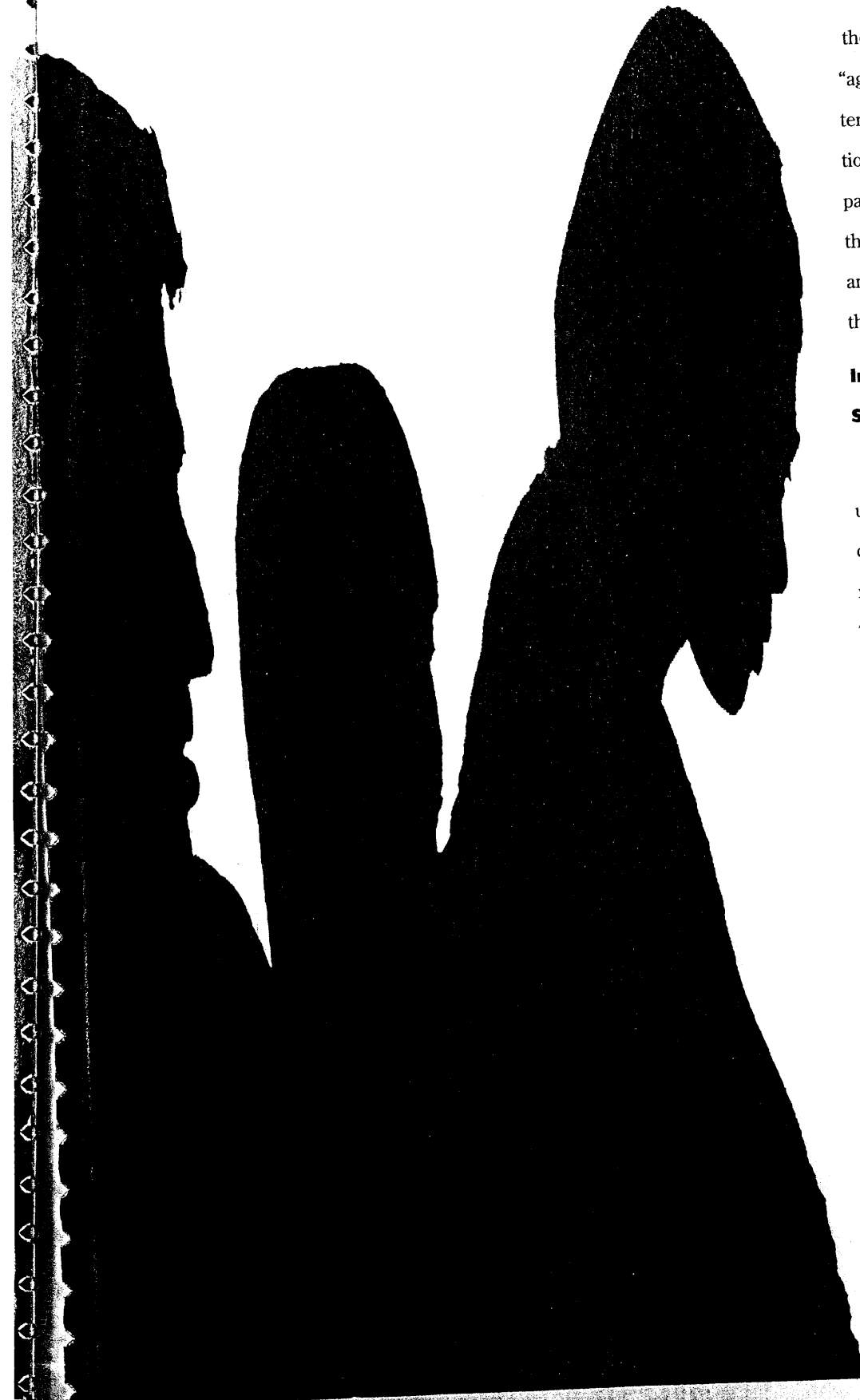
By Younghill Lee and Thomas K. Skalko

The health care system is now approaching an era in which the cultural dimension of health and illness beliefs and values is seriously counted. The U.S. Census of 1990 reports that over one-third of the North American population will be composed of diverse ethnic minorities by the year 2000 climbing to 52% of the population in 2005. These dramatic demographic changes bear significant implications for the delivery of therapeutic recreation (TR) services.

Embracing the concepts of multicultural sensitivity leads to the alleviation of the problems associated with TR practice in a vacuum of a cultural dimension. Considering the importance of multicultural sensitivity, it is critical for the TR profession to develop an innovative mind-set to encourage accelerated development in practice. Current and projected change in society requires changes in roles and behaviors of therapists to ensure the continued survival of TR. Empowering the TR professional with multicultural sensitivity is a viable way to meet the challenges of the future. Much has been discussed about multicultural sensitivity in



MIND-SET IN THERAPEUTIC RECREATION PRACTICE



the last decade. While that can be an "age of conception" of multicultural matters, now can be an "age of accommodation" to practice it. The purpose of this paper is to revisit the basic rationale for the necessity of multicultural sensitivity and then discuss some ways to exercise the innovative mind-set.

Incorporating Multicultural Sensitivity into Practice

Multicultural sensitivity in TR is the understanding and application of the cultural dimensions of the patients' illness experience and coping behaviors. The concept implies the taking off from one's own cultural shell to avoid ethnocentrism and cultural imposition to clients of different cultural backgrounds. It also denotes the consideration of diverse health and illness values and beliefs in a cultural context in order to provide enlightened, relevant TR services consistent with the clients' cultural value systems. Such an approach complements existing TR services by taking into account the cultural orientation of the individual. The considerations serve as a helpful tool for empowering patients from different cultural backgrounds by utilizing specific knowledge and skills in the TR process.

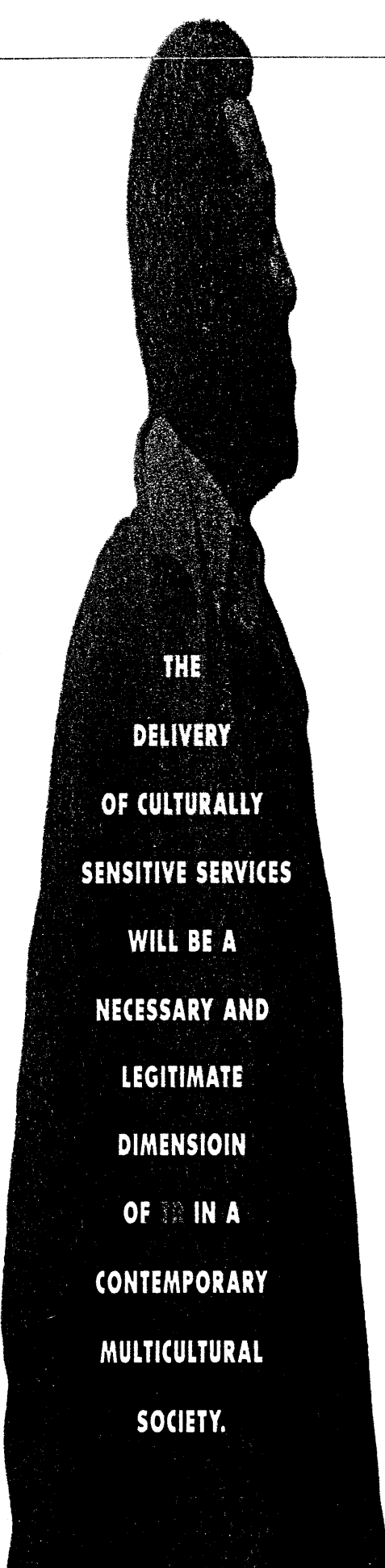
Multicultural Sensitivity as an Effective Tool for TR

Ethnic groups have their own unique cultural needs associated with the health and illness experience. By taking into account culture-related needs, multicultural sensitivity serves as an effective tool for TR. This can best be illustrated by research indicating that clients possess a more positive attitude toward therapists who have knowledge and understanding of the client's cultural background. Ethnic minority clients, particularly those who maintain values from their ancestral culture, prefer to see therapists who are sensitive to and knowledgeable of their cultural background (Atkinson, Jennings, and Liongson, 1990; Gim, Atkinson and Kim, 1991).

Further, the consideration of cultural factors increases the positive impacts of interventions. Although many empirical studies document the efficacy of culturally sensitive interventions, this may best be illustrated in the treatment of post traumatic stress disorder (PTSD). Studies with Cambodian women (Boehnlein, 1987a, 1987b), Asian American (Lee, and Lu, 1989; Krippner and Clodzin, 1989), African American (Allen, 1986; Parson, 1990), and Hispanics (Arrendodo, Orjuela, and Moor, 1989; Dobkin de Rios and Friedman, 1987) clearly demonstrate the efficacy of incorporating cultural dimensions in the treatment process.

Health Concepts Vary From Culture to Culture

Health concepts are different for each culture. One of the best examples is "independence" which is one of the most important ethos in American culture. Consistent with this American value is the promotion of independence as an important TR outcome and one of the primary goals of life for people with disabilities (National Council for the Handicapped, 1986; DeJong, 1979). Some researchers claimed that the ideology of making clients with disabilities as independent as possible is the cultural expectation of re-



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habilitation (Bowe, 1980; Sallios-Rothschild, 1970). However, the concept of independence for other cultures may not have the same level of importance as in American culture. In some Eastern cultures where a Buddhist philosophy dominates the world-view, the value of interdependence is highly appreciated and valued. The term "dependent-arising" is one of the Buddhist values and is an important cultural ethos for those raised and living within a Buddhist value system. According to this concept, an individual functions within the interdependent web of reality; this view also provides unbounded compassionate action for others. Nepper (1989, p. 20) stated:

"In very brief form, dependent-arising... indicates the interrelatedness of all things in the universe. Things arise dependent on causes and conditions, they gain their identities in relation to other things. Nothing stands alone, autonomous and isolated, but instead exists only in a web of interconnectedness."

As indicated, in emphasizing independence as a goal for rehabilitation, TR professionals should also consider the value of "interdependence" for people from different cultural backgrounds.

Practical Strategies to Exercise the Innovative Mind-Set

Incorporating cultural concepts in TR practice is easier said than done. Multicultural sensitivity goes beyond the phenomenon of "politically correct" behavior for therapists. Therefore, consideration of practical implications is the next step. However, space prohibits discussion of the multitude of actions that can be employed in promoting multicultural sensitivity in TR practice. Several simple and practical approaches for increasing multicultural sensitivity, however, are readily accessible.

• Make a Commitment to Consciousness

Multicultural sensitivity must first start with a commitment to being open to a true understanding of others' cultural values and the assumptions associated with

health and illness. Understanding other cultures requires a special psychosocial stance. In order to understand American adolescents, a Korean researcher spent almost a year with them, wearing similar clothes and participating in similar activities. Experiencing the unique challenge of understanding the American adolescents during her field work, Chang (1992) came up with the unique principle of "understanding" to truly grasp another's culture. In describing her experience, she writes:

... looking like them and acting like them did not guarantee my understanding of them. I needed more than that. I realized that the more important thing was to make the psychological gap between them and myself smaller. What does it mean to close a psychological gap? I could see the answer from the word 'understand.' A real 'understanding' of others could not come until I was able to stand under others. 'Standing-under' others required four stances: 1) coming out of one's own shell of values and judgments, 2) lowering one's self and elevating others, 3) opening one's mind and turning into other's voices, and 4) trying to look for what others have, not what others lack.

Perhaps embracing the principle of "understanding" is what makes multicultural sensitivity unique and may lead to more positive therapeutic outcomes.

• Use Culturally Consistent Language

Associated with the concept of the "understanding" is the proper use of language when referring to ethnic groups. Insensitive language may create racial conflicts, and thus offend ethnic groups. Consistent with the "understanding" principle, TR specialists are encouraged to use terminology that communicates dignity and respect to the specific ethnic group. The challenge is using the few agreed upon and/or most comfortable terminology when referring to each ethnic group. For example, many individuals of African decent living in this country at one time referred to themselves as "colored" or "Negro." This language was then

replaced by the term "Black." Currently, the term of "African-American" has evolved as an alternative. Another example is the debate between the terms Latino and Hispanic. The former is more favorably used by those who trace their ancestral heritage to Central and South America. Considering these disagreements about the terminology, we suggest that TR personnel be sensitive to the clients' own preferred term for self-identification.

• Embrace a Flexible Interpersonal Style

Interpersonal flexibility in accommodating ethnic groups will facilitate the patient-therapist rapport. Cultural strangeness, on the other hand, often prohibits optimal interpersonal relationship. In order to encourage cooperation and improve human relationships with ethnic clients, TR personnel must have an open mind and accept alternate interpersonal repertoires. Navajo Indians, for example, are accustomed to long periods of silence during interpersonal communications. The use of silence is one of the accepted rules of communication for Navajo Indians (Atkinson, Morten and Sue, 1993). In this case, the therapist might allow more time when interacting with individuals from the Navajo culture in order to promote a more relaxed interpersonal exchange.

• Be Aware of Interdependent Orientations

As the idea of "dependent-arising" indicates, the value of interdependence for some ethnic groups is important. Literature shows that this concept is also appreciated by some non-Far-Eastern cultures such as American Indians (Trevino, 1987) and Hispanics (Huttlinger and Wiebe, 1989). TR is not an individual matter for ethnic groups who appreciate interdependence. TR becomes a collective matter of the family for some cultural groups. Considering this collective aspect in coping and adjusting to disabilities for some ethnic groups, therefore, becomes a more pivotal task.

• Promote Multicultural Sensitivity in Professional Development

In order to equip TR personnel with multicultural sensitivity, multicultural workshops for the TR staff are suggested. One avenue is to invite experts in multiculturalism to participate in training sessions. Discussion groups composed of personnel experienced in multicultural service delivery can complement professional training. Inviting a variety of local ethnic groups with different cultural backgrounds from in-patient or out-patient populations will foster an understanding of cultural health and illness beliefs and values.

Beyond the five approaches introduced here, there may be numerous other strategies to facilitate multicultural sensitivity in the TR setting. What is offered here represents an inception for practitioners to contemplate innovative approaches to enhance culturally sensitive skills for planning and implementing TR intervention.

The rapidly increasing ethnic groups in this country guarantee a multicultural future. The delivery of culturally sensitive services will be a necessary and legitimate dimension of TR in a contemporary multicultural society. Inclusion of multicultural factors in TR is to proactively meet the social changes and unique needs for various ethnic groups in this country. TR personnel must be equipped with an innovative mind-set and must assume more proactive roles in removing cultural barriers in order to maximize our rehabilitative efforts. It is our responsibility to respond to the needs of the diversity of persons we serve and to become multiculturally sensitive professionals. Change may be less burdensome and, with appropriate mind-set, it can be liberating, empowering and fun. ■

References are available from the authors at Department of Health, P.E., and Recreation, Florida International University, University Park, GPA 245, Miami, FL 33199.