Multicultural Psychology Definition

The following document represents an effort by the Department of Psychology at the University of Rhode Island to present the current paradigm in the field of psychology to address multicultural issues in psychology. Although not exhaustive, key documents that address issues of Multicultural Psychology at various ecological levels have been integrated. The spirit of this document is educational/definitional and is intended to guide didactic, research, and applied experiences in the graduate and undergraduate education and training of our students. The paragraphs below address questions such as: What is multicultural psychology? How does culture affect individuals and communities? How does the URI Department of Psychology and the URI Division of Academic Affairs view multiculturalism and diversity? And, what are the main principles, ethical standards, and recommendations relevant to Multicultural Psychology endorsed by the American Psychological Association?

Psychology is the systematic study of affect, cognition and behavior. Multicultural Psychology is the systematic study of how culture influences affect, cognition, and behavior. In other words, Multicultural Psychology is about how culture influences the way people feel, think, and act. Multicultural Psychology also considers internal (e.g., within the individual) and external (e.g., the impact of relationships, social, institutional, structural, and community) factors when seeking to understand how culture impacts psychological processes, well-being, and mental health.

Culture influences how individuals perceive and express themselves in the world; therefore all individuals (including students, clients, researchers, professors, etc.) are cultural beings. Culture is fluid and is influenced by individual characteristics and history as well as daily events and experiences. Culture is passed on and shared through socialization experiences, via familial as well as non-familial communities, through shared values, beliefs, principles, behaviors, and practices.

As stated in the Mission Statement, the URI Department of Psychology (1998) “respect[s] cultural, individual, and role differences due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status.” The
Department of Psychology views Multicultural Psychology as encompassing not only the diversity inherent in all individuals, but also the sociopolitical context within which human beings function. Analyzing individual and group characteristics in conjunction with sociopolitical issues results in a more complex understanding of the dynamic interplay of culture and psychology. The U.S. Surgeon General’s *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General* (United States Department of Health and Human Services, 2001) has a special focus on the mental health of racial/ethnic minorities. Although prevalence rates of mental health disorders among racial/ethnic minorities are similar to Whites, racial/ethnic minorities are overrepresented in high need areas and they do not receive adequate services. Furthermore, even if the rates of mental health disorders are similar to Whites, racial/ethnic minorities bear a greater disease burden due to the disparities in access and poorer quality of services received. According to the Surgeon General (2001) “Racial and ethnic minorities in the United States face a social and economic environment of inequality that includes greater exposure to racism and discrimination, violence, and poverty, all of which take a toll on mental health” (p. 5). Unfortunately, barriers to physical and mental health treatment of racial and ethnic minorities persist (Agency Healthcare Research and Quality, 2012).

Fortunately, the research literature includes various promising avenues to addressing health disparities. A meta-analysis conducted by Griner and Smith (2006) indicated that treatment tailored to a specific cultural group was four times more effective than non-tailored treatment. According to a subsequent meta-analysis conducted by Benish, Quintana, and Wampold’s (2011) the most important treatment modification was that of the illness myth. The illness myth refers to explaining the problem in a manner that is congruent with the client’s cultural beliefs. Taken together, the scholarly evidence suggests that disparities in access and quality of treatment exist and that attention to cultural competence is paramount to reducing mental health disparities. Holden and colleagues (2014) proposed a culturally centered model (CRASH) of behavioral health that incorporates the concepts of cultural sensitivity, respect, assess and affirm (cultural and individual-level factors), sensitivity and self-awareness, and humility. Holden and colleagues (2014) suggest that integrating the CRASH model within patient-centered medical homes may reduce physical and mental health disparities.
The disparities that emerge in mental health along racial/ethnic, income and social class, gender, sexual identity and sexual orientation lines have been well documented (Callahan, Hickson, & Cooper, 2006; Evans, 2004; Keller, Gangnon, & Witt, 2014; Kosciw & Diaz, 2006; Lott & Bullock, 2007; Ponce, Hays, & Cunningham, 2006; Read & Gorman, 2006). The research illustrates the importance of being informed about the client’s culture and cultural intersections as well as considering how the structural system contributes to observable psychological and social factors under study. The literature on diversity and multiculturalism in psychology points to a definition of Multicultural Psychology that situates issues of similarity and difference, power and privilege, identity and oppression, within a sociopolitical framework. It also suggests that psychologists need to become informed about the specialized needs of diverse populations, about inequities in care and access to care, about the nature and impact of disparities, and about how to address specialized issues as well as inequities and disparities.

The American Psychological Association’s (2010) *Ethical Principles of Psychologists and Code of Conduct* includes five ethical principles:

- Principle A: Beneficence and Nonmaleficence
- Principle B: Fidelity and Responsibility
- Principle C: Integrity
- Principle D: Justice
- Principle E: Respect for People's Rights and Dignity

and, while all of the principles are important, principles D and E have special relevance to Multicultural Psychology.

Principle D: Justice states:

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.
Principle E: Respect for People's Rights and Dignity states:

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

These principles delineate psychologists’ responsibility to become self-aware, informed about, and sensitive to their assumptions, biases, values, and beliefs to enable them to provide psychological services (i.e., assessment, therapy, consultation, teaching, research, advising, mentoring, and supervision) that meet the highest standards of care. They place added emphasis on psychologists’ responsibility to take active steps to develop a critical consciousness about themselves and engage in a process of critical self-reflection. They emphasize each psychologist’s responsibility to develop self-assessment, self-monitoring, and self-evaluation skills in relation to their cultural identity, and use the information derived from these sources to improve their effectiveness as a professional. These principles also underscore psychologists’ responsibility to recognize their impact on others and understand the power they hold in relation to others.

The American Psychological Association (2003) Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists support the goals of the Department of Psychology. The guidelines are as follows:

- **Guideline #1:** Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.
• **Guideline #2:** Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals.

• **Guideline #3:** As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.

• **Guideline #4:** Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture–centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.

• **Guideline #5:** Psychologists strive to apply culturally–appropriate skills in clinical and other applied psychological practices.

• **Guideline #6:** Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

The American Psychological Association (2006) *Report of the APA Task Force on the Implementation of the Multicultural Guidelines* provides specific recommendations on implementing the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists.* Their recommendations are in line with the values and principles outlined in the present document including: developing a critical consciousness, a sociopolitical framework, personal and institutional responsibility to address issues of oppression and marginalization, and diversity in interventions used and research conducted.

The American Psychological Association’s *Interorganizational Education and Training for Health Service Psychology Working Group* (2012) is formulating competencies to serve as the basis for the education and training of psychologists responsible for providing health care services. The competencies they identify are also consistent with those delineated in the present document and draw from the American Psychological Association’s (2003) *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* as well as other documents. They emphasize psychologists’ obligation to provide culturally-tailored, equitable service-delivery.
The multicultural competencies endorsed by the URI Academic Affairs Diversity Task Force are also consistent with those espoused by the American Psychological Association and the URI Department of Psychology. According to the *Framework for Multicultural Learning within the URI Community* created by the URI Academic Affairs Diversity Task Force (2010), the curriculum is a critical component for increasing multicultural competence and building an inclusive campus community. Ensuring that the curriculum in the Department of Psychology is congruent with the goals of this document reflects sensitivity to the expressed needs of the local community and the discipline of psychology. In light of the understanding of Multicultural Psychology as stated above, the URI Department of Psychology aims to train students to become multiculturally competent professionals in all activities in which they engage. It is expected that courses, research, service, and applied experiences that count toward a multicultural competency requirement will be consistent with the above definition and sources.
References


