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Multiculturalism Among Hispanics and Latinos: The Importance of Culture over Racial Identity

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Abstract. Hispanics and Latinos are the fastest growing ethnic group in the United States. Based on this fact, it is clear that more research in psychology is necessary to adequately care for this expanding population. Yet the question remains: Can you objectively define and identify a Hispanic or Latino individual? Or do these labels exist for the sake of convenience in data collection? Through the perspective of cultural psychology, the lack of competency regarding intercultural variability in the Hispanic and Latino population is proposed as an oversight in the development of methods of psychotherapy and diagnostic criteria. With the increasing population of Hispanics and Latinos within the United States, multiculturalism competency should go beyond an ethical guideline and instead be considered required coursework in clinical psychology graduate programs.

In contemporary psychology, the phenomenological experience of the individual is a critical component in the therapeutic treatment. Although the primary goal of psychological research is to predict and alter behavior, there are far too many subgroups in the human population to account for every possible outcome. Quina and Bronstein (2003) noted that there are numerous factors that can attribute to an individual's self-identity and life experiences including locus of ethnic identity, socioeconomic status, location, country of origin, fluency in the local language, physical features, in addition to many other factors. As such, acknowledgement of the unique experiences of an individual is often accounted for in studies that attempt to generalize to a specific target population, which are commonly based on an individual's racial or ethnic identity.

Researchers of cultural psychology have defined ethnic identity as a dynamic multidimensional construct that may evolve over time (Phinney, 2003). The development of one's ethnic identity may involve one's subjective feelings toward a culture, heritage, the cultural labels an individual pragmatically applies to his or her identity, a sense of belongingness to the culture, the salience of the cultural perspective, and the majority population's opinion regarding the ethnic group (e.g., Costigan, Koryzma, Hua, & Chance, 2010; Phinney, 1992; Phinney & Ong, 2007).

A person's ethnic identity, especially if they self-identify with a cultural minority, is critical as a social construct as it may serve as a deictic frame through which one perceives the environment in which they live, one's concept of self, self-esteem, and how the person adjusts to the culture of the host nation (Costigan et al., 2010; Daha, 2011; Hayes & Gregg, 2000). Furthermore, Verkuyten and Lay (1998) identified ethnic identity as a critical variable in psychology as the aspect of the phenomenological experience serves as a nearly perfect mediator of psychological well-being separate from group status.

Within any group, individuals often seek out self-identifiers that emphasize their unique features to separate themselves from others. One's ethnic identity may become especially important in the United States where popular culture has unfortunately cultivated the use of archaic racial labels and obstructed the movement for cultural sensitivity, which has permeated into scientific research (Yee, Fairchild, Weizmann, & Wyatt, 1993). This is a troubling reality that must be addressed, as members of ethnic minority groups tend to develop a stronger ethnic identity than members of the ethnic majority (Pellebon, 2000). One principle example within the United States is the use of racial labels, which may not exist in other parts of the world including the designation of Hispanic and Latino. For instance, adolescents that had immigrated to the United States from a Hispanic nation

were not aware of the racial label applied to them until they arrived in the United States and were referred to as Latinos due to their physical attributes, cultural differences from their peers, and fluency in the Spanish language. When these adolescents faced discrimination, they often used the label as a tool for group cohesion and the development of their self-concept (Portes & Rumbaut, 2001).

Whether one's racial identity is requested on government documents, a standardized test, or a job application, Hispanics and Latinos are often grouped together as a single racial identity based solely on similar histories and the common language of Spanish. Generally, individuals who can trace their ancestry back to the nation of Spain are considered Hispanic, while Latino is considered a much broader term that includes anyone from the regions of Central America, South America, and the Caribbean. Collectively, these two terms could include people from more than 40 different nations and territories spread throughout the entire world including Spain, Cuba, Puerto Rico, Mexico, Argentina, Equatorial Guinea, the Philippines, even the Portuguese-speaking nation of Brazil, which had never been colonized by Spain. For many, especially immigrants, these labels represent a separation from their heritage and prefer to identify themselves by their nationality (Bernal & Enchautegui-de-Jesús, 1994).

From the broad perspective of census data collection, the terms Hispanic and Latino are on par with other racial identities such as White and Native American. Yet in spite of the U.S. Census Bureau's acknowledgement that race is a socio-political construct and historically has no biological, anthropological, or genetic evidence to support the use of a racial label in data collection (Public Information Office, 2001), the mental health community has continued to use the generalized labels of Hispanic and Latino in research and has lost potentially valuable data in this practice (Bernal & Enchautegui-de-Jesús, 1994). Even though generalizability across the target population and the use of the analysis of variance model is crucial to the scientific endeavors of psychology, the assumption that there are no individual or cultural differences within an arbitrarily applied racial group is a fatal flaw in psychological research (Hirsch, 1967). The assumption of heterogeneity among Hispanics and Latinos has strengthened the pervasiveness of stereotypes and diminished the utilization of mental health services (Roll, Millen, & Martinez, 1980).

Multiculturalism Among Hispanics and Latinos

To develop an accurate competency in multiculturalism among Hispanics and Latinos, an overall view of the cultures including similarities and differences is necessary. Although most Hispanics and Latinos share several cultural traits such as the rigidity of gender roles (*machismo* and *marianismo*), the importance of family, and being well-mannered (de las Fuentes, Barón, & Vásquez, 2003), these racial labels represent millions of people from a variety of ethnic and socioeconomic backgrounds that immigrated for different reasons from an assortment of nations around the world with different histories and cultures. Each of these similarities and differences may have a tremendous impact upon an individual's concept of self and as a result affect the person's ability to adapt, react, or function overall in a variety of scenarios. They may also have a direct effect upon a person's perception of their mental health. For example, even though many Hispanics and Latinos speak Spanish, each nation and region within the nation have altered the language over time to be more relevant to the residents' livelihood and culture including different terms for psychological distress (Weller, Baer, de Alba Garcia, & Rocha, 2008).

Gender Roles

The greatest misunderstanding in psychological literature regarding the Hispanic and Latino population is that of gender roles. Consider the two most well-known gender roles in psychological literature: *machismo* (men) and *marianismo* (women). According to these traditions, the *marianismo* female should mirror the example set by the Virgin Mary of the Roman Catholic Church. In other words, the woman is expected to be pure until marriage, forsake self-indulgence, be selfless, obedient to her husband, and devoted to her family. In contrast, the framework for male behavior is often described, as a chauvinistic disciplinarian that is would not hesitate to use physical violence against disobedient women and children (de las Fuentes et al., 2003). Although these gender roles have been thoroughly researched in psychology, much of the literature has neglected to account for intercultural variability (Vazquez-Nuttall, Romero-Garcia, & De Leon, 1987). In reality, these gender roles should be recognized as a cultural tradition, but rather as an issue of gender inequality as a relational framework in which these behaviors are cultivated and sustained by the dominant culture within each nation. For example, Ehlers (1991) argued that Guatemalan women often accepted their lower role in society due to social inequality perpetuated by a male-bias in the nation's economy. In Cuba, the socialist regime of Fidel Castro has promoted egalitarianism and increased the female role in society, but dedication to the family and motherhood has remained a primary value (Queralt, 1984). Among Mexican-Americans and Mexicans, the majority of Latino men, have rejected the machismo characteristics and instead aspire to be chivalrous, humble, and kind to others (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). Yet to understand the persistence of

gender inequality, one must understand the importance of family in Hispanic/Latino cultures.

Family

Similar to many other cultures, the individual develops a personal identity and derives many values from interaction and support with family members. Many Hispanic cultures emphasize that the family should take priority over the individual (Sabogal, Marín, Otero-Sabogal, Marín, & Perez-Stable, 1987). The culture within the family instills the values of responsibility, solidarity, and mutual selflessness among family members to the degree of the obfuscation of personal boundaries (Cuéllar, Arnold, & González, 1995). As this is in direct contrast from the United States and many other western cultures that emphasize the independent individual, the differing emphases many not translate well during the stages of acculturation as many Hispanic and Caribbean immigrant students described the American culture as selfish, aggressive, and competitive (Schwartz, Montgomery, & Briones, 2006).

The importance of family also has a tremendous impact on cognitive development and the person's self-concept and behaviors. Individuals within a collectivist society often develop an interdependent self that experiences the world with emphatic consideration for the thoughts and feelings of others rather than exclusively focused on one's own perception (Markus & Kitayama, 1991). As one's self-concept is considered essential aspect of one's mental health (Kálay & Rus, 2014), it is necessary for mental health professionals to be familiar with the conceptualizations of mental health among different cultures in the Hispanic and Latino communities.

Multiculturalism and Mental Health

Additionally, a majority of the research involving the maladaptive behaviors and symptomatology associated with disorders described in the DSM-5 (American Psychiatric Association [APA], 2013) was carried out in the United States and Western Europe (Ideus, 1994). This has led to many instruments and diagnostic measures designed to assess symptoms of mental illness with a bias toward American ideals and very little validity in other nations (Canino & Guarnaccia, 1997). What is considered pathologically maladaptive in one culture may be considered average in another culture. A variety of cultural factors including differences in spoken language as well as religious and spiritual beliefs may affect the results of testing and assessment and also may lead to the misinterpretation of reported experiences. A meta-analysis of cross-cultural studies using American diagnostic measures on more than 500 children revealed that 48% of participants in Mannheim, Germany and 49.5% of participants in Puerto Rico met diagnostic criteria for at least one mental illness in comparison to 22% of participants in Pittsburgh, Pennsylvania (Bird, 1996).

Culture is a primary predictor of how the individual or caregivers interpret and understand the symptoms of a mental disorder (Kirmayer, 2001). For example, consider the diagnostic criteria for attention-deficit hyperactivity disorder (ADHD). Many of the standardized scales designed to assess the severity of impulsive and inattentive behaviors related to ADHD rely on parent and teacher appraisals of these behaviors (e.g., Conners, Erhardt, & Sparrow, 1999) and do not account for intercultural variability. In fact, when Puerto Rican parents were prompted to rate the behavior of their school-aged children using the American diagnostic criteria for ADHD, the children were rated more severely than American standards and 45.3% of Puerto Rican children had a diagnosable case of ADHD (Bird et al., 1988). Some Hispanic cultures do not have a conceptualization for the behaviors associated with ADHD and require education to improve the environment in which these children live. Arcia and Fernández (1998) asked Cuban mothers to describe their experiences with their children diagnosed with ADHD. Common themes included perplexity and the search for familiar explanations of the behaviors including *retardado* (retardation), *malcriado* (spoiled, poorly raised), and *ñoño* (pampered). As a nurturing mother-child relationship is thought to be critical to positive outcomes in childhood development and socially acceptable behaviors (Anderson, Hinshaw, & Simmel, 1994), a lack of conceptualization may have a profound impact on how the child is treated and the prognosis of the mental disorder.

Proposed Graduate Coursework in Cultural Sensitivity

The racial label of Hispanic and Latino has resulted in an identity crisis for millions of immigrants and their descendants living in the United States (Bernal & Enchautegui-de-Jesús, 1994). Compounded with the fact that a majority of the psychological research used to develop instruments for assessment and treatment plans is carried out in the United States and Western Europe (Ideus, 1994), people that belong to a cultural minority are less likely than Caucasian people to seek out and receive mental health treatment (U.S. Department of Health and Human Services [USDHHS], 2008). As such, it is imperative that there should be an effort made to improve cultural competence among mental health professionals. Consider the following case.

Dr. Harrison, a psychiatrist, has agreed to help a Puerto Rican client suffering from an extended period of grief after the loss of her husband. Dr. Harrison felt confident about his ability to treat the client, because

he was experienced in the treatment of bereavement and had completed a minor in Spanish during his undergrad coursework. After the assessment, she clearly met the diagnostic criteria for Major Depressive Disorder, but Dr. Harrison felt that he could treat her without the use of medication. Over the next two sessions, some progress is made as the client reported at least the desire to visit her friends but still lacked the motivation. During the sixth session, he noticed a significant increase in the client's positivity and with a sense of pride in his work, he immediately asked about the change in mood. Ecstatic, the client excitedly told him that her husband had visited her the day before and spoke with her for several hours. Disapproving of this experience, Dr. Harrison immediately sat back in his chair, appeared concerned and asked for more details about the visitation. The client reported that she felt the warmth of his touch and that his words comforted her. Toward the end of the session, he wrote her a prescription for an antipsychotic and escorted her to the pharmacy.

Although Dr. Harrison had some knowledge of the Spanish language, he lacked the cultural awareness and sensitivity to treat the client. In the Puerto Rican culture, encounters with the spiritual world are considered a positive experience rather than symptomatic of schizophrenia (Rogler & Hollingshead, 1985). Meeting the cultural needs of a client can be the difference between a positive or negative treatment out come. When a mental health organization provides treatment that meets the cultural needs of the client, there is a significant reduction in the severity of depression, suicidality, and anxiety (Costantino, Malgady, & Primavera, 2009).

López (2002) designed a class for graduate students that adapted cultural sensitivity training into the lesson plan. He would first teach his students about the key principles of assessment, construct reliability and validity and the effects that cultural disparity may have upon them. He would then help the students develop culturally based critical thinking skills and understand how to shift cultural lenses to meet the needs of their clients. Thirdly, it is important to understand that culture exists on a spectrum that may shift on a daily basis, vary among individuals, and may not impact therapy at all.

Culturally competent therapists may be able to take a step back from their own culture and help the client based on their own. For example, if a Filipino man that is suffering from arachnophobia enters the therapist's office. The therapist would do well to get to know and understand the client's personal values and their orientation toward them. If the Filipino man closely associates himself with the machismo gender role then it may be evidence that the fear is so intense that he was willing to cast aside his self-perceived masculinity and admit that he needed help and suggest alterations to the treatment plan of systematic desensitization. A therapist that is culturally aware would be a valuable asset to any organization, especially in the United States.

Conclusion

With the acknowledgement of the increasing population of Latinos and Hispanics in the United States, multiculturalism competency and the awareness that one's cultural identity cannot be easily ascertained from an ethnic or racial label should be considered essential to cultivate empathy for these individuals and implement interventions to assist with the healthy development of a personal and cultural identity. For the greatest benefit to this growing population as well as other ethnic minorities, coursework to teach and foster multiculturalism competency or empathy should be integrated into required coursework in clinical psychology graduate programs. As research has demonstrated that a healthy ethnic identity is associated with greater life satisfaction in addition to lower risk of alcohol and substance abuse (Love, Yin, Codina, & Zapata, 2006), assignments should center around an emphasis on critical thinking, perspective taking, and the knowledge that the cultural identity of individuals is heterogeneous not only within their racial or ethnic label but within their ancestral nation of origin as well.

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