

MULTICULTURALISM AND SOCIETY - I

Unit Structure

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1.2.1 What is Cultural Identity?

1.2.2 Stages of Cultural Identity Development

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1.0 OBJECTIVES

After studying this unit you should be able to:

- Understand what is culture
- Define cultural identity
- Study how cultural identity development takes place
- Know what is cultural transition
- Understand language and regionalism in India
- Identify caste as a cultural variable in India
- Describe social class in India

1.1 INTRODUCTION

What Is Culture?

The word culture is an all-encompassing term. It includes food habits, attires, rituals one follows, the language one speaks, the region one

belongs to and much more. It is something you are born into and develops as you experience life. Simply put it can be understood as a set of customs or ways through which individuals organize their behaviour and lifestyle. Taylor (1870) defines culture as “that complex whole which includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by man as a member of society”.

Theodore Schwartz (1992) defines culture as “derivatives of experience, more or less organized, learned or created by the individuals of a population, including those images and their interpretations (meanings) transmitted from past generations, from contemporaries, or formed by individuals themselves”.

It is a system of shared meanings that individuals tend to construct from their common experiences which serve as a basis against which new experiences would be compared. People with different cultures will perceive the world differently because they have been selectively sensitized to certain arrays of stimuli rather than others as a function of membership in one cultural group rather than another. (Hallowell, 1951) It is important to note that the culture of a subgroup is not homogenous therefore one must not assume that a pattern of behaviour is standard for all members of a group (Avruch, 2009). Therefore, one must not ignore variations within the sub-group while studying culture. Culture may be generic or local in nature (Black and Avruch 1993) Generic culture consists of universal attributes of human behaviour (such as language across cultures, smiles and other aspects of body language) while local culture consists of differences within culture such as differences in language, food and dressing habits.

1.2 CULTURAL IDENTITY DEVELOPMENT

1.2.1 What Is Cultural Identity?

Cultural identity is understood as how an individual perceives and identifies with a particular social group. It is often an important part of an individual's self-concept. This understanding of one's social/cultural identity is often based on perceived membership in a relevant social group. A person's cultural identity or social identity would include qualities that they share with other groups and collectives (Helkama et al 1999). Various researchers have highlighted that social identity is an important part of self-concept i.e. the way an individual views/perceives himself/herself. Tajfel and Turner's Identity Theory (1975) highlighted the ways in which social identities affect people's attitudes and behaviours. The theory introduced the idea of personal and social/cultural identity. Social identity was based on membership in a particular social group. This affiliation with a group added to the self-esteem of an individual, which helped to sustain the social/cultural identity. Some social groups include sports teams, religions, nationalities, occupations, sexual orientations, ethnic groups, and gender. The individuals therefore engaged in this process of perceiving and categorizing individuals into in-group vs out-group. Tajfel and Turner (1979) proposed that there are three mental

processes involved in evaluating others as “us” or “them” (i.e. “in-group” and “out-group”). These are:

1. Social categorization:

In order to understand the social environment, people are categorized into distinct groups based on certain attributes such as race, language, religion, and ethnicity. For e.g. People are categorized into different ethnicities based on the region and country they reside in. Indian or American

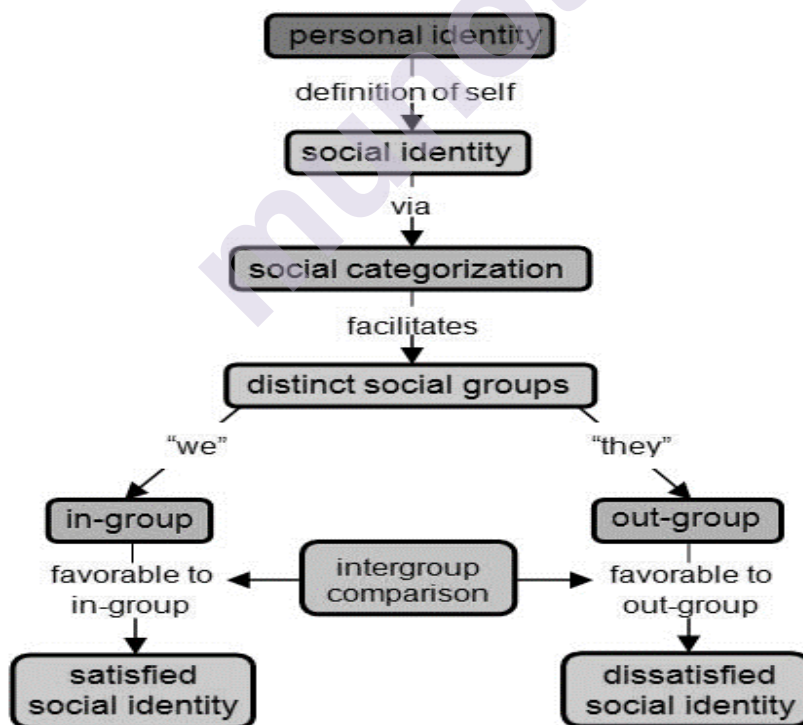
2. Social identification:

In this stage, we adopt the identity of the group we have categorized ourselves as belonging to. Emotional attachment to the group is formed at this stage. For e.g. We tend to identify with Indian identity on a global stage

3. Social Comparison:

Once we have categorized ourselves as part of a group and have identified with that group we then tend to compare that group with other groups. If our self-esteem is to be maintained our group needs to compare favourably with other groups. For e.g. During a cricket world cup, we will identify with our national team and view our players more favourably and compare their performances with neighbouring teams.

Figure 1.1: How social identity develops



Source: Social Identity Theory- Tajfel and Turner (1979). Age of the Sage.https://www.age-of-the-sage.org/psychology/social/Tajfel's_Theory_of_Social_Identity.jpg

Research indicates that group stereotyping and prejudice are more likely when social identities are important to the individual. Research suggests that highlighting the importance of intergroup similarities can reduce prejudice (Leaper, 2011).

1.2.2 Stages of Cultural Identity Development:

Now that one has understood what cultural identity development is, it is important to understand the process of cultural identity development. Ideally, it is understood as a multi-stage process and individuals are placed along a continuum.

James. A. Banks (2004) describes the process through which the development of cultural identity takes place. This process consists of six stages and may be understood as a dynamic process. A continuum exists both between and within the various stages. The individual may experience the stages in an upward or downward zig-zag pattern.

Stage 1: Ethnic psychological captivity: People at this stage have had just one cultural encounter, and they have internalized unfavourable prejudices about their communities. The individual is ashamed of his/her ethnic identity and may respond in various ways such as avoiding contact with members of the out-group or may take aggressive steps to become culturally assimilated with the larger group.

Stage 2: Ethnic encapsulation: In this stage the individual actively participates within his/her own ethnic group, and believe that his/her ethnic group is superior to that of others. They may perceive the majority culture as threatening to their own group and may participate in activities/customs that remind themselves that they are proud of their cultural group.

Stage 3: Ethnic Identity Clarification: In this stage, people begin reinforcing their emerging cultural identity. Individuals may seek to clarify their personal attitudes and beliefs and a strong sense of cultural identity may emerge at this point. Individuals may also develop positive attitudes towards their group. Here the cultural pride is genuine.

Stage 4: Biethnicity: This stage is characterized by a strong sense of ethnic identity and respect for one's own culture. Individuals at this stage have a clear understanding of their own culture while also maintaining a strong sense of respect for others. They also have a strong desire to function effectively in two cultures.

Stage 5: Multiculturalism and Reflective Nationalism: People at this stage possess knowledge, comprehension, and good attitudes toward many communities. Personal, cultural, and national identities become clearer and they view their identities positively.

Stage 6: Globalism and Global Competency: Individuals have reflected on and defined their national and global identities at this stage. They possess the information, abilities, and attitudes required to operate

effectively within their own cultural communities, other cultures within their nation-state, their nation's civic culture, and the global community. They feel a sense of commitment to all humans in the global society and a dedication to fairness that extends beyond any single community.

1.3 CULTURAL TRANSITION AND CULTURE SHOCK

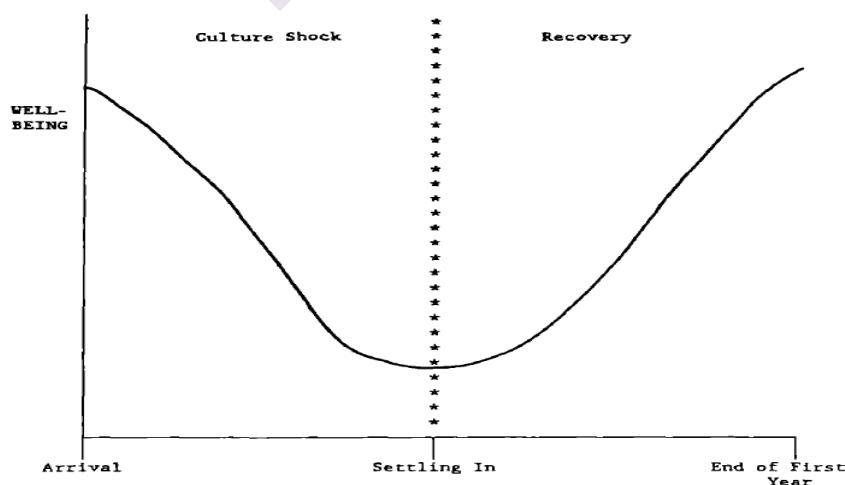
Culture Shock:

When people move to a different culture, they might experience a state of culture shock. Culture shock in simple words is the experience of negative emotional reactions when one moves to a new culture. It is important to note that a person might experience culture shock when there is a dramatic change in the cultural environment.

Adler (1975) defines culture shock primarily as a set of emotional reactions to a loss of perceptual reinforcements from one's own culture to new cultural stimuli which have little or no meaning. Barna (1983) identified certain factors namely ambiguity, lack of certainty, and unpredictability which act as primary stressors for the individual when they move to a new culture.

Normally the process of adjustment in a new culture takes about a year although the duration of individual stages may vary from person to person. Lysguard (1955) observed that the sequence of adjustment over time could be generalized over a curvilinear trend, U shaped curve of well-being plotted against time. This pattern is referred to as the U-Curve Hypothesis. Initial feelings of optimism and challenge give way to confusion and frustration as the person is unable to interact in a meaningful way in the new culture. When these difficulties are resolved, confidence is restored and the individual feels integrated with the new culture. This stage is understood as the recovery phase. Failure to resolve these issues could lead to continued feelings of frustration and a possible decision to leave.

Figure 1.2. Generalized U- curve of adjustment to a new culture over time.



Source: Kapf, M.K. (1991) International Journal for the Advancement of Counselling, 14: 105-119

1.4 LANGUAGE AND REGIONALISM IN INDIA

Language is a crucial element of one's cultural identity. Language can be defined as the collection of words and rules of syntax and grammar that are arranged in a way to convey meaning about a context or behaviour in a particular setting. It may be used to convey thoughts and feelings to others. Language has two important functions in society aside from being a means of communication:

- a) It has an impact on the allocation of power and wealth, particularly in illiterate societies.
- b) It also serves as a foundation that binds people together both culturally and emotionally.

While the presence of language in itself is something that binds all humans together and creates a shared human experience, language has now become a tool to impose regionalism and highlight differences between groups and create regional conflicts between different states.

Regionalism is defined as the expression of a common sense of identity and purpose by people within a specific geographical region, united by its unique language, culture, language, etc. It could also be understood as any counter-movement to any exaggerated and aggressive form of centralization (political control of governmental administration). This feeling of regionalism is further aided by the geographical concentration of various signs of identification and fuelled by a feeling of regional identity and deprivation. As a national phenomenon, regionalism frequently takes the shape of well-conceived and well-organized agitations and campaigns.

Regionalism in India: Regionalism has remained a powerful influence in Indian politics since 1947. Regionalism in India has its roots in the country's vast diversity of cultures, languages, civilizations, tribes, groups, and religions. Ever since Independence, the Indian state was confronted with demands for the reorganization of states on the basis of linguistic diversity. In order to overcome centre-state conflicts and accommodate the numerous identity-related demands, the Indian government launched various initiatives over time, including the JVC Committee, the Dar Commission, the States Reorganisation Commission, the Rajamannar Committee, and the Sarkaria Commission.

The States Reorganisation Committee (1960) led by Dr. Faisal Ali, reorganized states/provinces on the basis of language. The larger province of Bombay was divided into Marathi-speaking Maharashtra and Gujarati-speaking Gujarat while the Kannada-speaking areas of Bombay were transferred to the state of Mysore/ Karnataka. Punjab was trifurcated into a Punjabi-speaking Punjab, Hindi-speaking Haryana, and Pahari-speaking Himachal Pradesh. While these measures aimed to meet the demands of regionalism based on linguistic diversity, there were other forms of regionalism that were observed in the country. In the 1980s, there was a distinct rise of secessionist/separatist movements in Punjab, Kashmir and

some of the northeastern states (Nagaland, Manipur, and Tripura). These movements demanded secession/ full autonomy from the Indian state and demanded the creation of a separate national entity. This was followed by movements for autonomy in several regions-Jharkhand, Chhattisgarh, Uttaranchal, and Gorkhaland.

While there are a lot of factors that contribute to the rise of regionalism in India, some of them are:

- i) Uneven development: Certain regions in a state may be attracting more investments and may have better access to infrastructural development
- ii) Fear of losing cultural identity: While regionalism attempts to unite individuals on the basis of a common cultural identity, some individuals may feel that a language/culture/practice may be superimposed on a minority group and may result in loss of cultural identity

Types/Forms of Regionalism: In general regionalism is manifested in four different ways viz. The demand of people of certain areas for secession from the Indian Union, the demand of people of certain areas for separate statehood, the demand of people of certain union territories for full-fledged statehood, and the demand of certain people for favourable settlement in inter-state disputes.

According to Iqbal Narain, regionalism in India takes three forms. These are:

1. **Supra-State Regionalism:** This type of regionalism is an expression of the group identity of several states, which join hands to take a unified stand on any issue. For example, the southern states of India have a united stand against Hindi imposition in their states.
2. **Inter-State Regionalism:** This type of regionalism is defined by state boundaries, state identities, and issues related to a clash of interests with one another. For example, the clashes and conflicts related to the Cauvery River water between the states of Karnataka and Kerala.
3. **Intra State Regionalism:** It reflects a psyche of deprivation or exploitation in relation to other parts of the same state. Often brought about by differences in development and infrastructure between different regions of the same state. For example, the people from the region of Vidarbha in Maharashtra feel a sense of neglect due to the concentration of financial resources and infrastructural development in select regions of Maharashtra.

1.5 CASTE IN INDIA

Caste is a complex social and psychological construct. Caste is an endogamous social group that has its roots in religion and is often linked to social and political hierarchy. Ghurye (1969) highlights the following

features of the caste system: (i) Segmental division of society; (ii) Social hierarchy; (iii) Constraints upon social intercourse; (iv) Civil and religious exclusionism (v) Restrictions in the domains of occupation and marriage. Moreover, it is likely that, in many cases, caste identity or caste group affiliation may provide feelings of belongingness or self-esteem (Jaspal 2011). The caste system is a hierarchal system that is indigenous to India and has often regulated social interactions between members of different caste groups. Caste is often understood as an ascribed identity which means that this identity is associated with one's birth in a particular social group. Primarily looked at as a system based on the division of labour, the caste system is based on the idea of ritual purity and therefore may allow for restricted interactions of members between various caste groups. While the caste system traces its roots to the chaturvarna system in Hinduism, this system may also be found among Muslims, Christians, Jews and Sikhs.

The chaturvarna system or the fourfold classification of castes was a system that divided social groups into four categories of castes or 'varnas' namely Brahmins (priests), Kshatriyas (warriors), Vaishyas (peasants and merchants) and Shudras (artisans). A fifth category of 'untouchables' or Scheduled castes are supposed to be at the bottom of the caste system and are subject to a lot of restrictions. The higher caste groups enjoyed relatively high status within the caste hierarchy while the lower caste groups faced a lot of societal discrimination and may be denied access to systems of political, economic and social power. The member of the lower caste groups were considered impure and were denied entry to temples or other social gatherings. Failure to conform to the restrictions often resulted in strict punishments meted out to members of lower caste groups and at times could even get them killed.

Cultures of caste organization can in their rigid forms be understood as "cultures of poverty". The caste system ensured that members of certain castes obtained positions of power and privilege for their offspring, families, friends, and supporters while at the same time, ensuring that some people perform duties that were required but undesirable, such as those that are risky, unclean, or poorly compensated. The higher caste groups enjoyed access to education and economic power and social and political power while lower caste groups were denied access to education and job opportunities. Thus certain castes were stuck in the lower socioeconomic strata of society and were dealing with poverty.

The Indian state passed a number of laws to minimize the social discrimination faced by scheduled castes and provide affirmative action to members of dis-privileged groups. Article 17 of the Indian constitution abolished Untouchability and Articles 16, 164, 225, 330, 334, 335 and 338 and the 5th and 6th Schedule of the Constitution provided special privileges to members of Scheduled Caste and Scheduled Tribes to enable them to come up to the level of upper castes. The State passed various legislations which reserved seats for members of Scheduled Castes in educational institutions, government departments and Panchayats to provide access to educational services and economic and political power.

In 1991, the Mandal Commission extended the benefits of reservation to members of OBCs (Other Backward Classes) which were a category of castes that were socially or educationally backward. The State passed the Prevention of Atrocities (Scheduled Caste and Scheduled Tribes) Act in 1989 which aimed at countering the various ways in which caste discrimination played out. This Act criminalized caste-based atrocities committed against the members of SC/ST by non-SC/ST persons.

Thus a number of legislations were passed by the State to minimize the discrimination faced by certain castes, however caste-based discrimination (or casteism) and social stigmatisation of castes is still rampant in society on the subcontinent and in the Indian diaspora.

1.6 SOCIAL CLASS IN INDIA

Social class is defined as a group of people having common economic interests, income, consumption patterns and social hierarchy. Social class is an acquired identity based on achievement in social and professional contexts. It permits movement within the categories and is less rigid as compared to the caste system.

Three main sets of criteria are classically used to differentiate social classes in India:

1. The ownership and control by households of means of production.
2. The relative use of different forms of hired labour.
3. The surplus a household is able to generate in a given year (money lending, salaried employment, investments, trade and business).

Based on the above criteria, the different economic/social categories in India are:

a) Zamindars:

These are traditional landlord families. They have ownership of the majority of the land (land monopoly) and members of their households do not participate in major agricultural operations on the land. Land may be cultivated by hired labour or tenants to whom the land is leased out on fixed rent or share. They dominate not just the economy but also traditional social and modern political hierarchies in the village. Landlord families seek entry into the institutions of state power- Panchayati raj, block and district level governments, higher legislature, bureaucracy and police, the legal profession and generally the first to take advantage of higher education and modern organized sector employment.

b) Manual workers:

These individuals work on a variety of tasks, for piece- rates or for monthly wages or on an annual contract. Many workers are landless because of the historic exclusion of land ownership. They are wage labourers who are free to sell their labour power to the employer of his or

her choice. However, the freedom of wage labourer to sell his or her labour is often subjected to constraints (poverty, unemployment, ability to repay loans, employer-employee relations, and pressures of migration, social and economic dominance of employers)

c) Bonded labourers:

Bonded labourers are individuals who do not have any land ownership and are often trapped into working for employers for little or no pay. Traditionally some families may be tricked into bonded labour as a means of repayment of loans. It may be understood as a type of slavery in which one may be routinely threatened and subjected to physical and sexual violence. Bonded labourers do not have the freedom to sell his/her labour or choose their employer.

It is important to note that both caste and class are associated with the concept of social disadvantage. Although no caste has ever been homogeneous in terms of class criteria, the overlap between the two has always been emphasised, for example. A substantial share of Dalit households or oppressed castes in various regions belongs to the class of manual labourers. The upper-class minority's ability to exploit the lower-class majority is based on the fact that members of the impoverished groups must fight among themselves for the favours of the elite, and lower caste groups are more at a disadvantage in this rivalry.

Research on caste and class in India has found that individuals from low castes feel motivated to identify as middle class to escape their caste identities (Capelos and Basu, 2021). There is also the emergence of the "neo-middle" class which consists of lower-class aspirants trying to join the ranks of conventional middle-class identities. This neo-middle class has loosened social-class borders based on set socioeconomic criteria, capitalising on the enormous demographic increase of the lower class (Capelos and Basu, 2021).

Thus, economic class is an important marker of social identity in India.

Religion in India:

Religion is defined as “an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality)” - Almeda (2006). Religion in simple words is a system of doctrine or belief in God. It provides a sense of identity to the individual and through participation in religious rituals, individuals feel as having something in common. It is a powerful force that acts both as a marker of social identity and an agent of social control.

India is home to a multitude of faiths and religions. It houses people from religions such as Hinduism, Jainism, Buddhism, Sikhism, Islam, Christianity, and Zoroastrianism. These religions further have sects and subsects each of which has a number of followers. This co-existence of faiths has been largely peaceful but has also had its share of communal

conflicts since the pre-Independence era. Clashes have been documented between the major religious groups and conflicts have also occurred within religions between members of different sects. While there has been a lot of research focusing on factors leading to communal conflicts, one of the main reasons for communal conflicts is distrust between communities stemming from ignorance of the other. Article 25 of The Indian Constitution guarantees freedom of conscience and the right to freely profess, practice and propagate religion. A person may not be questioned with regard to religious belief by the State however his/her actions in pursuance of those beliefs may come under the purview of some restrictions in the interest of the community at large to preserve public order and fundamental rights of others. While each religion is given the autonomy to lay down its own code of ethics/rules for administration, Section 2A of Article 25 of the Indian Constitution gives the State the power to make any law regulating or restricting economic, financial or any other secular activity which may be associated with religious practice.

To a large extent uniformity in civil law has been brought about within different faiths although the State is still not able to exercise complete regulation with respect to personal laws of marriage, adoption, and divorce.

1.7 SUMMARY

In this section, we learned about what is culture and how one develops a cultural identity. We looked at James Banks' theory on stages of cultural identity development. Banks' theory described the process of cultural identity development as a six-stage process where individuals would move through stages in a zig-zag pattern. The stages in cultural identity development included 1) Ethnic psychological captivity: People have internalised prejudices about their communities and are ashamed of their cultural identity 2) Ethnic encapsulation: People actively participate in their cultural group and feel their culture or group is superior to that of others 3) Ethnic Identity Clarification: People seek to clarify their personal attitudes and have a strong sense of cultural identity 4) Bi-ethnicity: People have a strong sense of respect for one's own culture and other cultures 5) Multiculturalism and Reflective Nationalism: People possess the knowledge and have good attitudes about other cultural groups 6) Globalism and Global Competency: People feel a sense of commitment towards all humans and a dedication to fairness that extends beyond a particular community. We also learned about the experience of culture shock when one moves to a new culture.

The next part of the section focused on major cultural variables in the Indian context. In this section, we looked at how language and regionalism play an important role in India. Regionalism was defined as the expression of a common identity of a group of people of a geographical region united by a common language, and common culture. Three types of regionalism were highlighted- supra-state, inter-state and intra- state regionalism. 1) Supra State Regionalism referred to regionalism based on the expression of group identity of several states, which join hands to take a unified stand

on any issue. 2) Inter-State Regionalism referred to regionalism which was defined by state boundaries, and state identities. 3) Intra State Regionalism referred to regionalism that was based on a psyche of deprivation or exploitation in relation to other parts of the same state.

The next part discussed caste as a marker of social identity in India. Caste was defined as an endogamous social group linked to rituals of purity. The section described the chaturvarna system (fourfold classification of castes) and we also discussed legislation passed by the Indian State to prevent caste-based discrimination.

We tried to understand how the class was defined as a social group in India with reference to the ownership of land, the surplus a household was able to generate and the relative use of hired labour. The section also focused on zamindars, bonded labourers and manual workers in India.

Finally, we looked at religion and the role it plays in social identity in India. Religion was defined as a belief in God or a system of doctrine. Various state legislations with regard to religion were also discussed in this chapter.

1.8 QUESTIONS

A. Write long answers on:

1. What are culture and cultural identity? How does cultural identity develop? Discuss Bank's Stages of cultural identity development.
2. Discuss in detail the problem of regionalism in India

B. Write Short notes on:

1. Culture shock
2. Caste in India
3. Class in India
4. Religion in India

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MULTICULTURALISM & SOCIETY - II

Unit Structure

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 - 2.2.2 Work-Family Conflict
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2.0 OBJECTIVES

After studying this unit, you should be able to:

- Understand women's issues primarily work family conflict
- Know about LGBTQIA Community
- Understand Religion as a major Cultural variable in India
- Know what is cultural transition
- Understand the steps of cultural transition
- Define acculturation and identify types of acculturation

2.1 INTRODUCTION

The previous unit looked at cultural identity development in the context of variables such as regionalism and language, caste, social class and religion in India. This unit will focus on how gender plays a major role in identity development and we will try to understand gender as a cultural variable in Indian context. The next part of the unit will look at acculturation as a process with special focus on strategies and types of acculturation.

Gender is one of the most significant determinants and predictors of mental health and mental illness. It has been documented that gender differences are observed in the prevalence of mental health disorders. Research on gender and mental health has focused on variables such as gender discrimination, poverty, hunger, sexual abuse, and how they play a mediating role in determining mental health outcomes for women and men. Much of the psychological research on women's studies have focused on certain themes namely work-family conflict, violence against women, and the prevalence of mental health disorders among women.

2.2.1 Violence against Women:

A UN report published in 2005 revealed that around two-thirds of married women in India have been victims of domestic violence, rape or coerced sex. Some common forms of violence against women in India include female infanticide, domestic violence, harassment for dowry, dowry deaths, mental and physical torture, sexual harassment at the workplace and sexual violence which includes rape, molestation and trafficking of girls. Women are victims of both direct and indirect forms of violence. Direct violence forms of violence against women include rape, domestic violence, female infanticide and female feticide (where after sex determination, the growing fetus of a girl child is killed inside the womb using medical procedures or other techniques). Indirect forms of violence against women include unequal distribution of household goods, and lack of access to educational and employment opportunities and less spending on nutrition, education and health of women. All these factors have been observed to have an adverse impact on a woman's right to life, liberty and dignity, and thereby to development. The consequences of gender-based violence are devastating, including post-traumatic stress disorder, lifelong mental health issues and poor reproductive health.

Reasons for violence against women: Cultural and social beliefs such as preference for sons and a patriarchal family system that discriminates against women often lead to both direct and indirect forms of violence against women in the familial setup. A widespread acceptance of male sense of entitlement and violent behaviour against women are factors that lead to a high prevalence of violence against women. There is a 'normalization' of violence against wives as a routine aspect of married life by women too which adds to the problem.

Gender inequality has been observed on the social front (less respect in family and society, access, economic front (e.g. unequal wages) and also religious practices.

2.2.2 Work-Family Conflict in Women:

Research has established that while women's entry into the workplace has allowed them to be independent and self-sufficient, it has also added to the existing burden faced by a woman in personal and professional roles and therefore added to the stress that a woman has to deal with. It has been

well documented that women in professional roles often face inter-role conflict in trying to meet the demands of their work and family simultaneously. This inter-role conflict often adds to the stress faced by the women and is often termed a work-family conflict. Research on work-family conflict has focused on understanding variables such as the nature of work, spousal support, child care arrangements, family's attitude towards women's employment and how they impact the level of stress a working woman faces. Some factors that have been identified to be strong predictors of work-family conflict in women include traditional attitudes disapproving of women's employment, lack of spousal support and sharing of responsibilities, lack of clarity in the division of domestic responsibilities, the inadequacy of child care arrangements, and difficulties in commuting to work (Vindhya 2007). It has been further established that in urban dual-earning couples where both spouses are working, the majority of the responsibilities of household and childcare still lie with the woman and thus add to the stress faced by the woman.

2.2.3 Prevalence of Mental Health Disorders in Women:

According to a WHO Report published in 2001, it has been observed that symptoms of depression, anxiety and unspecified psychological distress are more common in women, in fact, symptoms of depression are more lasting in women. Studies on gender and schizophrenia report that gender differences exist in the age of onset of symptoms, clinical features, long-term outcomes and level of social adjustment. Research on gender and mental health reveals that women are 2-3 times more likely to develop disorders such as depression and anxiety while men are more likely to develop an addiction, substance use disorders and psychopathic personality disorders. While hormonal factors linked to reproductive cycles may put women at risk of being vulnerable to depression, certain factors such as excessive partner alcohol usage, sexual and physical aggression by the husband, being widowed or separated, having little autonomy in decision-making, and having little support from one's family put women at a disadvantage making them more prone to suffering from depression. Throughout their lifetime women are faced with life stressors such as childbirth, caregiving and maternal roles, and taking care of sick family members among other issues. Lack of access to education and lack of opportunities for employment and financial independence further act as obstacles in the road to development.

Women's poor mental health is linked to the gender-based discrimination they face as well as issues such as poverty, starvation, malnutrition, overwork, domestic violence, and sexual abuse.

A positive correlation is observed with respect to the frequency and severity of such social factors and the occurrence and severity of mental health issues in women. In addition, traumatic life events that generate a sense of loss, inadequacy, humiliation, or confinement can predict depression in women.

Thus, women are faced with innumerable stressors throughout their lifetime and are ill-equipped to cope with the same. A woman's mental health cannot be looked at in isolation without looking at the social, economic, and legal factors that affect women's lives. Efforts to promote mental health in women should focus on lifestyle and infrastructural factors and change should be initiated in institutional factors at family and societal levels that act as obstacles in women's path to growth. A holistic focus should be placed on the physical, nutritional and mental health of women with interventions at both individual and societal levels.

2.3. LGBTQIA COMMUNITY

Before we look at the LGBTQ community in India, it is important to understand the constructs of sex, gender and sexual orientation and the differences between the three. While sex/sexual identity is understood as a biological construct or the biological identity of an individual, gender is understood as a social construct or the schema of being masculine or feminine. Sexuality or sexual orientation is understood as desire towards someone else. Heterosexuals are individuals who are attracted to members of the opposite sex while homosexuals are individuals who are attracted to the same sex. Lesbians are females who are attracted to females, gays are males who are attracted to males while bisexuals are individuals who are attracted to either sex i.e. males or females. Transsexuals are individuals who may feel trapped in their gender identity and who may wish to change their gender identity through clinical, hormonal, or surgical procedures. Inter-sexual are individuals who are born with both male and female hormonal, chromosomal, and/or genital characteristics. Queer is an umbrella term that might refer to individuals from the LGBTQIA community or may be used to define a sexual orientation where individuals do not conform to the binary view of gender (gender seen as binary consisting of only two categories that is men and women) and see gender and sexual orientation as more fluid.

With respect to the LGBTQ community in India, the traditional view of individuals being heterosexual is still more socially acceptable. Thus, heterosexual or 'straight' individuals are easily accepted as they conform to the gender schema in which men act like males, that is, being masculine in their social perspective, and females act like females, that is, being feminine in their social outlook, and they both tend to get attracted to one other. This long-held conventional picture of heterosexual behaviour is currently being disputed in order to make room for different sexual orientations. The latter do not fit within the gender schema and are opposed to the concept and practice of heterosexuality (Srivastava 2014)

This discourse is rewriting the laws of involvement in the three pillars of human society: family, marriage, and kinship, allowing for the democratization of desire. The LGBTQ community thus faces a lot of discrimination and violence from different quarters in the country and must be given legal protection. LGBTQ activism in the country has focused on repealing laws that criminalize homosexuality in India and providing a platform for individuals of the community to openly express

their individuality and social self. A number of pride parades are held every year in different cities of India to celebrate homosexuality and the LGBTQ community. Research has shown that marginalization by society and oppression by the state has led to a number of attempted suicides by members of the community. While in the earlier years, the State had not been sympathetic towards the LGBTQ community and had used force to threaten and oppress members of the community, activism has resulted in the Supreme Court quashing Section 377 of the Indian Penal Code and subsequently a constitutional amendment to Section 377 was passed in 2018, decriminalizing homosexual activity.

A number of organizations have been set up in India which attempt to sensitize the general public about the LGBT Community. In October 1992, the very first lesbian group “Sakhi” was set up in India to dispel various myths related to lesbianism in India. In April 1994, Ashok Row Kavi set up the first openly gay community-based organization “Humsafar Trust” in Mumbai which was an organization that focused on issues such as gay men coming out to their families, legal issues, health and human rights of gay men, tackling cheaters and hustlers in the community. In 1999, “Sangama” – a bilingual organization that provided a comprehensive list of LGBT support groups in India was founded in Bangalore. In 2003, “Orinam”- an online social and support group was set up in Chennai which provided a comprehensive mailing list of the LGBT community and its allies in Chennai. In February 2013, ‘Grooms Wanted’- an online matrimonial site for gay and bisexual men in India was set up by a Chennai-based LGBT rights group named “Chennai Dost”. Thus, a lot of organizations and support groups in India are providing members of LGBT groups a platform to express their identity, and discuss specific issues while also allowing anonymity to its members.

2.4 ACCULTURATION

2.4.1 What Is Acculturation?

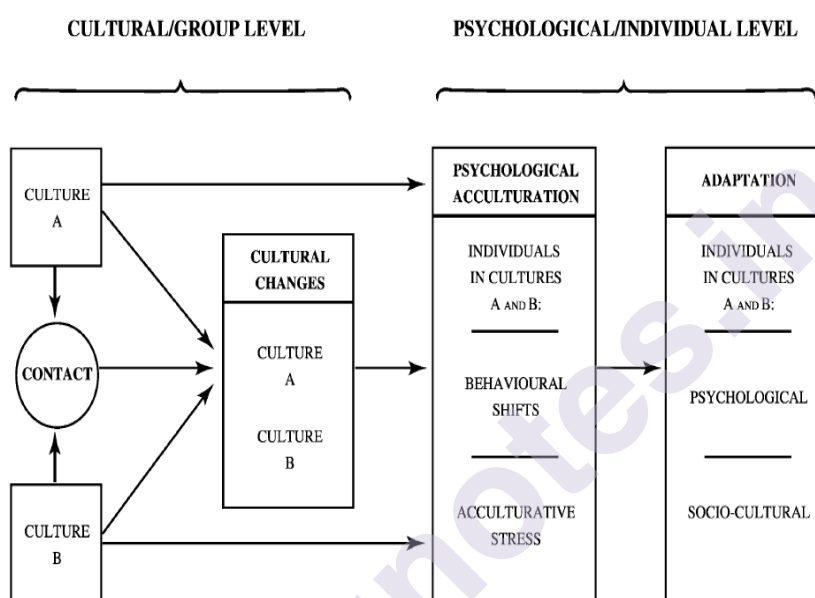
Acculturation is defined as ‘the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members (Berry 2005). At the group level, it might involve changes in the social structure and practices/customs of the group, and at the individual level it might involve changes in the behaviour of an individual. Acculturation is a long process spanning many years, and generations and may sometimes span some centuries. Acculturation is a cultural change that occurs as a result of the interaction of two or more independent cultural systems. Following are some features/characteristics of the acculturation process.

- i. Acculturative change may be the consequence of direct cultural transmission.
- ii. It may be derived from non-cultural causes, such as ecological or demographic modification
- iii. It might be caused by an invading culture.

- iv. It may be delayed, as with internal adjustments following upon the acceptance of alien traits or patterns
- v. It may be a reactive adaptation of transitional modes of life. (Social Science Research Council, 1954)

This cultural change may take place either in one group or may take place in both the dominant i.e., the settled group and the non-dominant group. This process may also result in a cultural change that is reactive in nature brought about by rejecting the cultural influence from the dominant group and reverting back to traditional/old ways of life.

Figure 2.1: A general framework for understanding acculturation



Source: Berry, J.W. (2005) International Journal of Intercultural Relations 29, 697-712

Graves (1967) emphasizes the idea of psychological acculturation which refers to changes in the behaviour of an individual who is a participant in the cultural contact situation where changes take place at two levels by changing practices of a group of which he/she is a member and by being directly influenced by the dominant group.

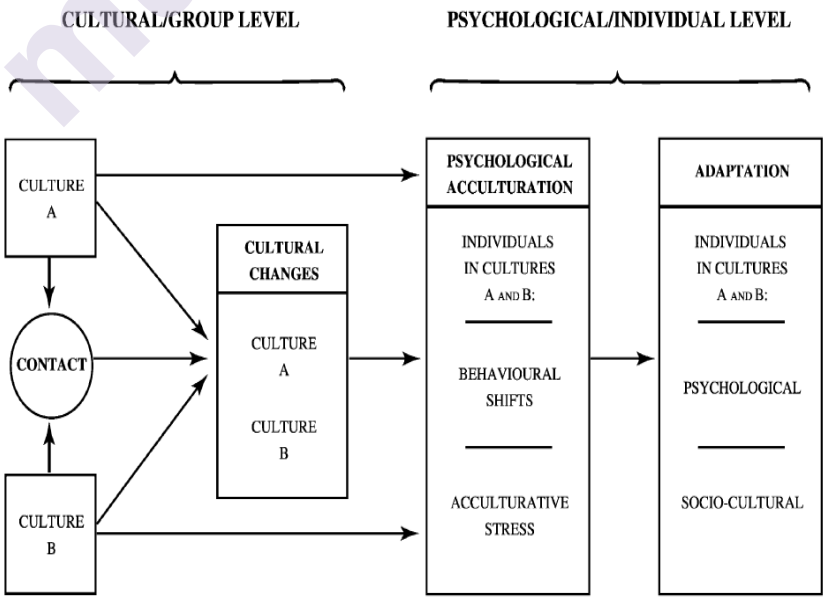
2.4.2 Acculturation Strategies:

The process and extent of acculturation for each individual or group may not be uniform for all. The way each individual or group experiences the process of acculturation may differ from group to group and may be dependent on a number of external factors and the extent to which they may seek to get involved in the process. These variations in acculturation are termed acculturation strategies and may involve two components namely, attitudes which include an individual's preferences on how to acculturate and behaviours that might be exhibited in day-to-day activities of intercultural exchange.

Berry (1980) developed a list of four acculturation strategies on the basis of an individual's preference and orientation toward one's own group and one toward other groups. Thus, an individual or group's acculturation strategy was defined in response to the following criteria 1) relative preference for maintaining own cultural/ethnic identity and 2) relative preference to maintaining contact with the larger society and other ethno-cultural groups.

When individuals seek to maintain interaction with the larger society and do not wish to maintain their own cultural identity/heritage, the acculturation strategy is termed assimilation. Individuals using the assimilation strategy prefer to be absorbed by the host/dominant group and let go of their old heritage/cultural identity. In contrast, when individuals attempt to maintain their own heritage and cultural identity and resist contact or interactions with the larger society, the resulting process is referred to as separation. When individuals prefer to interact and adopt the practices of the larger society/other groups while also upholding the heritage and values of their own cultural identity or group, they are said to have adopted the strategy of integration. As opposed to this, some individuals or groups may have little interest in maintaining their cultural identity and would also resist contact/interaction with the larger group. This strategy would then be termed marginalization. It is important to note that the above strategies may be defined in the case of non-dominant groups when they possess the freedom to choose the strategy they would like to adopt for acculturation. Integration as a strategy would require that the society is open and inclusive and mutual accommodation is required by both the dominant and non-dominant group for a group to have been integrated into a setting/cultural context.

Figure 2.2. Four Acculturation strategies based upon two issues, in ethnocultural groups, and the larger society.



Source: Berry, J.W. (2005) International Journal of Intercultural Relations 29, 697-712

In some cases, the dominant group may force some type of acculturation and may have the power to influence the way the process of acculturation. This scenario where the dominant group dictates the process of acculturation results in four other acculturation strategies for the members. These are:

- When the dominant acculturating group seeks assimilation, it is referred to as the "melting pot."
- When the dominant group forces separation, it is referred to as "segregation."
- When the dominating group imposes marginalisation, it is referred to as "exclusion."
- When diversity is embraced as a characteristic of society as a whole, encompassing all ethno-cultural groups, this is referred to as "multiculturalism."

2.4.3 Acculturative Stress:

When the process of acculturation causes problems for acculturating individuals, the observed phenomenon is referred to as acculturative stress. Berry (1992) described two possible after-effects of the acculturation process. The first result of the acculturation process is a shift in the behaviour of an individual which is relatively easier and non-problematic. This process involves three sub-processes namely culture shedding, culture learning, and cultural conflict. Culture shedding involves the selective, accidental, or deliberate loss of behaviours while culture learning involves the replacement of those behaviours by new behaviours that allow the individual to better fit with the society of settlement (Furnham 2001). Thus, adjustments with minimal difficulty may be made at this stage. However, some amount of cultural conflict may occur and may be resolved differently depending upon the acculturation strategy adopted by a group. When conflict occurs in the case of assimilation, the member may seek to adopt the norms and values of the dominant group in order to minimize conflict. For those pursuing segregation, individuals may seek to avoid conflict by withdrawing from the larger customs/practices. For groups seeking integration, cultural conflict may be avoided only when both groups/entities agree to make mutual adjustments/accommodations. Whereas for individuals adopting marginalization as a strategy, conflict may be an integral part of their lives and may result in individuals showing little or no interest in either culture. With respect to behavioural shifts, the fewest changes in behaviour are observed on account of the separation strategy whereas the assimilation strategy is accompanied by the maximum behavioural adjustments. Integration strategies result in the selective adoption of new behaviours of the majority culture while also retaining are customs/habits of the original culture/heritage while marginalization is often accompanied by major cultural/heritage loss and development of new and dysfunctional behaviour patterns such as delinquency and family and substance abuse (Berry 1997)

The second effect of the acculturation process is acculturative stress which is stress experienced by individuals on account of making life changes due to the process of acculturation. When individuals experience stress in response to life events rooted in acculturation, the resultant phenomenon is understood as acculturative stress. This stress may include both positive and negative reactions. With respect to acculturative stress, the integration strategy is the least stressful while the marginalization strategy results in the most stressful responses. Assimilation and separation strategy result in a moderate amount of stress for the individual.

2.4.4 Adaptation:

Adaption refers to relatively stable changes that take place in an individual or group in response to external demands (Berry 2005). Individuals may be able to accomplish some long-term adaptations in response to attempts to deal with these acculturation changes. Adaptations may or may not improve the fit between individuals and their environments. It is important to note that adaptation may necessarily not translate into the use of an assimilation strategy where individuals may change to become more like their environments. It may also involve resistance or attempts to move away altogether. Therefore, adaptation should not be only understood as a positive response.

It is a multifaceted concept. Adaptation may be psychological and/or socio-cultural in nature. Psychological adaptation largely involves one's psychological and physical well-being while socio-cultural adaptation refers to the extent to which an acculturating individual is able to manage daily life (Ward 1996). Personality traits, social support, and life transition all predict successful psychological adaptation, while cultural knowledge, degree of contact, and positive intergroup attitudes predict good sociocultural adaptation.

Research on adaptation and acculturation strategies has revealed that integration results in better socio-cultural and psychological adaptation while marginalisation results in poor socio-cultural and psychological adaptation. Assimilation and separation strategies may be associated with intermediate levels of socio-cultural and/or psychological adaptation.

2.4.5 Types of Acculturation:

Bogardus (1949) suggests that there are three types of acculturation namely blind acculturation, imposed acculturation, and democratic acculturation. Blind acculturation refers to the phenomenon where people of different cultures live near one another and cultural patterns are adopted on a chance, hit, or miss basis. Imposed acculturation refers to one group's suppression of another group's culture and the forced imposition of their own behaviour patterns and ideas. Democratic acculturation refers to the phenomenon where representatives of one culture view another culture with respect.

2.4.6 Differences between Assimilation and Acculturation:

Several authors have tried to provide a conceptual framework for the processes of assimilation and acculturation highlighting the differences between the two. Some differences between the two processes based on some key features are:

- Positive orientation towards outgroup: Assimilation requires a positive orientation towards the out-group and identification with the out-group while acculturation does not require a positive orientation towards the members of the cultural patterns of the out-group.
- Direction: Assimilation is a uni-directional process. It involves movement from one cultural group to another while acculturation has been mostly understood as a bidirectional or a two-way process where both (dominant) and sub-dominant/ minority groups make changes in their social structures. Acculturation is defined as a combination of processes that result when groups of individuals come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both cultural groups (Teske and Nelson, 1991)
- Acceptance by the out-group: Assimilation requires acceptance by members of the out-group while acculturation may not require acceptance by members of the out-group.
- Change in value orientation: Some researchers highlight the concept of antagonistic acculturation which refers to the “phenomenon of resistance to the goals of the out-group”. Thus, acceptance of the value orientation of the out-group may not be a necessity for acculturation. While assimilation requires a change in the value orientation of the in-group and acceptance of values from the out-group.
- Nature of contact: Assimilation as a process takes into account both secondary and primary group contact while acculturation only requires contact of a secondary group nature.
- Nature of changes: Internal changes are not a prerequisite for acculturation. Whereas for assimilation to occur, internal changes are required.

Table 2.1: Comparison of the salient characteristics of acculturation and assimilation

Acculturation	Assimilation
1. A dynamic process	A dynamic process
2. May be treated either as an individual or group process	May be treated either as an individual or group process
3. Involves direct contact	Involves direct contact
4. Does not require a change in values;	Change in values required

though values may be acculturated	
5. Reference group change not required	Reference group change required
6. Internal change not required	Internal change required
7. Outgroup acceptance not required	Outgroup acceptance required

Source: Teske, R. H., & Nelson, B. H. (1974). Acculturation and assimilation: A clarification. *American Ethnologist*, 1(2), 351–367

2.5 SUMMARY

The section also looked at violence against women, the work-family conflict faced by women and the prevalence of mental health disorders in men and women, and factors contributing to the same.

The second part of the section talked about the LGBTQIA Community and differentiated the constructs of sex, gender, and sexual orientation. Sex was defined as a biological construct, gender was defined as a social construct or the act of being masculine or feminine while sexual orientation was defined as sexual and emotional attraction towards members of the same sex, opposite sex, or either sex. Homosexuality and heterosexuality were discussed. The section defined the terms lesbians, gays, transgender, queer, and bisexuals and also highlighted the discrimination faced by the queer community in India.

The next part of the unit focused on acculturation. Acculturation or the process of mixing together two cultures was discussed in the unit. We looked at strategies of acculturation employed by different individuals namely assimilation, integration, separation, and marginalization. Assimilation is when individuals maintain interaction with a larger community but do not seek to maintain their own heritage. Integration is individuals adopt practices of the larger group but also maintain their own heritage. Separation is when individuals resist contact with the dominant group while maintaining their cultural identity. Marginalization is when individuals have little interest in maintaining their own heritage and also resist contact with a larger group.

The phenomenon of acculturative stress was also discussed. We looked at adaptation as a consequence of acculturation. Adaptation was defined as relatively stable changes that an individual or group makes on account of external demands.

The section also enlisted three types of acculturation namely blind acculturation, imposed acculturation and democratic acculturation. The final part of the unit highlighted the differences between assimilation and acculturation.

2.6 QUESTIONS

A. Write Long Answers on:

1. What are Acculturation and acculturative stress? Discuss the strategies of Acculturation.
2. Elaborate on gender as a cultural variable in the Indian context.

B. Write Short notes on:

1. Acculturative Stress
2. LGBTQ community in India

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PREJUDICE AND DISCRIMINATION - I

Unit Structure

- 3.0 Objectives
- 3.1 Introduction: Understanding Prejudice and Discrimination: Introduction
 - 3.1.1 Racial Attitudes and Prejudice
 - 3.1.2 Causes of Prejudice
 - 3.1.3 Characteristics of Prejudice
 - 3.1.4 Types of Prejudice
 - 3.1.5 Assessment of Prejudice
- 3.2 Discrimination
 - 3.2.1 Development and Maintenance of Prejudice and Discrimination
 - 3.2.2 Methods of Reducing Prejudice and Discrimination
- 3.3 Summary
- 3.4 Questions
- 3.5 References

3.0 OBJECTIVES

After studying this unit, you should be able to:

- Define prejudice;
- Describe the nature of prejudice;
- Understand the characteristics of prejudice;
- Explain the nature of discrimination.
- Analyze the factors responsible for the development and maintenance of prejudice and discrimination

3.1 INTRODUCTION: UNDERSTANDING PREJUDICE AND DISCRIMINATION

Prejudice is an important term in Social Psychology. Social Psychologists tried to define prejudice from different viewpoints. Some psychologists define prejudice as a preconceived irrational judgment, while others define it as an expression of dislike against members of some religion, race or group. According to Secord and Backman, "Prejudice is an attitude that predisposes a person to think, perceive, feel and act in favorable and unfavorable ways towards a group or its individual members."

According to Baron & Byrne, “Prejudice is generally a negative attitude towards the members of some social, ethnic or religious group.” Prejudice whether it is negative or positive it decides an attitude and has all three components of attitude i.e., affective, cognitive and behavioral.

According to Allport (1954) prejudice is composed of generalized beliefs and attitudes that are inherently negative. Prejudice is a strong negative feeling about an individual based on generalizations one has about that individual's group. One can have negative and positive prejudice toward the ingroup or outgroup. The ingroup represents the group to which the individual belongs and Outgroup is the alien group to which misconceptions or stereotypical reactions are linked.

Prejudice has also been identified as an attitude. As an attitude, prejudice is viewed as having cognitive, affective, and behavioral components. There are so many debates on this topic. In short Prejudice usually

- Occurs between groups.
- involves a positive or negative evaluation of a group.
- is a biased perception of a group.
- is based on real or imaginative characteristics of a group.

Racism and prejudice research has been guided by theory. Studies with a focus on prejudice initially relied on psychodynamic perspectives. Gordon Allport's seminal book, *The Nature of Prejudice* (Allport, 1954), also was highly influential in the study of prejudice as it served as the foundation for subsequent conceptualizations. The social-cognitive perspective (Hamilton, 1981) has led to studies of people's cognitions as they relate to people, groups, or social situations. Social identity theory also has influenced studies of paths by which stigma influences a target's self-concept.

3.1.1 Racial Attitudes and Prejudice:

Racial attitudes and prejudice have been major area of study in the psychology of race. Perhaps, as evidence of the importance and relevance of this field of study, Nelson (2009) recently published the *Handbook of Prejudice, Stereotyping, and Discrimination*, in which past research and theory are presented and synthesized.

3.1.2 Causes of Prejudice:

According to Oskamp's review of four possible factors that cause prejudice proposed by Duckitt (1992) is given below-

1. Genetic and evolutionary predispositions - at this level, intermediate or short-term interventions are relatively nil because of their biological foundation.
2. Societal, organizational, and inter-group patterns of contact and norms for intergroup relations-. This level is considered the most influential

ground for inducing changes in interactions with others, for e.g., laws, regulations, and norms of unequal access, which maintain the power of dominant groups over subordinate ones.

3. Mechanisms of social influence that operate in group and interpersonal interactions -This level of etiology focuses more on heuristic influences such as mass media, the public education system, and organizational work roles. For e.g., influences from the mass media, the educational system, and the structure and functioning of work organizations.
4. Personal differences in susceptibility to prejudiced attitudes and behaviors, and unacceptability of specific intergroup attitudes. At this level, the personal differences are based on personality factors that would make an individual susceptible to prejudice or non-prejudice messages and attitudes.

Oskamp (2000) urges the importance of influential societal and organizational laws and regulations by citing the 1954 decisions of the U.S. The Supreme Court outlawed segregation in public schools and equal opportunity and affirmative Intergroup relations are generally affected when norms and personal influences are considered. Psychologists usually focus on group influences and interpersonal interactions to resolve prejudiced beliefs, attitudes, and interactive patterns.

Stephan and Stephan (2000) propose a theoretical approach reviewed by Oskamp (2000) on the causes of prejudice. In essence, the theory adds to Duckitt's by including fears and threats as other major causes of prejudice.

Oskamp (2000) restates Stephan and Stephan (2000) four main bases of prejudice:

1. realistic threats posed by an outgroup;
2. symbolic threats from an outgroup e.g., perceived group differences in morals, values, standards, beliefs, and attitudes
3. intergroup anxiety in interactions with outgroup members for e.g., apprehension about negative experiences such as being embarrassed, rejected;
4. negative stereotypes of the outgroup for e.g., negative expectations of particular behaviors that will cause conflict and/or uncomfortable interactions. (Oskamp, 2000).

All four bases are intertwined and operate in combination with one another. Prejudice reduction interventions should address all of these for effective results. Additionally, cognitive or knowledge-based interventions can lessen feelings of threat whether they are realistic or symbolic. Interactive interventions can lessen negative stereotyping and intergroup anxiety (Oskamp, 2000).

Researchers have linked stereotyping to prejudice (Lewin, 1948; Stephan, 1999; Sue & Sue, 2003), and they have found ways to measure stereotyping and prejudice. Nowadays, stereotyping is considered a natural consequence of cognition (Fiske, 1998). It is important to understand that children are exposed at a very young age to stereotyping and prejudices. Initially, they are exposed to their parent's beliefs and values, which in turn may affect the internalizing of stereotypes and prejudices, thus causing negative outgroup perceptions. However, there is contradictory evidence regarding such negative perceptions (Aboud & Doyle, 1996). children can develop their own biases from other individuals who may influence them, even if their parents are more tolerant towards outgroup differences.

Furthermore, children receive overt and covert information from the media through movies, television, reading materials, video and computer games, and other types of media experiences. Clearly, it is recognized that the media are often less objective and/or may make mistakes in reporting certain incidents of crimes which involve a particular ethnic group-thus influencing the stereotyping and developing attitudes toward specific ethnic groups. Stereotypes are therefore maintained through social cognition. Judgments are reached (whether they are accurate or not) and quick evaluations are made of an individual or group. Consequently, cognitions must change in order to destroy the induced cognitive stereotype (Nelson, 2002).

Practitioners are alerted to recognize that stereotyping is a "cognitive" process. It is not related to any psychological fact or the result of deviant characteristics (Nelson, 2002). Frequently, stereotyping has been perceived as part of the mind's normal propensity to categorize (a cognitive classification of similar objects in the environment) stimuli from the environment (Duckitt, 1992; Nelson, 2002). Researchers have questioned whether certain individuals are more prone to prejudiced personalities than others. At present, there is no evidence that indicates they are.

Current research tends to view prejudice as a cognitive process that adheres to social categorization (Duckitt, 1991). Conversely, in their more recent book on prejudice prevention, Ponterotto, Utsey, and Pedersen (2006) discuss a fairly new construct in psychology, the multicultural personality. Research taken from counseling psychology, social psychology, organizational psychology, feminist studies, and African-centered psychology proposes that multicultural personality disposition may be predictive of psychological well-being and assist in intercultural ease (Ponterotto et al., 2006). A recent comprehensive definition of the multicultural personality described by Ponterotto et al. (2006) identifies several characteristics:

- The individual has attributes of emotional stability.
- The individual is confident in their ethnic identity.
- The individual welcomes cultural diversity.

- The individual is eager to learn about new cultures.
- The individual interacts well with culturally diverse people.
- The individual spiritually connects to others.
- The individual is able to work with culturally diverse people.

Most impressive is the individual's ability to understand his or her biases, openness to exploring other worldviews, and recognition of the effects of racism and homophobia. This is a new area of research that, when validated, will bring further understanding of personality types. An assessment instrument that is deemed psychometrically adequate and recommended by Ponterotto et al. (2006) is the Multicultural Personality Questionnaire (MPQ-Van der Zee & Van Oudenhoven, 2000, 2001).

In short, what children observe and how they are treated will impact their behaviors and influence the formation of their identity.

3.1.3 Characteristics of Prejudice:

Psychologists have identified the following characteristics of prejudice:

Prejudice is acquired: Like attitude, prejudice is acquired through the process of learning and socialization. When born a child is like a blank slate and is free of any kind of prejudice. It is only when the process of socialization begins that a child starts imitating their parents and their likes and dislikes. Norms, values, customs, and traditions of the society of which they are members make him prejudiced toward members of other groups. Acquisition of prejudice is facilitated by classical conditioning, instrumental conditioning, and observational learning.

Prejudice is functional: Prejudice helps the individual justify his hostilities, repressed desires and strengthens feelings of self-esteem and prestige. It helps individuals justify their exploitation, and discrimination of members of other groups.

Emotional overtones: Prejudice is always colored with emotions. It is either for or against some group, community, or religion. If favorable, the person would show too much affection, love, care, and sympathy for members of another group. But if unfavorable the person would show hatred, dislike, and hostility.

Prejudice is irrational: Prejudice does not lend itself to reason, wisdom, and relevance. The individual does not change his prejudice in the face of information and evidence to the contrary.

Prejudice has no connection with reality: It is primarily based on hearsay, incomplete and wrong information, customs, and traditions of the society. It can't stand the test of logic and reasoning.

3.1.4 Types of Prejudice:

Prejudices are of different types depending upon the social conditions of the individual. Sociologists and Psychologists explained the following main types of prejudices:

- **Racial prejudice:** This is aimed at members of another race. For example, Negroes have been the subject of racial prejudice at the hand of whites. Similarly, Jews were a target of prejudice by Nazis in Germany.
- **Sex prejudice:** This is for centuries women have been the target of prejudice. They have been thought of as weak, dependent, and intellectually less gifted than men.
- **Caste prejudice:** Indian social structure is the best example of such prejudice. Our society is divided into numerous castes and each caste is believed to have specific characteristics.
- **Religious prejudice:** In religious prejudice, an individual holds a positive attitude toward his own religion and an unfavorable attitude toward other religions. Consequently, misunderstandings and misconceptions about people of other religions crop up. Some other prejudices are political prejudice, communal prejudice, etc.

3.1.5 Assessment of Prejudice:

School psychologists are advised to assess prejudiced attitudes to reduce prejudice in children and youth. The abundant research on prejudice has led to the development of assessment measures designed to evaluate prejudicial attitudes and racism. Presently, racial prejudice self-report measures focus on cognitive and affective aspects of prejudice. The review by Ponterotto et al. (2006) covers some of the various psychometric scales developed to assess prejudiced attitudes and racism; they are all considered to have adequate psychometric properties (i.e., reliability and validity).

Psychometric Instruments:

The Quick Discrimination Index (QDI) (Ponterotto, Burkard, et al., 1995; Utsey & Ponterotto, 1999): It is a Likert-type scale that was designed to address cognitive and affective aspects of prejudice. It comprises three factors that measure cognitive attitudes toward racial diversity, interpersonal-affective attitudes regarding racial diversity, and general attitudes toward women's equality. It can be used with adolescents and adult populations.

Modern Racism Scale (McConahay, 1986): It measures whites' racial attitudes toward blacks. Includes six- and seven-item versions of unidimensional factors. It is appropriate for adolescents and adults.

Institutional Racism Scale (Barbarin & Gilbert, 1981): This scale measures institutional racism and is appropriate for adolescents and adults. Includes six factors and 72 items.

School-Based Prejudice Reduction Interventions:

Over the last several decades, several researchers have developed various strategies for reducing prejudice. This section reviews informative readings that describe several effective techniques for reducing prejudice and bias.

- **Dramatic plays:** it was described by Gimmestad, B. J., & de Chiara, E. (1982). This research paper describes four plays about ethnic groups (blacks, Puerto Ricans, Jews, and Chinese), and related classroom activities to increase knowledge, improve attitudes about ethnic groups, and reduce prejudice.
- **Prevention of prejudice in elementary school students:** it was described by Rooney-Rebeck, P., & Jason, L. (1986) in the *Journal of Primary Prevention*. This article advocates the use of cooperative group peer tutoring to improve interethnic relations among young children.
- **Research on reducing prejudice:** it was described by Pate, G. S. (1988) in the journal *Social Education*. This article discusses various strategies for prejudice reduction (e.g., audiovisual strategies, films, drama, television, cognitive approaches, and cooperative learning approaches).

Teacher training aimed at the elimination of prejudice. The training program includes curriculum materials, videotapes, and support manuals. The A World of Difference project is tailored to the specific needs of the school. This teacher training project is an excellent opportunity for school psychologists to participate in and advocate for prejudice reduction educational programs.

3.2 DISCRIMINATION

Discrimination is the differential treatment of individuals belonging to a particular social group or community or religion. It is generally the behavioral expression of prejudice. Generally, the person discriminated against is denied some privilege or right that is accorded to other members of society who do not belong to the minority group.

The extent to which the members of the minority group feel discriminated against and dislike or feel hostile toward the majority group is a function of the relation between their comparison level and that of the majority group.

If the minority group has the same comparison level as the majority group, it will feel dissatisfied and hostile. But if the comparison is sufficiently low relative to the majority group no adverse feelings would

occur. However, 'minority groups' use of comparison level relative to the majority group depends upon past experiences, the outcomes available in alternative relations, and structural and cultural factors. Sometimes discrimination occurs without the accompanying feeling of prejudice. For example, a proprietor may refuse to accept a patron member of a minority group because he feels it would injure his business. He may not be prejudiced toward those people but he gives priority to his business.

3.2.1 Development and Maintenance of Prejudice and Discrimination:

Psychologists have categorized the causal and maintenance factors of prejudice as given below:

Historical facts: Prejudice and discrimination develop out of a history of economic conflict as well as from political power distribution among groups of people. Historical incidents led to the development of an attitude that slowly takes the form of prejudice. In our society prejudice against women is one such example. Women have always been considered weak, and dependent, and such prejudice developed and atrocities were perpetrated on women and they kept tolerating them thinking it to be their duty.

Status and Power Structures:

The structure of relations between two groups in terms of relative status and power sometimes gives rise to prejudice. For example, where a dominant group holds another group in a condition of slavery, slaves are likely to be considered lazy, irresponsible, and lacking initiative. These beliefs emerge from the fact that slaves act upon orders from their masters and are not given an opportunity to demonstrate initiative or responsibility. Thus, their beliefs about them are consonant with their behavior, which is controlled by the structure of relations.

Situational Factors:

The number of situational factors in the immediate environment of the individual also leads to the development of prejudice.

Social learning:

Every individual during the process of socialization learns and acquires beliefs, values, and attitudes through parents, school, and religion. These agents of socialization invariably transmit prejudices held by them to the child. Besides childrearing practices adopted by parents have been shown to help develop prejudice and discrimination. The scarcity of job avenues and the abundance of applicants is one important economic factor for the development of prejudice.

Conformity to Norms:

Once prejudice and discrimination against the outgroup are well established, the accompanying cognitions and feelings concerning the outgroup acquire a normative quality. They are shared by members of the

ingroup and the members expect each other to hold such attitudes. The factors underlying conformity to the norms of prejudice may be explained in terms of the varying reward-cost outcomes ensuing from conformity or nonconformity. If prejudice and discrimination against other groups are the norms, then the overt expression of prejudice and discrimination will receive approval from other members of the group.

Interaction Patterns:

Several interaction patterns increase cohesion and thus strengthen the power of the group to enforce conformity to norms of prejudice and discrimination. Any factor that makes members more dependent on the group is likely to increase cohesion. Interaction patterns within the ingroup may also increase the economic dependence of members upon each other. Finally, if interaction within each group predominates over interaction across group lines, the development of patterns of thinking, feeling, and behaving uniquely to each group is fostered.

Psychodynamic factors:

Researches reveal that a number of psychological factors also give rise to prejudice.

Frustration and Aggression:

Frustration also gives rise to prejudice. The underlying theory in it is displaced aggression. According to this theory when an individual finds some obstacle between him and his goal, he gets frustrated and becomes aggressive toward the obstacle. Since the interfering agent is stronger and more powerful and has the power to punish him this frustration and aggression is displaced toward some weaker object. Thus, the weak person or group becomes a scapegoat.

Authoritarian Personality:

Among psychological factors of prejudice authoritarian personality has received much attention from psychologists. People with authoritarian personalities exhibit rigid thinking. These tendencies predispose individuals toward prejudice. Besides these people value people on the scale of power, people above them in the power scale are attributed all good characteristics, and people below them on the power scale are treated as inferior and deserve to be exploited and hated.

Personality needs:

A variety of personality needs may support prejudice and discrimination. One such need is "intolerance for ambiguity". Persons differ in the extent to which they are disturbed by confusing or ambiguous situations. Some persons like to have everything in black and white i.e., they are unable to tolerate the least uncertainty or complexity in situations while some persons are least disturbed by confusing or uncertain situations. In general, it has been found that individuals who are more intolerant of ambiguity are also likely to be more prejudiced because prejudice for them serves to

clarify ambiguity and uncertainty embedded in the situation. Similarly, a need to achieve superior status may be supported by prejudice, which provides a group of persons lower in status than oneself. The need for security may be satisfied through the rejection of outgroups.

3.2.2 Methods of Reducing Prejudice and Discrimination:

Psychologists have suggested a number of methods for reducing prejudice which is as follows:

Intergroup Contact:

Allport was the first psychologist to realize the importance of intergroup contact between a prejudiced person and the target person. Such interactional situations provide the two parties an opportunity to know each other from close quarters and understand each other thereby reducing misunderstandings and misconceptions. However, for intergroup contact to be effective certain conditions are to be met. Intergroup contact is an effective method of reducing prejudice only in those conditions where both the parties have equal status. Intimate and honest contact between the concerned parties motivates the person to perceive members of the target group more as humans than as stereotypes. Intergroup contact method is more successful in situations where the success of both parties is dependent on each other i.e., when a common goal is to be achieved. In such a situation both parties are forced to understand each other in a better manner.

Education:

Social psychologists emphasize that appropriate education has an important role to play in the reduction of prejudice, particularly racial prejudice. In it both informal and formal education is important. As far as informal education is concerned parents ought to be encouraged not to indulge before children in things which knowingly or unknowingly promote prejudice. As for formal education, its syllabus and curriculum should be designed to promote harmony between different sections of society. It should aim at developing healthy minds. It has been found that higher and better formal education leads to decreased prejudice and increased liberalism. Recently, psychologists have devised a new method called cultural assimilator. In this method, a group of prejudiced persons is explained about traditions, norms, beliefs, and value systems of people of other communities and races so that they can appreciate those communities and races in the light of recent information. A number of social psychologists have successfully used this method.

Incongruent role:

It has been found that when a person is made to play a role contrary to his prejudice it leads to a reduction in prejudice after some time. It happens because playing such a role creates dissonance in the individual. This dissonance gives rise to tension compelling the individual to change his prejudice and restore the balance between his behavior and attitude. For

example, if a person prejudiced against a particular community is entrusted with the task of the welfare of that community, he is left with no alternative but to change his prejudice because he is not able to change his role.

Anti Prejudice propaganda:

Mass media has been helpful in reducing prejudice. In one of the studies, it was found that films and documentaries aimed at reducing prejudice have been successful in reducing prejudice by 60 percent. Some other psychologists have reported anti-prejudice propaganda to be more effective than formal education.

Social legislation:

This is another method of reducing prejudice. Governments in different countries have adopted and enacted several legislations which prohibit the expression of prejudice in any form. Any public manifestation of prejudice is unlawful and liable to punishment.

Personality change techniques:

This is because, for prejudice reduction to be effective, a person must have a balanced personality and open mind. However, in cases where prejudice is an integral part of the personality, it becomes imperative to seek the help of therapeutic treatment. A number of psychotherapies have been developed to help such persons. For example, play therapy is an important tool for detecting prejudice at an early stage and bringing reformation in the personality of children.

3.3 SUMMARY

In this unit, we studied prejudice and its nature. What are the different types of prejudices and what havoc do they play with society and individuals. We also studied the characteristics of prejudice. Then we studied discrimination, and what it means and we also discussed prejudice and discrimination. It was followed by a detailed discussion on the causes of the development and maintenance of prejudice.

This chapter has highlighted the importance of prejudice reduction. However, its central aim has been to entice the nascent multicultural school psychologist to initiate, intervene in, and advocate for the implementation of prejudice reduction programs and strategies at the school and community levels. In conjunction with the initial intention of imparting awareness and knowledge of the causes of prejudice, the review of racial/ethnic identity development models and the assessment of prejudice and programs. were examined specifically to encourage practitioners to see how these approaches hold a critical relationship to school-based clinical practice. In the last, we discussed methods of reducing prejudice.

3.4 QUESTIONS

1. Write long answers:

- a) What do you understand by the term prejudice? What are the different types of prejudice?
- b) Write an essay on factors of the development and maintenance of discrimination and prejudice.
- c) Discuss the psychological factors that give rise to prejudice and discrimination
- d) Explain how authoritarian personality and personality needs contribute to the development of prejudice and discrimination?

3.5 REFERENCES

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PREJUDICE AND DISCRIMINATION - II

Unit Structure

- 4.0 Objectives
- 4.1 Introduction: Rights-Based Approach
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4.0 OBJECTIVES

After reading this unit, you will be able to:

- Describe the Right Based Approach
- Understand the Equity
- Explain Social justice.

4.1. INTRODUCTION: RIGHTS-BASED APPROACH

Human rights and applied psychology share one key focus, amongst others: health and well-being. Whilst human rights and psychology share many values, their limitations are intertwined, and human rights are contested. Yet, human rights offer a tool that can help defend the human rights of those we work with and support.

A human rights-based approach (HRBA) is defined, as one which draws on a human rights framework and some key principles of human rights and considers their relevance to psychological practice, research, advocacy, and pedagogy.

Human rights are international legal standards, conceived and constructed following World Wars I and II, first with the establishment of the United Nations, an intergovernmental organization, then by the development and adoption of the Universal Declaration of Human Rights in 1948 (UDHR). The UDHR, together with the International Covenant on Civil and Political Rights (1966) with its two Optional Protocols and the International Covenant on Economic, Social, and Cultural Rights (1966) formed the International Bill of Rights. The UDHR is the origin of the other nine international legal treaties, which together with various regional conventions, declarations, principles of law, agreements and judicial decisions, form international human rights law. Whilst the doctrine of human rights, as derived from international human rights law, promotes human rights as norms that share key features, they are perhaps more accurately to be understood as minimal moral claims, encoded and established in legal language. They are the outcome of a political enterprise of international consensus-building on morality, on what governments should and should not do to those under their jurisdiction. This political process has included the establishment of human rights machinery, regional and international systems and peer review structures to ensure accountability between States within the international community.

4.1.1. Need for Human Rights:

One compelling justification for human rights is that they seek to protect against threats to fundamental human interests, and that “an account of human rights requires reflection both on what are the most basic human interests and on which political, social, and legal abuses are most dangerous to those interests” (Nickel, 2004). In psychology, human rights have often been ignored as peripheral: inequalities and injustices which happen ‘out there’, in ‘other’ countries or by the ‘other’, rather than by us, and within our psychological practices and institutions.

The term human rights framework refers broadly to human rights responsibilities, commitments, and principles, which are based on international human rights law.

4.1.2. Human rights responsibilities:

Human rights responsibilities rest with the State which is obliged to protect the rights of its citizens.

The responsibilities include:

1. The recognition that every individual, by virtue of being human, has human rights. This includes people who use psychological/health services, their carers and family members who are rights-bearers; and staff working in State institutions or State Commissioned services who are both rights-bearers and duty-bearers.
2. The State and public authorities, as duty-bearers, have a responsibility to respect, protect and fulfill the human rights of each individual. It

includes the State, policy-makers, hospital managers and health professionals) who work within State institutions, inspectors, regulatory bodies and others. The term public authority covers private organizations, including non-governmental or private organizations, which are commissioned to carry out a public function on behalf of the State.

3. Accountability for human rights:

This requires duty-bearers to provide mechanisms to ensure the social determinants of health are known, understood and addressed; to monitor discrimination and disparities in access to healthcare and support; and to identify the most vulnerable and marginalized. It helps duty-bearers to explain their practices and to make necessary changes. It also allows rights-bearers, including those who use services and their carers, to understand how service providers have fulfilled their duties.

4. Implementation of human rights:

Human rights are legally enforceable entitlements, which should be put into practice. In healthcare, this means adhering to human rights commitments and principles in service design and delivery, organizational strategies and priority-setting, policies, commissioning and funding processes; in the organizational culture, clinical practices, and in all monitoring and evaluation activities of health services.

The right to health, first established in the United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR, article 12) is important for all health professionals. This is not a right to be healthy, but the right to access healthcare providing equality of opportunity for everyone to enjoy the highest attainable level of physical and mental health. the right to health includes (a) Equal and timely access to basic health services, the provision of health-related education and information and services which are available, accessible, acceptable and of good quality; (b) obligations for States to address the underlying determinants of health, which include adequate nutrition and housing, healthy working and environmental conditions, gender equality and health-related education and information; and (c) freedoms, such as the freedom from torture or other cruel, inhuman or degrading treatment or punishment and freedom from non-consensual medical treatment and experimentation.

To understand how rights work in practice it is essential to understand that different types of rights set out in the European Convention on Human Rights allow for different types of lawful interference with them, under certain circumstances. Absolute rights, such as the right to not be tortured or treated in a cruel, inhuman, or degrading way, addresses any treatment which causes severe pain or suffering, physical and/or mental. The consideration of whether treatment amounts to torture or to cruel, inhuman, or degrading treatment depends on the particular circumstances of each case. As an absolute right, it cannot be limited or restricted in any way or derogated from under any circumstance or situation – whether during a war, emergency, healthcare, etc.

An absolute right cannot be balanced against the needs of another individual or public interests, except where two absolute rights need to be balanced. The right to a fair trial and to not receive punishment without the law is also a limited right; and it applies to both civil and criminal matters, detention under mental health legislation, employment matters and dismissal from employment and expulsion from a profession or withdrawal of license to practice a profession. Both rights can be limited in certain circumstances although any restriction has to be explicit, lawful, carefully justified by those responsible, and finite. Qualified rights are those which may need to be balanced against the rights of others and in the interests of the wider community, or public good, to achieve a fair outcome (as decided by courts).

For example, the right to respect private and family life, home, and correspondence, highly relevant to healthcare, is a qualified right. It includes protecting an individual's private life; protecting (keeping confidential) personal information, including medical, financial, and other personal records, including the storing, sharing, and dissemination of such information; and the right to access one's own personal information (such as health records).

4.1.3. Human Rights Principles:

Many of the principles underpinning human rights are similar to those embedded in ethical codes for psychologists (e.g., Meta-Code of Ethics of the European Federation of Psychologists' Associations, EFPA, 2005; Universal Declaration of Ethical Principles for Psychologists), which are also provided as a universally applicable framework (Gauthier et al., 2010)). Of the numerous human rights principles embedded in many international treaties and articles, twelve principles are summarized to illustrate their relevance to psychological practice and all healthcare (Table 2). The interdependence, indivisibility and inter-relatedness of rights, together are an overarching human rights principle (Vienna Declaration and Programme of Action, 1993), emphasizing the need to consider rights together, since the violation of one right can impair other rights.

Another cross-cutting human rights principle is the need for gender and cultural appropriateness. In the context of patients' rights, the WHO states that "everyone has the right to have his or her moral and cultural values and religious and philosophical convictions respected" (WHO, 1994, article 1.5). The right to health also requires health facilities, goods and services to be "culturally appropriate, i.e., respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements" (UN, 2000, para.12(c)).

A gender-based approach recognizes "that biological and socio-cultural factors play a significant role in influencing the health of men and women" and "where a gender perspective is integrated into health-related policies, planning, programmes and research to promote better health for both women and men" (UN, 2000, para.20).

Similarly, equality and non-discrimination are important human rights principles, relevant to all healthcare (UN, 2009a). States have an obligation to prohibit discrimination and a positive obligation to ensure equality of opportunity for the enjoyment of the right to health by persons with mental health problems (ICESCR, Article 2(2)); UN, 2009 a, b). States are also obliged to prohibit and eliminate discrimination on all grounds in access to health services and address underlying social determinants and prohibit and eliminate racial discrimination and guarantee the right of everyone to public healthcare (International Covenant on the Elimination of all forms of Racial Discrimination (ICERD), article 5). The principle of non-discrimination extends to those with mental health difficulties (UN 2017a) and requires States parties to “recognize that persons with disabilities [physical or mental] have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability” (CRPD, Article 25).

The reliance on the person’s ability to pay can be seen as discrimination against those without the adequate financial means to access the equal quality of psychological healthcare. Yet, there are different qualities of psychological care provided to different social groups and to those from socially disadvantaged groups (e.g., low-income families, ethnic minority people or refugee people); and differential access to psychological therapies, dependent on the national health structures and health-financing systems.

4.1.4 The Limitations and Value of Human Rights:

There are many obstacles to the implementation of human rights globally, including geopolitical and economic national interests, lack of political will, weak or absent civil society, corruption, lack of an independent judiciary, harassment of human rights defenders, lack of awareness and understanding of human rights, fear of threats, marginalisation, persecution, detention, torture, and ill-treatment. The reasons are multiple, complex, and variable, differing from country to country.

At the theoretical and philosophical levels, human rights remain deeply contested (for example, Ignatieff, 2001, An-Nai’im, 2016, Panniker, 1982, Shachar, 2001). Human rights are arguably a substitute for traditional, institutionalized morality. the classification of some rights as absolute, and hence as conclusively valid, always, is also contested (Gewirth, 1981). Hence, whilst human rights are posited as minimum moral guarantees encompassing fundamental principles of humanity, their context-boundedness undermines claims to universality across contexts, cultures, ethnicities, religions, political and philosophical backgrounds and history.

Human rights continue to evolve encompassing a wider set of values, arguably consistent with ‘pluralist universalism’ (Parekh, 1999), or interpreting universalist values through a cultural lens, more akin to ‘relative universality’ (e.g., Donnelly, 2007). However, cultural rights arguments can also be problematic in their propensity to reproduce patriarchal domination (e.g., Shachar, 2001), both in the construction and

application of human rights, such that girls and women continue to be most at risk of harm and rights violations.

Ignatieff (2001) suggests, what is important is what human rights can do for people, an approach that assumes that no one would want to contest the view that all human beings deserve to be free of violence, poverty, insecurity, and that each of us should be allowed to pursue a 'good life' with peace, freedom, and safety. The recognition that every individual is worthy of respect and protection as a human being, and even more so when a person is vulnerable to marginalization, exploitation, or harm, is one of the core values central to both human rights and psychology.

The World Health Organisation holds that a "human rights-based approach [HRBA] to health provides strategies and solutions to address and rectify inequalities, discriminatory practices and unjust power relations, which are often at the heart of inequitable health outcomes" (WHO, 2015). The aims of HRBA are that States ensure that "all health policies, strategies, and programmes are designed with the objective of progressively improving the enjoyment of all people to the right to health" (WHO, 2015).

In mental health, an HRBA is advocated by UN bodies. The UN's High Commissioner for Human Rights, noting that stigma, discrimination, violations of human rights, and the denial of autonomy and legal capacity are some of the challenges faced by those who use mental health services, recommended policy shifts to include systematic inclusion of human rights and the recognition of the individual's autonomy, agency and dignity and attention to the underlying social determinants; elimination of stigma and non-discrimination, as well as the application of the principles of participation, data collection/monitoring for accountability and free and informed consent for treatment (UN, 2017b).

The implications of HRBA for practitioners have been largely neglected, partly due to the lack of agreed definitions of an HRBA. In the UK, the FREDA principles of human rights (fairness, respect, equality, dignity, and autonomy) (Curtice and Exworthy, 2010); and the PANEL principles (people's right to participate in decisions that affect their lives; accountability of duty-bearers; non-discrimination and prioritization of vulnerable groups; empowerment of rights-holders; and legality) (Dyer, 2015), are put forward as part of an HRBA to health services. An HRBA to applied psychology and mental health can be described as the adoption of human rights as a conceptual framework for all aspects of healthcare, from policy, research, practice, and monitoring; an approach that places physical, psychological, and social health firmly within the context of security, social justice, equality, and non-discrimination. Hence, an HRBA frames health not just as needs but as rights to safety, various protections, and freedoms, whereby every individual and community can enjoy health and well-being.

For all psychologists and mental health professionals, the structural reality and operations of power cannot be denied; power is embedded in our

professional knowledge production, methods, practices, and professional, academic, and regulatory institutions. The dynamics of power between psychologists and those we seek to support are also inevitable. In some cases, the site of psychological assessment, formulation, therapy, or other research or other psychological activities is the very source of disempowerment and discrimination, raising human rights issues.

An HRBA also requires identification of the social determinants of health, social inequalities, patterns of discrimination and human rights violations which happen ‘out there’ and within health services and practices. It requires an honest examination and acknowledgment of how and when our practices and services lead to adverse consequences;

4.1.5 HRBA and psychological practice:

An HRBA implies that psychologists can promote human rights principles and awareness in everyday professional practice with individuals, groups, and communities, in different settings and services.

HRBA and advocacy:

An HRBA in psychology includes two levels of advocacy, individual-level (specific to an individual case - individual or family); and policy-level advocacy, both consistent with the role of psychologists as human rights defenders.

4.1.6 HRBA and Applied Psychology Training and Pedagogy:

The adoption of an HRBA to psychology depends largely on the commitment of diverse professional bodies and psychology training institutions to prioritize and meaningfully engage with human rights. The broad components of any human rights training would ideally include knowledge and a critical appraisal of human rights and their relevance to psychology; skills in applying human rights principles, alongside ethical principles, in clinical practice, services, research, and advocacy. Human rights education is important for all health professionals (UN, 2017a, para. 45) and ideally should be integrated at every level of the curriculum prequalification; and post-qualification, it should be valued as a continuous process of learning and professional development.

4.1.7 Applied Psychologists as practitioner:

The role of applied psychologists can be conceptualized as practitioner-activists. The label of activism directly challenges traditional psychological approaches which focus primarily on the psychological manifestations and consequences of social adversity and rights violations. In adopting an HRBA, it is important to recognise that every aspect of psychological practice which is aimed at changing processes, whether individual, interpersonal, familial, community, organizational or societal, is activism factors and conditions which impact adversely on psychological health and the well-being of individuals, families and communities. The practitioner-activist seeks to uphold and promote the

rights of all people to be treated as human beings with dignity. As practitioner activists, psychologists acknowledge and seek to understand and theorize the relationship between social context, social injustices and human rights violations, and health; they commit to an HRBA in psychological practice, research, service design, and delivery. This in turn demands that practitioner-activists name, expose and seek to understand the dynamics of power as well as address the root causes of suffering and its impact. A practitioner-activist works in collaboration with others, such as legal and advocacy practitioners, to engage in advocacy-related activities which seek to promote and defend human rights and to help prevent human rights violations, enabling access to justice and healthcare. This requires more than human rights education, it demands changes in our theories, methods of knowledge-production, professional training, regulatory bodies, and in our practice so that human rights-based practice is a core, foundational competency

4.1.8 Challenges to the Assimilationist Notion of Citizenship:

An assimilationist conception of citizenship education existed in most of the Western democratic nation-states prior to the rise of the ethnic revitalization movements of the 1960s and 1970s. A major goal of citizenship education in these nations was to create nation-states in which all groups shared one dominant mainstream culture. The ethnic revitalization movements of the 1960s and 1970s strongly challenged the assimilationist conception of citizenship education. These movements, triggered by the Civil Rights Movement in the United States, echoed throughout the world. French and Indians in Canada, West Indians and Asians in Britain, Indonesians and Surinamese in the Netherlands, and Aborigines in Australia joined the series of ethnic movements, expressed their feelings of marginalization, and worked to make the institutions within their nation-states responsive to their economic, political, and cultural needs.

Indigenous peoples and ethnic groups within the various Western nations—such as American Indians in the United States, Aborigines in Australia, Maori in New Zealand, African Caribbeans in the United Kingdom, and Moluccans in the Netherlands—wanted their histories and cultures to be reflected in their national cultures and in school, college, and university curricula (Eldering and Klopogge 1989; Gillborn 1990; Smith 1999).

Multicultural education was developed, in part, to respond to the concerns of ethnic, racial, and cultural groups that felt marginalized within their nation-states (Banks and Banks 2004). The right of ethnic and cultural minorities to maintain important aspects of their cultures and languages has been supported by philosophers and educators since the first decades of the 1900s. Julius Drachsler (1920) and Horace M. Kallen (1924)—of immigrant backgrounds themselves—argued that the southern, central, and eastern European immigrants who were entering the United States in large numbers had a right to retain parts of their cultures and languages

while enjoying full citizenship rights. Cultural democracy, argued Drachler, is an essential component of a political democracy.

In the first decades of the 1900s, Rachel Davis DuBois established school ethnic heritage programs for European immigrant groups. Leonard Covello was the principal of a community school that incorporated the culture of Italian-American students (C. Banks 2004). More recently, Will Kymlicka (1995), a Canadian political theorist, maintained that ethnic and immigrant groups should have the right to maintain their ethnic cultures and languages as well as participate fully in the civic cultures of democratic nation-states.

4.2 EQUITY AND SOCIAL JUSTICE

4.2.1. Equity, Balancing Unity and Diversity:

Cultural, ethnic, racial, language, and religious diversity exist in most nations in the world. A delicate balance of diversity and unity should be an essential goal of democratic nation-states and of teaching and learning in democratic societies (Banks et al. 2001). Unity must be an important aim when nation-states are responding to diversity within their populations. They can protect the rights of minorities and enable diverse groups to participate only when they are unified around a set of democratic values such as justice and equality (Gutmann 2004).

Citizenship education must be transformed in the 21st century because of the deepening racial, ethnic, cultural, language, and religious diversity in nation-states throughout the world. Citizens in a diverse democratic society should be able to maintain attachments to their cultural communities as well as participate effectively in the shared national culture. Unity without diversity results in cultural repression. Diversity and unity should coexist in a delicate balance in democratic, multicultural nation-states.

4.2.2. Literacy, Social Justice, and Citizenship Education:

Literacy as defined and codified in the high-stakes tests that are being implemented in most states in the United States is often interpreted as basic skills in reading, writing, and mathematics. Although it is essential that all students acquire basic skills in literacy, basic skills are necessary but not sufficient in our diverse and troubled world.

Literate citizens in a diverse democratic society should be reflective, moral, and active citizens in an interconnected global world. They should have the knowledge, skills, and commitment needed to change the world to make it more just and democratic. The world's greatest problems do not result from people being unable to read and write. They result from people in the world from different cultures, races, religions, and nations being unable to get along and work together to solve the world's intractable problems such as global warming, the HIV/AIDS epidemic, poverty, racism, sexism, and war.

Multicultural literacy consists of the skills and abilities to identify the creators of knowledge and their interests (J. Banks 1996), to uncover the assumptions of knowledge, to view knowledge from diverse ethnic and cultural perspectives, and to use knowledge to guide action that will create a humane and just world.

4.2.3. The Bellagio Diversity and Citizenship Education Project:

Citizenship education needs to be changed in significant ways because of the increasing diversity within nation-states throughout the world and the quests by racial, ethnic, cultural, and religious groups for cultural recognition and rights (J. Banks 2004; Castles 2004). The Center for Multicultural Education at the University of Washington has implemented a project to reform citizenship education so that it will advance democracy as well as be responsive to the needs of cultural, racial, ethnic, religious, and immigrant groups within multicultural nation-states.

The first part of this project consisted of a conference, “Ethnic Diversity and Citizenship Education in Multicultural Nation-States,” held at the Rockefeller Foundation’s Study and Conference Center in Bellagio, Italy, June 17–21, 2002 (Bellagio Conference). The conference, which was supported by the Spencer and Rockefeller Foundations, included participants from 12 nations: Brazil, Canada, China, Germany, India, Israel, Japan, Palestine, Russia, South Africa, the United Kingdom, and the United States. The papers from this conference are published in *Diversity and Citizenship Education: Global Perspectives*

One of the conclusions of the conference was that world migration and the political and economic aspects of globalization are challenging nation-states and national borders. At the same time, national borders remain tenacious; the number of nations in the world is increasing rather than decreasing. The number of United Nations member states increased from 80 in 1950 to 191 in 2002 (Castles 2004). Globalization and nationalism are contradictory but coexisting trends and forces in the world today. Consequently, educators throughout the world should rethink and redesign citizenship education courses and programs.

Citizenship education should help students acquire the knowledge, attitudes, and skills needed to function in their nation-states as well as in a diverse world society that is experiencing rapid globalization and quests by ethnic, cultural, language, and religious groups for recognition and inclusion.

Another conclusion of the Bellagio Conference was that citizenship and citizenship education is defined and implemented differently in various nations and in different social, economic, and political contexts. It is also a contested idea in nation-states throughout the world. However, there are shared problems, concepts, and issues, such as the need to prepare students in various nations to function within, as well as across, national borders. An international group should identify these shared issues and problems and formulate guidelines for dealing with them. In response to this Bellagio Conference recommendation, the Center for Multicultural

Education at the University of Washington created an international consensus panel that is developing principles and identifying concepts for educating citizens about democracy and diversity in a global age (J. Banks et al. in press).

Increasing Diversity and Global Citizenship Education Citizens in this century need the knowledge, attitudes, and skills to function in their cultural communities and beyond their cultural borders. They also should be able and willing to participate in the construction of a national civic culture that is a moral and just community. The national community should embody democratic ideals and values,

The community cultures and languages of students from diverse groups were to be eradicated in the assimilationist conception of citizenship education that existed in the United States prior to the Civil Rights Movement of the 1960s and 1970s. One consequence of assimilationist citizenship education was that many students lost their original cultures, languages, and ethnic identities. Some students also became alienated from family and community. Another consequence was that many students became socially and politically alienated from the national civic culture.

Members of identifiable racial groups often became marginalized in both their community cultures and the national civic culture because they could function effectively in neither. When they acquired the language and culture of the Anglo mainstream, they often were denied structural inclusion and full participation in the civic culture because of their racial characteristics (Alba and Nee 2003; Gordon 1964).

The Development of Cultural, National, and Global Identifications Assimilationist notions of citizenship are ineffective in this century because of the deepening diversity throughout the world and the quests by marginalized groups for cultural recognition and rights. Multicultural citizenship is essential for today's global age (Kymlicka 1995). It recognizes and legitimizes the rights and needs of citizens to maintain commitments both to their cultural communities and to the national civic culture. Only when the national civic culture is transformed in ways that reflect and give voice to the diverse ethnic, racial, language, and religious communities that constitute it will it be viewed as legitimate by all of its citizens. Only then can citizens develop clarified commitments to the nation-state and its ideals. Citizenship education should help students to develop thoughtful and clarified identifications with their cultural communities and their nation-states. It also should help them to develop clarified global identifications and deep understandings of their roles in the world community.

Global education's major goals should be to help students understand the interdependence among nations in the world today, to clarify attitudes toward other nations, and to develop reflective identifications with the world community

Nonreflective and unexamined cultural attachments may prevent the development of a cohesive nation with clearly defined national goals and policies. Although we need to help students develop reflective and clarified cultural identifications, they also must be helped to clarify their identifications with their nation-states. Blind nationalism, however, will prevent students from developing reflective and positive global identifications. Nationalism and national attachments in most nations are strong and tenacious.

An important aim of citizenship education should be to help students develop global identifications. They also must develop a deep understanding of the need to take action as citizens of the global community to help solve the world's difficult global problems. Cultural, national, and global experiences and identifications are interactive and interrelated in a dynamic way. Students should develop a delicate balance of cultural, national, and global identifications. A nation-state that alienates and does not structurally include all cultural groups in the national culture runs the risk of creating alienation and causing groups to focus on specific concerns and issues rather than on the overarching goals and policies of the nation-state. To develop reflective cultural, national, and global identifications, students must acquire the knowledge, attitudes, and skills needed to function within and across diverse racial, ethnic, cultural, language, and religious groups.

The Stages of Cultural Identity Self-acceptance is a prerequisite to the acceptance and valuing of others. Students from racial, cultural, and language minority groups that have historically experienced institutionalized discrimination, racism, or other forms of marginalization often have a difficult time accepting and valuing their own ethnic and cultural heritages. Teachers should be aware of and sensitive to the stages of cultural development that all of their students—including mainstream students, students of color, and other marginalized groups of students—may be experiencing and facilitate their identity development.

Stage 1 - “Cultural Psychology Captivity”: During this stage, individuals internalize the negative stereotypes and beliefs about their cultural groups that are institutionalized within the larger society and may exemplify cultural self-rejection and low self-esteem.

Stage 2 - “Cultural Encapsulation”: Individuals within this stage often have newly discovered their cultural consciousness and try to limit participation to their cultural group. They have ambivalent feelings about their cultural group and try to confirm, for themselves, that they are proud of it.

Stage 3 - “Cultural Identity Clarification”: individuals are able to clarify their personal attitudes and cultural identity and to develop clarified positive attitudes toward their cultural group. In this stage, cultural pride is genuine rather than contrived.

Stage 4 - “Biculturalism”: In this stage, individuals have a healthy sense of cultural identity and the psychological characteristics to participate successfully in their own cultural community as well as in another cultural community. They also have a strong desire to function effectively in two cultures.

Stage 5 - “Multiculturalism and Reflective Nationalism”: Individuals at this stage have clarified, reflective, and positive personal, cultural, and national identifications and positive attitudes toward other racial, cultural, and ethnic groups.

Stage 6 - “Globalism and Global Competency”: At this stage, individuals have reflected and clarified national and global identifications. They have the knowledge, skills, and attitudes needed to function effectively within their own cultural communities, within other cultures within their nation-state, in the civic culture of their nation, and in the global community. Gutmann (2004) argued that the primary commitment of these individuals is to justice, not to any human community

Strong, positive, and clarified cultural identifications and attachments are a prerequisite to cosmopolitan beliefs, attitudes, and behaviors.

4.3 SUMMARY

Human rights set high international standards, yet the numerous political, economic, cultural, and other obstacles to the realization of human rights may mean that for the foreseeable future, human rights remain partially achievable and aspirational. For applied psychologists, often working with those who are particularly vulnerable and disadvantaged, an HRBA provides a framework and resources which complement our professional and ethical obligations. Equity and Social Justice are really important. In short, an HRBA enables psychologists to use their knowledge and skills, as practitioner-activists, to help respect, promote and defend human rights. The Bellagio Diversity and Citizenship Education Project promote social justice.

4.4 QUESTIONS

Write long answers:

- a) Explain Human rights responsibilities
- b) Explain Rights Based Approach Introduction
- c) Explain The Bellagio Diversity and Citizenship Education.

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MULTICULTURAL ASSESSMENT – I

Unit Structure

- 5.0 Objectives
- 5.1 Introduction
- 5.2 Cross-cultural sensitivity in assessment: using tests in culturally appropriate ways.
 - 5.2.1 What is Culturally Sensitive Assessment?
 - 5.2.2 Concerns in Culturally Sensitive
 - 5.2.3 Translation and Adaptation of Tests
 - 5.2.4 Recommendations for Nonbiased Assessment Practices
- 5.3 Summary
- 5.4 Questions
- 5.5 References

5.0 OBJECTIVES

After studying this unit, you will be able to understand:

- The importance of cultural sensitivity in assessment.
- The meaning of cultural sensitivity
- Complexity and precautions to be taken in translation and adaptation of tests
- Factors to keep in mind while doing nonbiased assessment

5.1 INTRODUCTION

Educators, counsellors, and therapists often use assessment tools to collect information about their clients so that they can determine the line of treatment. Educators use standardized tests to assess the academic performance of students to determine whether they should be promoted to the next grade. These assessment tools are used to gather information for various other purposes too, such as career guidance, recruitment, training, etc. Most of these tools have been standardized on white male Eurocentric populations and do not provide an accurate picture when they are used on populations from other cultures or minority groups. For example, such tests do not accurately portray the true characteristics and abilities of women, ethnic minorities, limited English speakers, and the physically challenged. Sue (1998) bolstered this argument by pointing out that on a speed test that has been developed in English, a non-English speaker will take more time and will be at disadvantage than a person having English as the native language. Moreover, their different experiential background will also contribute to their performance on these tests.

In fact, Mensh and Mensh (1991) pointed out that results from even a standardized test can enhance the social, economic, and political hurdles for racial and ethnic minorities. Considering such an encompassing and long-lasting impact of the results of such testing practices, it is important to use culturally appropriate tests. Darling-Hammond (2004b) reported that in 1997-98, more than 20,000 students were tested on standardized tests pertaining to grades 3,6, and 8 and were found to be unfit to be promoted to the next grade. Retaining students in the same grade and not promoting them contributed to their future academic failure and also led to behavioural problems. Similarly, in another study, it was found that white population and minority community students were taught different curricula because standardized test scores showed that minority community students were scoring low on those standardized tests. Many psychologists and educationists pointed out that if a student, who has been schooled in a vernacular medium or through lower quality schooling, scores even mediocre score on a test, it should be taken as a sign of his dedication to studies and high ability. But most of the standardized scores do not reflect this triumph of such a student.

Another problem with standardized testing is that if a student belongs to a group about which there is already a negative academic stereotype, that student becomes vulnerable to wrong interpretation due to this negative stereotype. For example, there is a negative academic stereotype about women having low proficiency in mathematics or African Americans having a low intellectual ability. In such cases, if the students are asked to disclose their race, gender, or socioeconomic status before taking the test, the negative academic stereotype becomes active and influences the interpretation.

The multicultural assessment focuses on the evaluation of individuals, taking into consideration their cultural context. Multicultural assessment involves “a continuing and open-ended series of substantive and methodological insertions and adaptations designed to mesh the process of assessment and evaluation with the cultural characteristics of the group [individual] being studied” (Padilla & Borsato, 2008). Assessment results influence educational opportunities, diagnosis, and employment. Therefore, culturally appropriate testing practices are critical given the potentially important and long-term consequences for the examinee. Gray-Little and Kaplan (1998) pointed out that many studies conducted to investigate the psychiatric diagnosis of ethnic minorities showed that psychiatrists and other mental health workers are often influenced by the race and ethnicity of the client and make a biased clinical judgment while making a prediction of diagnosis which is independent of symptoms. Similarly, in forensic assessment, wrong interpretation of the test scores can cost personal freedom and other legal liabilities to a person of a minority culture. Thus, it is very important to pay attention to cultural sensitivity in assessment.

5.2 CROSS-CULTURAL SENSITIVITY IN ASSESSMENT: USING TESTS IN CULTURALLY APPROPRIATE WAYS

5.2.1 What Is Culturally Sensitive Assessment?

Bringing cultural sensitivity to assessment is a complicated issue. A common misnomer is that culture refers to only geographical, racial, and ethnic differences only. In a multicultural society like America, cultural differences also include factors such as English-language proficiency, formal education, age of the migrants, generational status, for how long that group has been residing in America, ethnic identity, and the degree of acculturation, etc. (Sue, 1998).

Culturally sensitive assessment must ensure that while constructing new tests or adapting the existing tests, determining the methods of administering, scoring, and interpreting the results of these tests, one should keep in mind the cultural characteristics of the targeted population under investigation. All three components of an assessment are susceptible to contamination through biases. For instance, in test construction, the test items may be such that one cultural group has more advantages than the other group. This was highlighted by Sternberg in the measurement of intelligence. He pointed out that children raised in different cultures may develop different competencies and cognitive abilities than children raised in the dominant culture. So, to ensure equality in assessment, it is essential to pay attention to the sociocultural context. Moreover, in the case of norm-referenced tests and criterion-referenced tests, it is essential to see that not only norms are recent but also that they are representative of the cultural values of the population being tested. Even if the test is well constructed, biases can occur at the time of test administration. These biases can take place due to the formatting of the test, the mode of test administration, or the personality of the tester, which may favour one group of test takers over another. The bias can also be due to the wrong application of the test. For instance, to select a candidate for a job, a test may be used that does not represent the tasks to be performed on the job. The outcome of such a bias in the selection process will be unfair treatment and unequal opportunity or access for some groups.

The problem of unfairness in assessment is becoming more and more acute as the school-age migration population is rapidly increasing in developed countries. It is also becoming a cause for concern in developing countries where the population belonging to lower socioeconomic strata and having limited or no English proficiency is aspiring to enter formal education, where the medium of instruction is English. So, there is a need to lay down the guidelines for not only the administration of the tests but also for selecting appropriate tests that are not racially and culturally discriminatory.

5.2.2 Concerns in culturally sensitive:

According to The Ethical Principles of Psychologists and Code of Conduct (American Psychological Association [APA], 1992), test developers must give detailed information about the limitations of the test for the individuals and the groups being tested. This aspect becomes all the more important if the outcome of these tests is going to influence the social policies or will prove to be disadvantageous to a particular age group, gender, ethnic or socioeconomic group, etc. Gregory and Lee (1986) pointed out that examiners should not only be careful about choosing an appropriate test but also ensure that the test does not appear to be discriminatory in either administration or interpretation too. When choosing a test to be administered to the migration population, it is important for test users to consider migrants' native language, immigration information, educational status, and cultural background into account. This information will indicate the migrant populations' proficiency in language and culture related to the test.

5.2.3 Translation and Adaptation of Tests:

Many research studies have shown that test scores of those having English as their mother tongue are far better than those who learn English as a second language. However, this gap in their performance reduces significantly when the language demand of the test items reduces. To overcome this disparity and to reduce the language demand, many researchers resort to translating an English instrument into another language. But this practice is also not error-free. Inadequately translated and adapted tests from one source language to another language can greatly compromise the accuracy of the results. Abedi et.al. (2004) pointed out that while translating a test from one language to another, the biggest challenge is to maintain the exact equivalence of the construct being measured.

Geisinger (1994) has given certain guidelines for the translation and adaptation of a test from one language and culture to another language and culture. These guidelines are:

- Individuals translating or adapting an assessment instrument should not only be fluent in the two languages, but also fully knowledgeable about both cultures, the content that the instrument purports to assess, and the uses to which the instrument will be put.
- A group of individuals who meet the same rigorous requirements as the translators should review the quality of the translation or adaptation, and any recommendations for change should be incorporated subsequently.
- The instrument should be pilot- and field-tested.
- Scores must be standardized and necessary validation research conducted.

If we follow these guidelines strictly, it will be apparent that translating an instrument is not an easy job and it takes lots of time. The complexity of translating an instrument becomes more profound because first of all, directions given in the test are too technical or 'foreign' to allow exact translation. Secondly, it has been noticed that translations produced by practitioners do not have the same meanings as the original test language and cannot be translated back in exact terms. Thirdly, the psychological construct that a test is measuring may be specific to one particular culture and may not be available in the culture of the test taker. In other words, it may not be a universal psychological construct. For example, in the case of achievement tests, the content of the test can differ significantly from one culture to another culture or from one language to another language. Auchter and Stansfield (1997) reported that it was difficult to translate an achievement test from the English language to the Spanish language due to certain idiomatic expressions used in the English version that did not have equivalent expressions in the Spanish language.

Another problem can be that the test taker's attitude towards test directions and procedures may differ from culture to culture. Furthermore, Brislin (1970) pointed out that there are no standardized translation procedures developed so far that can systematically and objectively assess the equivalence of psychological construct and its translation through different languages and cultures. Even if a psychologist has been careful in translating an instrument and has taken all precautions, it is important to have a pretest or pilot study test of the translated test to find out the undetected errors that might have cropped in. So, back translation and a pilot study of the translated instrument is the bare minimum requirement for having a good quality translation of an instrument. Due to all these complexities in translation and the cost and time involved in properly translating an English test into another language is done only when there is a sufficiently large number of non-English speaking test takers belonging to a specific culture.

Werner and Campbell (1970) suggested that to have error free translation of the original psychological instrument, the researcher must have a team of researchers having expert knowledge of both the topic under study and should be indigenous to the culture of the target population under study.

Brislin (1980) listed out 12 guidelines for developing psychological instruments that can lead to good-quality translation. These are –

1. Short, simple sentences of not more than 16 words should be used.
2. Active voice instead of passive voice should be used.
3. Use nouns repeatedly instead of using pronouns.
4. Metaphors and colloquialisms should be avoided as such phrases are not likely to have equivalents in the target language.
5. The subjunctive mood should be avoided (that is, expressing wishes, proposals, suggestions, or imagined situations, e.g., "I wish I could

keep studying psychology all day.". So, these are verb forms with could or would).

6. In single-country research, ensure to provide sentences that give context for important ideas and redundancy.
7. Avoid adverbs and prepositions giving directions about where or when (e.g., frequently, beyond, around).
8. As far as possible avoid possessive forms.
9. Use specific rather than general terms (e.g., the specific animal's name, such as cows, chickens, or pigs, rather than the general term such as livestock).
10. Avoid vague words (such as probably, frequently) about an event or thing.
11. As far as possible, use words that the translators are familiar with.
12. Avoid sentences with two different verbs if the verbs suggest two different actions.

5.2.4 Recommendations for Nonbiased Assessment Practices:

By now it is obvious that, right from the beginning, an assessment that is contaminated with cultural biases is one of the causes of constant error in making inferences about the members of a community that is culturally different from the one making inferences. Researchers have been aware of this source of error and have been applying various strategies to reduce or eliminate it. For example, researchers have been trying to develop culture-fair tests in which cultural and verbal parts of testing are reduced. Similarly, they have been also developing different norms for different cultural groups. For instance, Mercer (1979) developed the System of Multicultural Pluralistic Assessment (SOMPA) to ensure that members of the non-dominant sociocultural group do not get adversely affected by discrimination that takes place due to misinterpretation of their test scores. Though he propagated that there should be different norms for different groups, and developed techniques to develop differentiated norms, it was later rejected by civil rights legislation.

Even if group-adjusted norms are developed, it has been observed that very few psychologists have the knowledge and expertise of ensuring that cultural bias does not creep in when they are conducting assessments of people belonging to a minority community or different backgrounds. It has been observed that school psychologists make better decisions than other psychologists when choosing an appropriate and equitable test to be administered to students as they are more familiar with the students and their backgrounds. (Lam, 1993).

Many research studies in the educational field, that have been conducted on a minority population, have resulted in wrong interpretations of the results. These wrong interpretations have been due to an inherent bias in

the paradigms of these studies. Most of these studies have been comparative studies that have compared people belonging to different cultures, social classes, gender, or language groups. However, the response pattern of the respondents to questions in an interview or in a questionnaire depends upon their cultural background. This has been amply demonstrated by Sternberg's research on intelligence. It is important to involve members of the community (on whom the study will be conducted) in designing the questionnaire for the survey or even for an interview. They should be involved not only in determining the question items but also in the mode of administration, interpretation, and development of the norms.

Instead of conducting comparative studies, the researchers should study any particular ethnic group for its own sake and not just compare it with the dominant culture group or any other group. While conducting comparative studies, the researchers must ensure that the instrument that they are using is not biased and does not inadvertently favour any specific group over another group.

The researchers conducting research in the educational field must be careful while conducting research on a minority group. They need to ensure that they are not concentrating on such groups' failures in the educational system. Instead, they should be looking at the ways and means of ensuring the success of such minority groups, no matter what the tasks are and whatever the levels of difficulty of doing these tasks are.

They should also ensure that their instruments can sufficiently assess the changes in behavior or learning taking place due to the treatment or educational programs. In other words, the instrument should be reliable enough to give proper pretest and posttest scores.

The researchers who are designing the questionnaires and later on the test users must keep in mind that test performance gets impacted by inequality in educational opportunity, parents' educational attainment, cultural orientation, language spoken at home, proficiency in English, socialization experiences, family structure and dynamics, family income, and level of motivation to do well. Being aware of such confounding factors that can influence the test performance will help them in choosing an appropriate test and later on in the appropriate interpretation of the scores.

Most psychometric tests are constructed by taking an archetypal middle-class sample. The test administrators who are aware of and are at ease with the traditional customs and communicative styles of those who do not belong to a typical middle class will have high cross-cultural assessment competency. The test administrator can either put in an effort to increase his own cross-cultural competencies or he can involve a minority community member in choosing an appropriate test to be used in that minority group. This will help in building up a rapport with that minority group and enhancing trust in the testing procedure. With an appropriate instrument used, the results given by the minority group will also be more authentic which will help in making proper decisions.

To ensure that cultural biases are kept at the bay, it is essential that more and more qualified minority psychologists are given training in test construction and psychometric testing. Simultaneously, concentrated efforts should be made to increase the cultural sensitivity of the psychologists from the dominant culture and they must be made aware of the role of cultural biases in erroneous interpretations of the tests.

5.3 SUMMARY

Assessment is an integral part of career counselling, clinical treatments and of education. Psychologists and counsellors use standardized tests to do assessment. However, one the most glaring problem is that most of the standardized tests are standardized on white population in America. Their use creates more social, economic and political problems for ethnic minorities and for migrants instead of helping them.

Very often the diagnose given by mental health workers and psychiatrists for a client belonging to minority community is influenced by their own prejudice and stereotypes about that community. To be impartial and accurate it is important for mental health workers and psychiatrists to be culturally sensitive. Even the researchers who are developing new tests must be culturally sensitive while determining the question items, administration, scoring and determining the norms of a new test.

It has also been found that subjects who have English as their mother tongue get better scores on the tests than those who either do not have proficiency in English language or use English as their second language. In fact it has been found that those subjects who use English as their primary language but their parents speak another native language, also do not perform as well as those having English as native language. Very often it is necessary to translate or adapt a standardized test to suit a particular culture. In translation and adaptation of a test one needs to keep in mind that translator should be fluent in both languages- English and the language in which it is being translated. Then it should be reviewed by another set of people who also have expertise in both the languages. The third step is to back translate the new instrument and test it through pilot study. Then norms need to be developed appropriate to the specific cultural group for which it is being developed. Brislin has given 12 guidelines for developing a test that can lead to good translation.

It is recommended to use Mercer's (1979) System of Multicultural Pluralistic Assessment (SOMPA) to ensure that members of non-dominant sociocultural group does not get adversely affected by discrimination that takes place due to misinterpretation of their test scores. Psychologists must have the knowledge and expertise of ensuring that cultural bias does not creep in when they are conducting assessment of people belonging to minority community or different backgrounds. It is also recommended that psychologists should avoid conducting comparative studies where they compare one ethnic group with dominant cultural group. Furthermore, it is recommended that more and more qualified minority psychologists are given training in test construction and psychometric testing.

5.4 QUESTIONS

- 1) What is meant by cultural sensitivity and what is its importance in assessment.
- 2) What are the complex issues in translation and adaptation of tests and what precautions can be taken?
- 3) What will you recommend to do nonbiased assessment?

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MULTICULTURAL ASSESSMENT – II

Unit Structure

- 6.0 Objectives
- 6.1 Introduction
- 6.2 Ethical Issues in multicultural assessment
- 6.3 Writing psychological and educational reports for culturally and linguistically diverse client
- 6.4 Summary
- 6.5 Questions
- 6.6 References

6.0 OBJECTIVES

After studying this unit, you will be able to understand

- Ethical issues that plague multicultural assessment
- Concerns to be addressed while writing a psychological and educational reports for culturally and linguistically diverse client

6.1 INTRODUCTION

Psychological assessment is a very complicated decision-making process that gets influenced by various sociocultural factors. It poses many ethical challenges and these challenges become more acute, especially in the case of multicultural assessment. Many times, the request for a psychological assessment of an individual, comes from another person or institute, and not from the person undergoing the assessment. The referring authority may use the results of the assessment for making decisions about academic performance, disability status, clinical diagnosis, etc. Thus, psychological assessment can have a profound impact on the lives of people who had been subjected to psychological assessment. For example, studies have shown that for a long time in the past, in America, very frequently, African American patients were wrongly diagnosed with schizophrenia instead of being diagnosed with affective disorders. Ridley (2005) termed it a race-based misdiagnosis.

It is the responsibility of psychologists to take utmost care and precaution while doing the psychological assessment, especially when it involves assessing people from diverse cultural backgrounds. If the psychologists assessing subjects from another culture are not careful, there are chances that they might commit the error of either overemphasizing or underemphasizing the influence of subjects' cultural background on their test performance or they may pay too much attention to a client's personal unique lives experiences and ignore all other aspects that may have

influenced his test performance. Ethically, it is important for an assessor to consider an assessee's sociocultural environment as well as his personal lived unique experiences while making a judgment about that person. Especially in the case of multicultural assessment, it is important that psychologists pay attention to ethical considerations, even before starting the assessment, during the assessment, and even after the assessment is over and they have to submit the report.

For instance, to assess a person from another culture, they need to choose a culturally suitable instrument and use norms that are appropriate for that cultural group. In case, they have to use interpreters, they need to take informed consent from the client, and make sure that the interpreter is a trained one and is not only proficient in both languages but is also well versed with both cultures – the one in which the original instrument was constructed and the other one in which the translated version of the test will be used. Psychologists also need to be sensitive to the fact that a person's behavior is influenced not only by his sociocultural environment but from his own subjective experiences in that social environment. While determining the meaning of his responses and interpreting the scores, the psychologists should be able to pay attention to the client's subjective experiences as well as their interaction with the sociocultural environment. There are many such ethical considerations that a psychologist must adhere to. Let us look at some of them in detail

6.2 ETHICAL ISSUES IN MULTICULTURAL ASSESSMENT

The Ethical Principles of Psychologists and Code of Conduct [APA Ethics Code] (APA, 2002) gives guidelines to be followed by psychologists while fulfilling their professional roles as psychologists. This will include their professional activities in clinical, counseling, and school settings; in research, teaching, policy development, social intervention, development of assessment instruments and conducting assessments, educational counseling, organizational consulting, forensic activities, program design, and evaluation, etc. APA Ethics Code has five general principles (A-E) and certain Ethical Standards specified. These five general principles are not obligatory but desirable for high ethical conduct. Let us understand Principle E out of these five principles, which holds importance in the assessment process.

Principle E: Respect for People's Rights and Dignity

Out of these five principles, principle E states that psychologists must have respect for people's rights and dignity. They must respect the right to privacy, confidentiality, and self-determination. They must put in extra effort to safeguard such right especially people from the minority community or those who are vulnerable and may not be able to or allowed to make independent decisions about themselves. While working with a client, psychologists must be sensitive to and respectful of 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.

There are ten Ethical standards given in APA Ethics Code (2002). It is compulsory for psychologists to adhere to these Ethical Standards.

Competence:

The second ethical standard deals with competence. It states in 2.01 ethical standard (a) that psychologists should render their services, and indulge in teaching and research with only that population and only in those areas where they have competence in terms of their education, training, supervised experience, consultation, study, or professional experience.

They should have scientific or professional knowledge of factors related to age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status. If they don't have that competence, then they should undergo relevant education, and training and gain experience before rendering their services in that area.

For maintaining high ethical standards in psychological assessment, they must pay attention to factors such as the selection of culturally appropriate tests, their own competence to administer and interpret the test, the need for translation, and adaptation of the test.

Multicultural Competence:

In the context of multicultural assessment, competence is defined as "the ability and committed intention to consider cultural data in order to formulate accurate, comprehensive, and impartial case conceptualizations" (Ridley et al., 2001)."

The need to have multicultural competence was highlighted by Fischer and Chambers (2003). They found that many psychologists do not have competence in adjudging client acculturation, while using assessment tools and interpreting the results they did not take into account the culture of the client. They could not resolve multicultural predicaments and unintentionally indulged in racism, chose culturally inappropriate tools, and misinterpreted culturally specific behaviors that were different from their own culture.

The Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists [Multicultural Guidelines] (APA, 2003) aimed to promote multicultural competence by encouraging them to realize that they are also cultural beings, influenced by their own cultural norms. There is a high possibility of their own beliefs and attitudes that are shaped by their own culture may have an adverse impact on their perception and interaction with people from other cultures. In nutshell, they must develop cultural sensitivity. Enhanced self-awareness will reduce their prejudices and biases and will break their stereotypes of

other groups. With increased awareness of multicultural distinctions, psychologists will be able to respect cultural diversity more and will have more competence in multicultural assessment.

Language and Competence in Assessment Administration:

Studies have shown that if there is a difference in the languages of the assessor and assessee, it will adversely affect the accuracy of the assessment process. Neither the client will be able to give accurate information, nor the psychologist will be able to draw meaningful information from the client. However, this problem can be circumvented to a great extent if the psychologist uses the services of a well-trained interpreter. If the psychologist does not have the required language competency and if it is not possible to hire a well-trained interpreter, then the psychologist should refer the case to an appropriate referral.

In 2015, it was felt that there is a need to revise Multicultural Guidelines and divide them into two parts – one that covers universal factors that are applicable across various identity groups, for example, factors such as age, disability, race, ethnicity, gender, religion/spirituality, sexual orientation and gender diversity, social class, language, immigration status. The second part of the multicultural guidelines covers race/ethnicity-related developments in research that have taken place after the 2002 Multicultural Guidelines were adopted.

Assessment Tool Selection:

For most of the standardized psychological instruments, the norms are developed by taking white, middle-class population, and mostly Western approaches to assessment are used. Most of these standardized tools are culture-specific and suitable for European Americans, but they are wrongly assumed to be suitable for all cultures. It will be unethical and the results will be inaccurate if such standardized instruments, which are so culture-specific, are used to assess the multicultural population.

Psychologists must use instruments that have metric equivalence and cross-cultural validity. Metric equivalence will facilitate a direct comparison of the scores across cultures and cross-cultural construct validity will facilitate the empirical measurement of the construct, across the culture.

Padilla (2001) pointed out that very often assessment instruments selected by the psychologist fail to identify cultural bound symptoms of a problem. For example, very often psychopathological symptoms reported by the immigrant population are connected to acculturative stress. For example, in one of the research studies conducted on Latino immigrants, there was a predominant prevalence of a folk illness called “susto” – having symptoms of fright disorder that takes place due to traumatic experiences. But Minnesota Multiphasic Personality Inventory II (MMPI-II) failed to report this illness.

Therefore, it was suggested that a psychologist must collect multidimensional information through a cultural measurement before starting the actual assessment process. In other words, the psychologist must collect information about culture-specific attitudes and values, socioeconomic status, immigration status, and language proficiency and preferences of the ethnic minorities. One can use informal cultural orientation interviews to support the formal psychological assessment process. Through such interviews, the psychologist can collect information about family, culture-specific psychopathologies and about the culture of that ethnic minority group in general.

Adaptation and Translation of Assessment Measures:

APA Ethics Code suggests that the assessment should take place in the participants' preferred language. To assess a person whose mother tongue is not English, the psychologist will have to use instruments that are translated into the subject's primary language. However, translating an instrument into another language is not a simple task. It is a lengthy and costly process and a psychologist need to take utmost precautions to ensure that the translated instrument is not faulty.

First of all, even before getting an instrument translated into another language, psychologists need to see whether that instrument takes into account the social-cultural factors that shape the thinking of the respondents, that is, whether it has cultural validity or not. There might be certain constructs in the dominant culture that are not available in other cultures. Secondly, they also need to ensure translation validity. Very often, instruments constructed in English have many technical words that are difficult to be translated into other languages.

To ensure cultural and translation validity, it is imperative for a psychologist to follow all guidelines rigorously. A translated version of a test will have high translation validity if the original instrument and the translated version of that test are equivalent in linguistic, functional, cultural, and metric equivalences to guard against validity threat (Pena, 2007).

Administration/Application of Assessment Techniques:

Many psychologists, especially European American psychologists, assume that the assessee will undergo psychological assessment without any hesitation or apprehensions. But people from non-European American cultures may consider this assumption to be rude and intruding on their privacy and therefore may not cooperate with the psychologist. The psychologist interacting with people from diverse cultures must adapt his way of approaching the client and communication style as per the culture of the client. Right from the beginning, he must put in the effort to develop a relationship where the client can trust him, develops a positive attitude toward the psychological assessment, and is willing to cooperate with the psychologist. To develop such a trustworthy relationship, the psychologist should clarify any doubts that an assessee has, patiently take care of any apprehensions, and only when the assessee voluntarily gives informed

consent, he should administer the test to him. APA Ethical Code (2002) specifies that the psychologist must ensure that the assessee is capable of giving informed consent and is willing to give such consent. The assessee should be provided detailed information about the psychological instrument and assessment, either in writing or orally in the language of the participant's choice. The language should be very simple language having no or minimum technical words.

They should be given detailed information about -

- the aim, nature, method, and duration of the test,
- any potential discomfort or risk involved in participating in the assessment, as well as the potential usefulness of that assessment
- The situations in which there will be restrictions on them during the assessment

They should also be assured about|:

- the confidentiality of their data but at the same time, they should also be told about the limitations or conditions of confidentiality,
- their right to either accept or reject to participate
- their right to get feedback or results of the assessment

The assessor should ensure that participants have clearly understood all terms and conditions, had sufficient time and opportunity to ponder over that information, and are giving voluntary informed consent to participate in the assessment procedure. In case, the psychologist is dealing with participants from a collectivist culture, he should keep in mind the cultural norms and be ready to involve other members of the participant's family in getting informed consent. The assessor must take care to use norms that are relevant to the ethnic group, from which the participant is taken. The methodology of administering the test also should be chosen according to the demographic characteristics of the participants. While assessing participants from diverse cultures, it is desirable to use mixed methods of assessment.

Interpretation and Release of Assessment Results:

According to the APA Ethics Code of 2002, Standard 2.05, the psychologist should choose interpreters who are competent and do not have multiple relationships with the participants.

As per Standard 9.03, the psychologist must take permission from the participant to use an identified interpreter. While reporting the assessment results, giving any recommendations, or giving forensic testimony, the psychologist must acknowledge the limitations of the data.

Some of the core guidelines given for using the interpreter are -

1. Only bilingual - bicultural highly trained and competent interpreters should be used.
2. Even when the interpreter is engaged with the client, the psychologist should pay attention to nonverbal cues and use that information later while dealing with the client.
3. Psychologist must remember that his primary contact must be with the client and not with the interpreter.
4. The psychologist must keep in mind the applicable cultural norms (e.g. eye contact, touch, personal space requirements, etc.) of the client while interacting with him.
5. There should be minimum unsupervised contact between the interpreter and the client.
6. The psychologist should not have any side conversation with the interpreter
7. Same interpreter should be used throughout the assessment process.
8. While talking to the client, the psychologist should maintain eye contact with the client and not with the interpreter.

While interpreting the results of the assessment, the psychologist must ensure that this interpretation should be as per the culture of the client. He should also ensure that interpretation does not carry any negative bias in the assessment results, especially if the standardized instrument is used, due to the potential influence of environmental stressors on the performance of the client. Finally, psychologists must be conscious of the 'consequential validity' of the assessment, i.e., they must be aware of the potential positive or negative social impact of their assessment results. They must be conscious of the fact that misdiagnosis or any kind of labelling can have far-reaching harmful effects on participants. While dealing with clients from a collectivist culture, the psychologist must share the assessment feedback and plan of treatment for the client with significant others from his family, but it should be done only after taking consent from the client.

6.3 WRITING PSYCHOLOGICAL AND EDUCATIONAL REPORTS FOR CULTURALLY AND LINGUISTICALLY DIVERSE CLIENT

A psychoeducational report can be defined as a systematic, structured, broad, consolidated written record of results of psychological and/or educational assessment. This report is written in a different manner depending on the purpose of its use.

While writing reports for culturally and linguistically diverse clients, Rogers et.al. (1999) suggested that school psychologists should be well

versed with local and state laws, immigration and naturalization laws, civil rights related to educational services, and bilingual and ESL program legislation.

In the Professional Conduct Manual prepared by the National Association of School Psychologists (NASP) (2000), culturally diverse populations Practice Guideline 5 says:

“School psychologists have the sensitivity, knowledge, and skills to work with individuals and groups with a diverse range of strengths and needs from a variety of racial, cultural, ethnic, experiential, and linguistic backgrounds. School psychologists incorporate their understanding of the influence of culture, background, and individual learning characteristics when designing and implementing interventions to achieve learning and behavioral outcomes.”

In the same Manual, Section IV: Professional Practices—General Principles; D: Reporting Data and Conference Results, point 3, p. 28, states the guideline for writing psychological reports as

“School psychologists prepare written reports in such form and style that the recipient of the report will be able to assist the child or other clients. Reports should emphasize recommendations and interpretations; unedited computer-generated reports, pre-printed “check-off” or “fill-in-the-blank” reports, and reports that present only test scores or global statements regarding eligibility for special education without specific recommendations for intervention are seldom useful. Reports should include an appraisal of the degree of confidence that could be assigned to the information.”

It is suggested that before signing the reports, school psychologists must review their reports for accuracy.

Apart from giving these guidelines, NASP’s standards recommend the following five areas of sound psychological assessment that should be adhered to, so as to ensure that ethical and legal concerns have been respected -

Multifaceted—it should ensure the use of multiple methods of assessment to avoid a single test score being used as the sole basis for decision-making

Comprehensive—assessments should cover all areas of the child’s difficulties (e.g., health, vision, hearing, social/emotional functioning, intellectual abilities, educational achievement, communication skills, and motor abilities);

Fair—while selecting assessment instruments and procedures, the assessor must take into consideration age, gender, native language, socioeconomic status, disabilities, and cultural and ethnic background. Especially in the case of a child with a disability, appropriate assessment

procedures must be selected in order to ensure that cognitive ability, educational achievement, and adaptive behavior are fairly evaluated.

Students with limited English proficiency (LEP) must be tested for language proficiency so that appropriate instruments can be selected to test them and proper interpretation can be made keeping their limitations in mind.

Valid—the validity of the test utilized should be assured by following the Standards for Educational and Psychological Testing (AERA, APA, & NCME, 1999). A summary of the standards indicates that school psychologists are ethically responsible for evaluating the technical standards (validity, reliability, standardization norms) of the tests they use, so as to guarantee that they are valid for their intended purposes.

Practice Implications of Writing Psycho-Educational Reports for CLD Students

There are many ways of conducting assessments of CLD (culturally and linguistically diverse) students. While writing a psycho-educational report for CLD students, the assessor has to incorporate students' cultural, racial, and experiential background, the dominant language and the second language acquired, acculturation stages, educational qualifications, community, and home background, etc. This information is vital for the report because assessment and report writing are interconnected. If this background information is not collected and reported in the report, it will be just a traditional report.

The traditional report merely describes the personal history or identifying information of the student, reasons for referral, the tool used for assessment, observations, clinical impressions and results of the quantitative measurement, and specific recommendations. However, Sattler (2001) highlighted that a psychoeducational report has many objectives and for writing a fair ethical report, these objectives must be kept in mind. Some of these objectives are -

1. It is important to give the referral source and other relevant authorities the full information about the background in terms of developmental, medical, intellectual, social, cultural, and educational history background, language, and environmental or political influencers. While reporting cultural background, the assessor should include information about the racial or biracial identity, religious or traditional beliefs, socioeconomic status, health practices, immigration status, acculturation stage of the student as well as the parents, and also the disciplinary norms practiced at the home of the students. The assessor should be able to differentiate a language disorder from second language acquisition developmental stages.
2. The report should cover CLD students' interpersonal skills, intellectual and cognitive abilities, motor skills, and personality, as assessed at present.

3. The report should have enough information about the burden on the social, emotional, and intellectual development of the CLD child who needs to adjust to the second culture and learn a second language. The level of their language proficiency in a second language should be mentioned in the report.
4. All assessment results should be reported in a culturally sensitive manner.
5. The report should be written in such a manner that it can be used to form clinical hypotheses, and relevant intervention programs, and can be a base for evaluation and further research. For academicians, it should serve as a guide to CLD students' academic strengths and weaknesses.
6. One should report the quantitative tools and qualitative techniques, if any, used to measure language dominance or bilingualism, especially for students who are not very proficient in their native language.
7. If any modification was done to the standardized tool or any other kind of adjustments/deviations were used, that also should be reported. If the scores obtained by CLD students were interpreted against the norms that were not standardized on the CLD student population, then results should be described in a qualitative manner too.
8. Pertinent comparison group should be used to interpret the assessment of CLD students.
9. While reporting on the cognitive abilities of the CLD student, the assessor must give an estimate of the intellectual functioning of the child after making sure that biases in testing have been removed or adjusted for. If intelligence has been assessed by using alternative methods or qualitative methods it should be reported accordingly, for example, if intelligence is measured in terms of musical, bodily-kinesthetic, interpersonal, and intrapersonal abilities, etc. The qualitative methods used to assess intelligence in the non-conventional method can include performance-based assessment, functional assessment, dynamic assessment, and/or developmental assessment.
10. The report should also include the results of the learning ecology assessment. This assessment can be done by following steps -
 - (a) review of educational records;
 - (b) observation of the student during class instruction, as well as an examination of the content of the instruction;
 - (c) suitability of the curriculum;
 - (d) evaluation of the fit between the student and the curriculum with consideration of the student's needs;

- (e) deductions made from parent and teacher interviews; and
 - (f) review of medical records (Ortiz, 2002).
11. The clinical impression given in the report should actually reflect the true personality and behavior of the CLD child as per his culture and ethnicity.
 12. The report should include the results of the ecological assessment of the CLD child, indicating the child's functioning within his own family and community.
 13. If the assessor has used an interpreter, then the details of the interpreter's training and credentials as well as limitation must be mentioned.
 14. If a translated version of any test is used, then it should be highlighted that the psychometric properties of the original non-translated test and the psychometric properties of the translated version of that test are not the same.

Cross-Cultural Competencies Relevant to Report Writing

Multicultural assessment includes many areas of competencies such as -

- (a) clinical interviewing and assessment of individuals from diverse backgrounds;
- (b) maintaining culturally centered ethics in testing;
- (c) expertise in cultural identity and acculturation;
- (d) appropriate selection of assessment instruments; and
- (e) knowledge of diagnosing individuals from diverse cultures.

Cross-cultural practices also include having knowledge and skills about choosing the interventions and recommendations that are most relevant to the specific culture. Report writing should also follow the same competencies as both assessment and report writing are interconnected. As there are no specific guidelines about the cross-cultural competencies necessary for report writing, one can differentiate the competencies needed for cross-cultural report writing by looking at the culturally competent practice in assessment described by the National Association of School Psychologists (NASP).

Standard III. Psychoeducational Assessment:

1. Knowledge and skills in assessing CLD students, include variables such as environment, social issues, language development, second language acquisition, acculturation, educational history, quality of the educational program, SES and racism.

2. One needs to understand that normed tests may not be a valid measure for English Language Learners (ELLs) due to the inappropriateness of norms, scores reflecting English proficiency, product as opposed to process orientation, fairness of content, and differences in educational background, acculturation, and economic situation; need to be familiar with second language acquisition stages; cultural variables that influence the results of an assessment; use of translators.

6.4 SUMMARY

Psychological assessment can have profound impact on the lives of people who had been subjected to psychological assessment. Therefore, it is necessary for psychologists to take utmost care and precaution while doing psychological assessment, especially when it involves assessing people from diverse cultural backgrounds. Ethically, it is important for an assessor to consider an assessee's sociocultural environment as well as his personal lived unique experiences while making a judgment about that person.

The assessors must choose a culturally suitable instrument, and use norms that are appropriate for that cultural group. In case, they have to use interpreters, they need to take informed consent from the client, make sure that interpreter is a trained one and has not only proficiency in both the languages but is also well versed with both cultures.

They must respect clients' 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. They should have scientific or professional knowledge of factors related to age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status. They should not indulge in racism even unintentionally. If the psychologist does not have required language competency and if it is not possible to hire a well-trained interpreter, then psychologist should refer the case to an appropriate referral. The psychologists must use instruments that have metric equivalence and cross – cultural validity. Even before getting an instrument translated in another language, the psychologists needs to see whether that instrument takes into account the social cultural factors that shape the thinking of the respondents. The psychologist interacting with people from diverse cultures must adapt his way of approaching the client and communication style as per the culture of the client. The psychologist must take permission from the participant to use an identified interpreter, if interpreter is needed. While writing a psychoeducational report, a school psychologist must keep in mind certain guidelines such as , in his report, he must give full information about the background in terms of developmental, medical, intellectual, social, cultural and educational history background, language and environmental or political influencers, racial or biracial identity, religious or traditional beliefs, socioeconomic status, health practices , immigration status, acculturation stage of the student as well as the parents and also the disciplinary norms practiced at

home of the students. It should also cover students' interpersonal skills, intellectual and cognitive abilities, motor skills, and personality, as assessed at present. He should also mention the tools used to do assessment as well as any modification done to the tools, any translations done, interpreter used, etc. The report should reflect the true personality and behavior of the CLD child as per his culture and ethnicity.

6.5 QUESTIONS

1. Describe the various issues in multicultural assessment.
2. Discuss writing psychological and educational reports for culturally and linguistically diverse client.
3. What are the practice implications of writing psycho-educational reports for CLD students?
4. **Write short notes on:**
 - a) Multicultural competence
 - b) Language and competence in assessment administration
 - c) Assessment tool selection
 - d) Adaptation and translation of assessment measures
 - e) Administration/applications of assessment techniques
 - f) Interpretation and release of assessment results
 - g) Cross-cultural competencies relevant to report writing

6.6 REFERENCES

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MULTICULTURAL PRACTICE IN PSYCHOLOGY- I

Unit Structure

- 7.0 Objectives
- 7.1 Introduction
- 7.2 Multicultural counselling: counsellor's self-awareness and counsellor's awareness of the client's worldview, developing multicultural competencies and culturally appropriate interventions.
 - 7.2.1 Counsellor's self-awareness and counsellor's awareness of the client's worldview
 - 7.2.2 Developing multicultural competencies and culturally appropriate interventions
 - 7.2.3 Developing Appropriate Intervention Strategies and Techniques
- 7.3 Summary
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7.0 OBJECTIVES

After studying this unit, you will be able to understand

- Why it is important for a counsellor to have self-awareness in multicultural counselling
- What is meant by awareness of clients' worldview and its importance in multicultural counselling
- What are the various intervention strategies and techniques that a counsellor can use in multicultural counselling

7.1 INTRODUCTION

Before we talk about the competencies of counsellors practicing multicultural counseling or therapy, we must once again look at what is meant by multicultural counseling/therapy.

“Multicultural counseling and therapy can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems.” (D. W. Sue & Torino, 2005).

The inferences that can be drawn from this definition are -

1. Helping role and process:

Generally, in a clinical setting, a counsellor helps the client by being passive and having a very objective attitude. Though such a passive stance does help the client, a counsellor practicing multicultural counselling needs to use more variety of techniques to help the client such as teaching, consulting, and advocacy, keeping in mind the cultural background of the client.

2. Consistent with life experiences and cultural values:

Whatever goals and the methods of achieving those goals are decided by the counsellor they should be congruent to the cultural, ethnic, gender, and sexual orientation of the clients, coming from different cultures. For example, traditionally, counsellors are discouraged to give any advice to the client and let the solutions come from the client himself. But some clients, having a specific cultural background, benefit more if advice and suggestions are used to help them.

3. Individual, group, and universal dimensions of existence:

It is well-established fact that each individual's identity is made up of three things - individualism (uniqueness), group (our family and community), and universal dimension (human attributes). A counsellor practicing multicultural counselling must pay attention to all these three components in totality otherwise, he might miss out on any important aspect of the client's identity.

4. Universal and culture-specific strategies:

In multicultural counselling, it is believed that apart from using the techniques of helping a client that is concerned about basic human values and is common in all cultures and societies, a client responds best when strategies used to help him are congruent specifically with his culture. For example, Asian American clients respond well when a more directive or active approach to counselling is used, such as advising or giving suggestions. On the other hand, African American clients respond well when a counsellor makes authentic self-disclosure.

5. Individualism and collectivism:

Individualistic culture differs from collectivist culture. In a collectivist culture, an individual is deeply entrenched in his family, people who are significant others for him, community, and culture. A counsellor who realizes this and takes into consideration the social and cultural context of the client's behaviour will have a better view of his client's problems, especially clients coming from diverse cultural backgrounds.

6. Client and client systems:

Though traditionally, the counsellor needs to pay attention to the problems of the client in exclusion of its contexts. In such a situation, the counsellor helps a client to gain insight into his problems and learn different behaviors to cope with those problems. However, there might be a situation in which a client belongs to a minority community and has been the victim of racial prejudice or discrimination in school, on the job, in the neighbourhood, in governmental policies, in the judicial system, and even in mental health organizations. In such a scenario, it is imperative for a counsellor to pay more attention to changing the client's systems instead of paying attention to developing the client's adaptive behaviours.

7.2 MULTICULTURAL COUNSELLING: COUNSELLOR'S AWARENESS

7.2.1 Counsellor's self-awareness and counsellor's awareness of the client's worldview

Counsellor's Self-Awareness:

All training programs for counsellors emphasize on potential counsellors, therapists, and social workers to have self-awareness. They must be aware of their own prejudices, biases, values, or mental blocks that may hinder their optimum ability to help a client. In such training programs, while trying to enhance the self-awareness of the therapists at an intellectual level, it is much easier to make them understand how their own culture influences their judgement about what is normal and abnormal, the goals they help a client to set for himself are actually influenced by the cultural values of the therapist and the values they consider important for human behavior.

The problem comes when therapists have to realize the emotional aspect of their beliefs and the affects that they have for cultures that are different from their own. For example, when they have to deal with the emotional aspect of their attitudes towards racism, sexism, sexual orientation of people, ageism, etc. It becomes emotionally challenging for a White Euro-American therapist to realize that at a personal or professional level, he has been dealing with a non-white or person of colour in a racist, oppressive, and discriminating manner. For a White person, to be an effective counsellor, he must be aware of his own biases and values and work through his own feelings of guilt and fear that is connected with such biases.

Understanding the Worldview of Culturally Diverse Clients:

Counsellors and therapists must understand the empathize with the worldview of their clients. Therapists need not accept these worldviews as their own. It only means that they can understand and accept others' worldviews without evaluating them in any way and by being non-judgmental about it. This process of understanding and accepting others' worldviews is known as 'cultural role taking'. A counsellor belonging to

the majoritarian population, such as being a Whiteman, has to realize that his personal experiences are very different from those of others belonging to racial minorities and he can not think or feel or behave in the same way as they do. It is not possible for him to empathize with them affectively, however, he can empathize with them cognitively. Clients belonging to minorities can be non-whites, women, LGBT, politically marginalized groups, etc.

By going through, the process of cultural role-taking, he can acquire practical knowledge about their daily living experiences and the nature of their cultural background, their socio-political system, etc.

7.2.2 Developing multicultural competencies and culturally appropriate interventions:

Sue (2001) offered a multidimensional model of cultural competence to describe multicultural competencies. This model conceptualized three important aspects of multicultural competencies. These are:

- a.) specific racial/ cultural group perspectives
- b.) components of cultural competence
- c.) foci of cultural competence

Let us look at each of these dimensions.

Dimension 1: Specific Racial/ Cultural Group Perspectives:

Initially while talking about multiculturalism, Sue's model identified only five major groups to discuss racial or ethnic categories. These groups were European Americans, Native Americans, Latino Americans, Asian Americans, and African Americans. But later on, multiculturalism included gender, sexual orientation, physical ability/ disability, age, socioeconomic status, religion, etc. also as important reference groups. Sue emphasized that a multicultural counsellor must be knowledgeable and sensitive to the worldviews of these diverse cultural groups.

Sue also believed that therapists should also be aware that a therapist's theoretical orientation can influence their worldview. For example, Euro-American psychotherapies believe that a therapist should not accept any gift from the client as it puts them under obligation, but there are some Asian cultures where it is well accepted normal tradition to give and accept gifts in helping relationships. Clients from different racial or ethnic minority groups may view therapists practicing traditional mainstream therapies as incompetent. A competent therapist needs to use both cultural specific as well as cultural -universal therapies to be competent.

Dimension 2: Components of Cultural Competence:

Another competency that a multicultural therapist must have is his awareness of his own biases and assumptions about human behavior, especially of members of diverse cultural groups. In other words, the

therapist must be aware of his own cultural conditioning that influences his own beliefs and values. He must have knowledge of the worldviews of other diverse cultural group members. He should also be able to use culture-specific intervention strategies while working with clients of diverse cultures. Apart from these three dimensions, the therapist must also be aware of the racial identity of the client to realize the socio-political factors that may be influencing his behavior.

Dimension 3: The Foci of Cultural Competence:

The multidimensional model of cultural competence further proposes that a therapist should not restrict himself/herself to thinking about the individual only. He should also think about the profession of psychology in general, and intervention at the organizational level as well as at the societal level. Even if a therapist is sensitive to cultural differences, it will have no impact if the organization that he is employed with has a monoculture, and would not allow him to use his sensitivity to cultural competency. The same is true for society at a macro level, where inherent monoculturalism makes his interpretation of reality a biased one. Let us look at each of the foci points that we have mentioned here:

Focus 1: Individual:

It is a well-established fact that no human being is born with any kind of prejudice or bias. They are acquired through social learning. All therapists have also gone through social conditioning and acquired certain prejudices, biases, and values. These biases put hurdles in their becoming culturally competent. To remove these hurdles, they must realize and accept that their own biases and values do have a significant influence on their thoughts, emotions, and actions even at the unconscious level and they are personally responsible for their actions. They must become free of their biases not only at the cognitive level but also at the emotional level. They need to change their attitudes, beliefs, emotions, and actions towards people of different cultural groups.

Focus 2: Professional

It is not just the therapists, but the very profession of psychology is also culture-bound and has a base in a Eurocentric perspective. The very definition of psychology as a study of mind and behavior appears to be biased and in contrast to the philosophies of other cultures. Asian cultures emphasize collectivism and interpersonal constancy, which is totally in contrast to individualism and interpersonal freedom. To be professionally and culturally competent, psychologists need to revisit their definitions of what is normal and abnormal from different cultural points of view. The professional standards of ethics in mental health practices, that are seeped into a predominant monoculture, must become compatible with multicultural worldviews.

Focus 3: Organizational

Most mental health workers are working for some organization or the other. Every organization has its own organizational or institutional practices, policies, and structures. These policies and practices may be discriminatory and oppress certain groups. Especially in a monocultural organization, organizational policies, and procedures may not allow people from diverse groups to have equal rights to avail opportunities and justice. Even mental health services provided may not be equal. In that case, efforts must be made to change such policies.

Focus 4: Societal

Societies having monoculture may have social policies such as racial profiling, misinformation in educational material, inequalities in health care, etc. Such social policies can be harmful to the physical as well as mental health of minority group members. Mental health workers must work towards changing such social policies. They must not consider the client only as an individual but as a part of a larger social system. Sometimes, the problems of a client can be due to failure in systematic processes. In such a case, intervention at the individual level will be insufficient. The emphasis should be on changing the environment instead of trying to change the client. Traditionally, psychology has emphasized on individual and not developed any plan of action to bring larger changes in society as such.

7.2.3 Developing Appropriate Intervention Strategies and Techniques:

A mental health worker needs to be aware of and sensitive to the diverse cultural backgrounds of the client and also realize that his own training has seeped into the predominant individualized culture. Western theories and mental health practices are ineffective when it comes to clients from other cultures. For example, in countries like India and China, there is a lot of cultural emphasis to put family, community, and even country before self. In different cultures, the very definition of what is normal and abnormal differs.

Whether and how a person will seek help also differs from culture to culture. In many cultures, especially Asian cultures, seeking help for mental health issues attracts stigma and brings a bad name to the family. There is no such stigma attached to seeking help for physical ailments. So, Asian- Americans may seek help only as a last resort, and that too not for mental health issues but for psychosomatic issues.

Finally, when a client from different cultural background seeks help from a mental health professional, the techniques used by the mental health worker might be in contrast to the value system of the client. The client may find them very oppressive and may either resist or discontinue counselling sessions after one or two sessions. There might be a communication gap between the therapist and the client due to different cultural backgrounds. For example, research has highlighted that

- a.) economically and educationally weaker clients are not amenable to 'talk therapy'.
- b.) Asian Americans, Hispanic Americans, and American Indians are not comfortable with self-disclosure. It is against their cultural values.
- c.) Racial and sexual orientation minorities may not be comfortable with self-disclosure due to the socio-political environment.
- d.) Clients from Asia culture and Hispanics may prefer a directive and active type of intervention approach rather than a non-directive and passive type of approach.

This makes it imperative for a multicultural therapist to be aware of both universal as well as culture-specific perspectives of intervention techniques. Let us see some of these factors that a multicultural therapist must keep in mind while choosing an intervention technique.

Communication Styles:

The first and foremost factor that determines the effectiveness of therapy is communication between the therapist and the client. Both therapist and the client should be able to send and receive, verbal as well as nonverbal precise messages in an appropriate manner. Many therapists pay attention only to the accuracy of communication (content) and not to the appropriateness of the communication (how it is said). Traditional counselling techniques encourage a therapist to use direct and confrontational techniques to help the client, but an Asian American or American Indian client may find such confrontational approaches to be very rude, insensitive, and even insulting. Paying attention to how the message is communicated is a very important aspect of the intervention. Many communication experts believe that nonverbal communication forms almost 40 percent of communication and can strengthen or neutralize the content of the message. Communication style assumes more significance in face-to-face communication.

Some of the facets of communication style are:

- whether the conversation starts smoothly or in fits and starts,
- whether both parties or a single one interrupts each other continuously,
- preference for topics to be discussed or to be avoided,
- the depth of involvement of both parties,
- the form of interaction (ritual, repartee, argumentative, persuasive, etc.),
- the channel of communication (verbal vs. nonverbal) used predominantly.

All these facets can also be called social rhythms that form the base of the speech and actions of a person. These communication styles, especially nonverbal get greatly influenced by the race, gender, ethnicity, and culture of the person. A Euro-American therapist may assume certain behaviors or ways of speaking to be universal and have the same meaning for everyone, but that may not be the case.

Nonverbal Communication:

While interacting with a client of a different culture, therapists do face problems in communication due to language, cultural factors, class, and even because of inefficiency in understanding nonverbal communication. Nonverbal communication can either facilitate or hinder communication. For example, when a lady's eyes become steely and her body stiffens and she says 'I am not angry', there is a stark contrast in her verbal and nonverbal communication.

Different people interpret the same nonverbal behaviour in different manners. For example, if a lady lowers her eyes when a man comes close to her and moves away a bit, one observer may interpret it as a dislike for the approaching person, while another observer may interpret it as shyness. Another problem is that we are not consciously paying attention to nonverbal communication when it takes place but at the unconscious level, it does influence a person's evaluation and behavior.

Another complexity of nonverbal communication is that it can take place at all five sensory levels and also it can be in the form of artifactual communication, i.e., it is expressed through our clothing, hairstyle, display of other material things, etc.)

Proxemics:

Proxemics refers to the perception of personal and interpersonal space. Different cultures have different norms for the use of physical space in interpersonal interaction. In Western cultures, more distance is maintained between two interacting people, especially if they are not in an intimate relationship. Hall (1969) described four interpersonal distance zone as -

Intimate - contact to 18 inches

Personal - 1.5 ft. to 4 ft.

Social - 4 ft - 12 ft

Public speech - more than 12 ft.

In Western culture, if these norms are violated, it may generate feelings of anger and fear and may lead to flight, withdrawal, and conflict. On the other hand, in Asian cultures, much more proximity is permitted by cultural norms and if people maintain more distance than stipulated by the norm, it is considered a sign of rejection, aloofness, being too formal, or a desire for not communicating, etc. The therapist must be aware of racial and cultural norms. applicable to the conversational distance, of the client.

Kinesics:

Kinesics refers to bodily movements, including facial expressions, bodily posture, gestures, eye contact, etc. Kinesics is also guided by cultural norms. Western cultural norms consider the display of facial expressions as a sign of weakness, while in Asian cultures, it is a sign of warmth and permissible.

Paralanguage:

Paralanguage refers to other vocal cues given out in communication. For example, the tone of voice, pauses, hesitation, silences, rate of speech, inflections, etc. It also includes the way people greet each other and address each other, taking turns in speaking. For example, silence in a conversation is interpreted differently in different cultures. It may be interpreted as a mark of agreement, politeness, respect, desire for privacy, or plain rudeness. A multicultural therapist must be aware of these different meanings of silence so that he does not misinterpret his client's silence. In Chinese and Japanese culture, silence in a conversation does not mean that the speaker has finished speaking and the other person in the conversation can start speaking. Instead, it means that the speaker has made a certain point and is preparing to make another point in the conversation. Similarly, there are different cultural norms for frankness, volume, and intensity of speech in conversation. Paralanguage can indicate lots of characteristics of people such as age, gender, race, emotions, etc.

7.3 SUMMARY

To be an effective multicultural counsellor or a therapist, it is essential for the counsellor to be aware of his own prejudices, biases, values, or mental blocks that may interfere with his intervention program when he is dealing with a client from a different culture. He must realize that the interpretation of what is normal or abnormal is coloured by one's cultural values and there is no objective definition of normality. So, it is very important to understand the client's perspective of normality and his worldviews too. The therapist must understand and accept clients' worldviews without adopting them as his own worldviews. He must be just aware that his worldview differs from the client's worldview and both are valid. Sue has developed a multidimensional model of cultural competencies which includes three dimensions - specific racial or cultural group perspectives, components of cultural competence, and foci of cultural competence.

The first dimension emphasizes that the therapist must be aware of the theoretical orientation of his own training can influence his own worldview and intervention strategy. A competent therapist needs to use both cultural specific as well as cultural -universal therapies to be competent.

The second dimension emphasizes that the therapist must be aware of his own cultural conditioning that influences his own beliefs and values

The third dimension emphasizes that a therapist should not restrict himself/herself to thinking about the individual only. He should also think about the profession of psychology in general, and intervention at the organizational level as well as at the societal level.

Lastly, the therapist must realize that a client from a different cultural background may find the techniques used by the mental health worker very oppressive as they are in contrast to the value system of the client.

In such a scenario, he may resist or discontinue counselling sessions after one or two sessions. The therapist must pay attention to those contrasts as well as also be aware that even communication style is influenced by cultural context.

7.4 QUESTIONS

1. What is multicultural counselling?
2. Write in detail about the counsellor's self-awareness and awareness of the client's worldview.
3. What are multicultural competencies?
4. In multicultural counselling, what are the factors contributing to the effectiveness of intervention strategies

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MULTICULTURAL PRACTICE IN PSYCHOLOGY - II

Unit Structure

- 8.0 Objectives
- 8.1 Introduction
- 8.2 Barriers to multicultural counselling.
- 8.3 Managing Diversity and Conflicts in Organizations.
- 8.4 Summary
- 8.5 Questions
- 8.6 References

8.0 OBJECTIVES

After studying this unit, you will be able to understand

- Various barriers to multicultural counselling
- Management of diversity
- Management of conflicts in the organization

8.1 INTRODUCTION

In the previous units we have discussed various competencies that a multicultural counsellor must have. As an extension of that, it is necessary for a multicultural counsellor to be aware of what can be the pitfalls or barriers to multicultural counselling. Some of these barriers are culture-bound values, class-bound values, and language barriers. Though these three barriers are mentioned separately they are interconnected. Let us see each one of them.

8.2 BARRIERS TO MULTICULTURAL COUNSELLING

Culture-bound values:

First of all, let us understand what is meant by culture. It is an abstract term that includes the behavior, beliefs, values, skills, tools, and customs of the people. It also includes institutions in which people are born in a society. Since culture is a learnt way of life, one can belong to more than one culture. A person may be born in one culture and later on, may migrate to another society and learn the culture of that society too. Thus, a person can be bicultural. Being bicultural can be advantageous or disadvantageous. People who can't form dual ethnic identities due to bicultural membership are called marginal groups (Stonequist, 1937).

People from cultures other than majoritarian culture (mostly Euro-American culture or White man's culture) are considered to have dysfunctional values and beliefs. These dysfunctional beliefs and values are considered to be disabilities, which a person must be ashamed of and must try to overcome. Racial and ethnic minorities are given the impression that being different from the mainstream is like being sick and needing treatment. In fact, the critics point out that traditional therapy appears to be helping the political narrative that those who differ from majoritarian and dominant society are deviants and need to be ignored, discriminated or punished.

Traditional therapy originated in Western countries and emphasizes individualism. But in many Asian societies, there is more emphasis on identifying oneself as a member of a group. For example, in the Japanese language, there is no word for 'I'. In India, one of the biggest punishments that could be given to a person or family was to disown that individual or family. Disowning or boycotting a person indicated that the targeted individual loses his identity. Members of Western and Asian cultures differ in their emotional experiences also. For example, if a person belonging to individualistic culture does something wrong, he will feel guilty (an individual phenomenon) while an Asian person will feel ashamed (a phenomenon that spreads to his family as he brings shame to the family name). Similarly, when an Asian patient says he will make a decision only after consulting his family, the therapist may mistake it to be a sign of immaturity because he has been trained to help clients make their own decisions responsibly. The therapist does not realize that in a collectivist society, making decisions in consultation with other family members is considered to be a mature and responsible way of making decisions.

Verbal/Emotional/Behavioral Expressiveness:

Therapy is basically talk therapy where clients express themselves verbally, emotionally as well as behaviourally. A therapist practicing traditional therapy encourages a client to understand their feelings and then verbalize their emotional reactions. In fact, some therapists believe that a specific emotion exists in a client only if the client expresses that emotion. The therapist expects a client to actively assert himself and uphold his rights, being active and not a passive being. But all these expectations of a therapist are disadvantageous for a client who does not belong to European culture that emphasizes individualism. For example, while American culture values verbalization of thoughts and emotions, Japanese and Chinese cultures ethos teach children not to speak unless they are spoken to or asked to speak. The flow of communication in Japanese and Chinese culture is from higher social status people to lower social status people, from older people to younger people. Younger or lower social status people are expected to respond with silence to show their respect. This may apply to therapy sessions too, where a client may respond with silence to show respect to the therapist. A therapist, who is not aware of these cultural norms may misinterpret the client's silence as the client has low intelligence and the ability to articulate the answers.

In traditional therapy, one of the most important goals is that the client should be able to express his emotions. But, in some Asian cultures, a person is considered wise and mature, only if he/she can control his/her emotions. Thus, the value passed on is to control and hide emotions as you grow up. This applies to all kinds of emotions such as disappointment, frustration, anger, love, etc. The therapist who is unaware of these cultural norms may think the client is not spontaneous or is repressed or reserved or reticent.

Self-Disclosure (Openness and Intimacy):

Traditional therapy believes that self-disclosure, that is, disclosing the most private and personal aspects of one's life, disclosing what a client feels, thinks, or believes, is a sign of a healthy personality. If a client is not ready to do self-disclosure, then he has negative personality traits of being secretive, guarded, does not trust others, or paranoid. However, instead of having these negative traits, a person may not disclose his most personal details for two reasons

- a.) cultural norms of his culture, and
- b.) socio-political reasons.

If an Asian American or a Hispanic client talks freely about his personal or social problems, it will have a reflection not only on him as an individual, but also on his family. So, there might be a strong insistence from his family not to disclose his personal matters to an outsider or to an unknown person.

There can be socio-political reasons too for a client's reluctance to do self-disclosure with a therapist. For example, it has been observed that African Americans do not want to talk about their innermost feelings, thoughts, and beliefs to a White therapist, because of their past sufferings due to racism. Since white therapists are the members of a white society that has inflicted atrocities on black people, African Americans believe that instead of helping them, white therapists will pass on their innermost information to white society and white society will use it against them. This emphasis on self-disclosure in traditional therapy is at odds not only with people of diverse cultural backgrounds but also with people belonging to lower socio-economic classes.

Similarly, another important assumption in psychoanalytic therapy is that if a client gets insight into what his actual problems are and what are their causes, will be a better-adjusted individual. However, it is reported that clients from lower socioeconomic status do not value insight and even clients from diverse cultures are not always benefitted from having more insight. Clients from lower socioeconomic status do not have time to sit back and review the causes of their behavior. They are more focused on making both ends meet. Many cultures, such as Asian cultures do not encourage self-exploration techniques to understand one's own problems. In fact, in many such cultures, it is believed that too much thinking causes problems instead of solving them.

Ambiguity:

Another key feature of traditional psychotherapy is that it is not structured and there is a lot of ambiguity built into it. People from a minority group or from diverse cultures may find this baffling and mysterious way of treatment. This type of therapeutic process may cause them confusion and anxiety. For example, Hispanic culture has structured social relationships and specifically defined patterns of communication. Therefore, Hispanics may find the ambiguity and unstructuredness of traditional therapy very stressful.

Class bound Values:

Research studies have reported that people from lower socioeconomic classes are more likely to suffer from depression, a lower sense of control, and poorer physical health. It is important for therapists to be aware of factors that cause extra stress and hardship in the day-to-day lives of people who do not have sufficient resources. Due to poverty, struggle to survive, and day-to-day hardships, these people tend to develop a feeling of helplessness, inferiority complex, and dependence. A therapist belonging to middle or higher socioeconomic status may not understand their hardships and may not get ego involved with them.

Language Barrier:

People who migrate from one country to another country, may not be conversant with the local language of that country or even with the English language. In such cases, very often, for medical or legal issues, their children play the role of a translator as they might have picked up the local language to some degree. But this half-baked knowledge of the language can lead to lots of adversaries such as -

- i) it can harm the traditional parent-child relationship
- ii) children who have just picked up English or the local language may not have sufficient vocabulary and emotional maturity to be effective translators
- iii) by default, children get exposed to the confidential medical or psychiatric information of the relative
- iv) As a by-product of being a translator, they are saddled with emotional responsibilities that they are not equipped to carry out.

Research studies on language have reported that proper learning of language may be hampered if a person comes from a background where one or both of his parents speak the native language. So, the bilingual background of many migrated people can lead to a lot of misunderstandings, even if they cannot speak their own native language anymore. When a client from a minority community visits a mental health worker, it is expected that he should report his problems in standard English. That client may know only nonstandard English or no English at all. For example, African Americans use a language called Black

language. In this language, they tend to use shorter sentences and rely more on nonverbal communication. But in the English language, there is more emphasis on words and grammar rather than on nonverbal communication. If bilingual clients are expected to express their problems only in standard English and not use their native language, the chances are very high that they might not be able to express many aspects of their emotional experiences, thoughts, feelings, and their unique situations, so those aspects will not get covered in the treatment. Since therapy is largely a verbal interaction, it is essential that the therapist and the client understand each other's language, conceptually and grammatically.

Generalizations and Stereotypes: Some Cautions

While it is necessary for therapists to understand the basic key elements of counselling and psychotherapy as well as be aware of the culture-specific life values of their clients, there is a very high possibility that they may overgeneralize these values and may develop stereotypes of people belonging to different cultures. There are individual differences in minority communities too just as all people belonging to majoritarian cultures do not have the same characteristics. It is very natural for a therapist to form an impression of the client that is in sync with his own experiences and values. The gender and race of the client, the neatness of the client, etc. will influence the first impression or assumptions that a therapist makes about the client. These impressions will be based on the therapists' own generalizations about human behavior. There is a very strong possibility of these generalizations becoming stereotypes and guiding forces to influence therapists' own thought processes and behavior. Stereotypes are very strong and inflexible preconceived notions about all people belonging to a specific group. This specific group can be another race, gender, class, religion, sexual orientation, etc. Stereotypes do not bother about individual differences among members of a particular group. Stereotypes are not based on any logic or experiences of the holder of stereotypes. If their experience throws up some contradictory information, they distort that information to fit their stereotypes.

8.3 MANAGING DIVERSITY AND CONFLICTS IN ORGANIZATIONS

Generally, conflict is considered to have a negative connotation, but it can have a positive side too. Conflicts in organizations help organizations to grow. If there is no difference of opinions, ideas, or attitudes among employees, the organization will become stagnant and the employees will become stagnant. So, for the growth of an organization as well as for the growth of an individual, conflicts are necessary.

There is a very strong relationship between diversity and conflict. Conflict in an organization can arise due to employees belonging to different races, gender, socioeconomic status, culture, religion, sexual orientations, ages, education levels, personalities, etc. Whatever may be the source of conflict, the by-product of that conflict is that it generates ideas. Conflicts are seen as problems to which solutions need to be found. This need for

solutions triggers a variety of ideas coming from diverse employees. For example, employees having high self-esteem present their ideas to others without any hesitation. If there are many employees with high self-esteem and all of them keep presenting their ideas, we will have a pile of diverse ideas, leading to conflicts among them. But that will also help the organization choose the best idea out of those ideas and make products innovative and unique. Thus, diversity in ideas will help an organization to grow. Secondly, when innovative solutions are found to the conflicts, it can bring all those diverse high esteemed people together and true teamwork will take place and members will be able to work together. However, if innovative solutions are not reached for the problems, conflict can be destructive too.

Unresolved conflicts lead to the simmering of negative feelings, and small insignificant arguments damaging the relationships among employees. Many conflicts, that are born from hatred, lead to the development of “isms” that are not beneficial for anyone and organizations need to discourage such “isms”. When hate is the root cause of conflict, it is very difficult to find any solutions to resolve it.

One of the areas of conflict, that organizations find hard to resolve, is sexual harassment. Sexual harassment leads to many problems such as the productivity of the employees suffers, they tend to fall ill more often, their confidence comes down, they may even leave the job or the organization may have to deal with court cases filed against it. These problems take place not only for the victim of the sexual harassment but also for those employees who witness it happening.

Leadership Skills to Reduce Conflict Pitfalls:

To ensure that minimum conflicts take place and when conflicts do occur, they can be dealt with immediately and amicably, it is necessary that managers/ leaders have certain qualities. For example, they must have

- **Good listening skills** - This will help them to sense any subtle signs of negative behavior and impending conflict.
- **Good communication skills** - They should be very constructive while discussing these potential conflicts with their colleagues. There are five response skills that managers can use to ensure that conflict does not take place or can be reduced when it takes place. These skills are -

1. Support:

A manager should express his support when he finds people of diverse groups working together and effectively communicating in the team.

2. Clarity:

Managers can use the technique of paraphrasing to get more clarity about the information received and the other person's perspective. This will help in increasing their understanding.

3. Suggest:

Even if another person puts across his point of view or expresses anything in no uncertain terms if a manager does not consider it to be appropriate, he should gently but firmly suggest alternatives that are specific and creative in nature. The manager can begin his sentences by saying 'I feel'; or 'I think....'. Humor is another way of presenting one's own ideas that are different from the one presented by others and do not enhance the conflict.

4. Request:

Every employee must be aware of the boundaries of his own role as well as be aware of others' boundaries too. Encroaching on the boundaries of another person can be a cause for conflict. However, if permission is sought or when cooperative action needs to be taken by the employees, people can work with a sense of shared responsibility.

5. Insist:

If there is a strong conflict that requires immediate intervention, then the manager should be willing to actively deter people from indulging in undesirable behavior or words. For example, we have seen representatives of various political parties taking part in live debates on T.V. Some of these spokespersons don't allow another person to speak. In such situations, the anchor stops such persons and ensures that other panellist can put their views across. It is a similar situation in organizations. If a manager finds any employee dominating the conversation during the meeting, he should immediately tell him that all need to be given chance, or if somebody is already speaking and another person tries to speak in between, the manager should be able to say '.... please let him finish.

Managing Conflict Diversity:**1. The Team-building Wheel:**

William Sonnenschein developed a model for raising high-performing teams. He called it the team-building wheel. It is called a wheel because the process of building the team is non-hierarchical. According to this model, first of all, a manager must ensure that all members accept the differences in everyone's background and celebrate humanity. They should learn to appreciate the uniqueness of each and every one and establish the team mission. The manager should ensure that there is a supportive climate built to achieve those team goals. Once the team starts working and stabilizes then evaluations can be introduced. All these components of high performing team are equally important and team building is a continuous process.

2. Embracing Differences:

As mentioned above, all team members must acknowledge that all of us are different from each other in many ways, and yet we are equal. If these background differences are ignored and either the manager or the

organization expects everyone to think, feel and behave in a similar manner, conflicts arise. The team members must have more self-awareness - awareness of their own prejudices, biases, and cultural values that differ from others' values. If such awareness is not there, people make unjust assumptions based on their prejudices and that breaks down communication, further lowers performance and people start putting spooks in each other's performance instead of cooperating. Finally, the team becomes dysfunctional instead of effective. So, it is essential to acknowledge the differences.

3. Group Discussion Exercise:

While working in a team, each member should use and practice active listening skills. They should all ponder over questions such as

- Where have I grown up? How has that influenced me as a person today?
- Which specific areas of my culture are so important to me that I cannot give them up and which areas I can give up for adjustment's sake?
- Think about the memories of your favourite holiday or tradition followed in your growing-up years. What are the most striking features of those memories.

4. Celebrating Humanity:

There is unity in diversity. All employees come from different cultural and other backgrounds and yet all of them have human values that are common to all. For example, we all communicate through some language, we all have more or less similar physical capabilities and limitations, we all like to have good food, and spent time with our families, etc. These commonalities can be used to initiate building better relationships.

5. Building on Uniqueness

In spite of having commonalities, we have to acknowledge that all of us are unique in our own way. We have different strengths and weaknesses, personalities, etc. that come with us to our workplace as part and parcel of us. To have a strong team, it is necessary to identify these unique qualities of each and every member and harness them for building up the strength of the team. Along the lines of the Gestalt principle, it can be said that the whole or total sum is different and bigger than the individual parts. It is not always beneficial to treat everyone equally in the team, and everyone on the team should bear equal responsibility and workload. But different people have different strengths. The tasks should be allotted to them depending on their strengths. The manager should ensure that everyone feels that his unique talent and skills are appreciated and utilized for the benefit of the team.

6. Establish a Team Mission Statement:

The team leader must collaboratively establish a team mission based on the core values of the team. To understand the core values of the team, the team leader and the team members should think about questions such as:

- To what extent diversity is important for our team?
- Do conflicts in our team get affected by the diversity in the team? If yes, then how much?
- How does this diversity influence our values?
- What is the process through which our different values get merged into a single set of values?

7. Develop a Supportive Climate:

The team leader should ensure that there is a supportive climate in his team and that all team members respect and appreciate each other's uniqueness. All team members should feel secure, and respected and should be aware that they will not be unduly criticized, ridiculed, or punished for making a mistake. However, at the same time, team members should be open to constructive criticism and use it as a learning tool.

8. Continuously Evaluate the Team:

A team becomes more and more productive if its members are continuously evaluated and feedback is given to them. This feedback can come from the team leader as well as from team members. Giving feedback also means communicating with each other. An effective team ensures that there is constant communication among team members. Constant communication leads to the continuous growth of the team and by default of the organization too.

8.4 SUMMARY

In this unit, we have discussed various barriers to multicultural counselling. There are three major types of barriers - Culture bound values, class-bound values, and language barriers. Since psychotherapy originated in America, it is influenced by American culture. The therapists trained in traditional psychotherapy and also belonging to the White race value individualism, assertiveness, independent decision-making, insight, etc. These values are very different from values in collectivist cultures such as Asian cultures. The very definition of normality is different in both cultures. But traditional therapy gives the impression that those who differ from majoritarian culture are sick and need to be treated. There are cultural differences in the way people verbalize or express their emotions and behavior. If a multicultural therapist is not aware of these differences, the therapy will be ineffective. For example, traditional therapy emphasizes self-disclosure while a client belonging to a minority community will be uncomfortable doing so due to cultural values or socio-political reasons. Furthermore, research studies have shown that values

differ on the basis of socioeconomic class too. As far as language is concerned, of course, it is a disadvantage if a client does not know standard English. It is also reported that even bilinguals whose parents at home speak their native language are at disadvantage in spite of knowing English. It is a well-known fact that in each language there are certain concepts that cannot be exactly translated into another language and therefore non-English speakers find it difficult to express all of their emotional experiences.

Therapists tend to generalize the characteristics of people from minority communities and develop certain stereotypes that influence their judgements about the clients. They operate from their prejudice instead of being receptive to individual differences in minority communities.

As most countries have a migratory population now, even organizations have employees coming from diverse backgrounds. Their diversity in cultural background can be the source of conflicts. Conflicts can be detrimental to an organization's growth. The managers or team leaders need to know how to minimize the possibility of the occurrence of these conflicts and to develop high-performing teams. For this, they must use active listening skills and communication skills. To manage conflict diversity, a team leader should use the team building wheel developed by William Sonnenschein. He must encourage team members to embrace background differences and celebrate humanity. He should build on the uniqueness of each and every employee, collaboratively establish a team mission and develop a supportive climate. He should also ensure that there is continuous feedback given to each and every team member and continuous communication flow is there in the team.

8.5 QUESTIONS

1. Discuss in detail various barriers in multicultural counselling.
2. How cultural and class-bound values can hinder effective multicultural counselling.
3. What are various leadership skills that can be used to reduce conflict pitfalls arising out of diversity?
4. What are the techniques that a leader can use to manage conflict diversity?

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