

MANUEL RAMIREZ III

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# MULTICULTURAL PSYCHOTHERAPY

An Approach  
to Individual  
and Cultural  
Differences

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SECOND EDITION



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# MULTICULTURAL PSYCHOTHERAPY

**An Approach to Individual  
and Cultural Differences**

Manuel Ramirez III  
*The University of Texas at Austin*

**Allyn and Bacon**

Boston London Toronto Sydney Tokyo Singapore

Series editorial assistant: Susan Hutchinson  
Manufacturing buyer: Suzanne Lareau



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A Viacom Company  
Needham Heights, MA 02494

Internet: [www.abacon.com](http://www.abacon.com)

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A previous edition was published under the title *Psychotherapy and Counseling with Minorities: A Cognitive Approach to Individual and Cultural Differences*. Copyright © 1991 by Allyn & Bacon.

***Library of Congress Cataloging-in-Publication Data***

Ramirez, Manuel

[Psychotherapy and counseling with minorities]

Multicultural psychotherapy : an approach to individual and cultural differences / Manuel Ramirez III. — 2nd ed.

p. cm.

First ed. published in 1991 under title: *Psychotherapy and counseling with minorities*.

Includes bibliographical references and index.

ISBN 0-205-28904-5

1. Psychotherapy—Cross-cultural studies. 2. Cross-cultural counseling. 3. Minorities—Mental health services. 4. Family psychotherapy—Cross-cultural studies. 5. Cultural psychiatry  
I. Title.

RC451.5.A2R36 1998

616.89'14'089--dc21

98-31392

CIP

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1 02 01 00 99

# **MULTICULTURAL PSYCHOTHERAPY**

*To Susanne Doell and to my students and clients.  
Thank you for making me a better multicultural  
therapist and scholar.*



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## PREFACE

Pergamon Press first published this book in 1991, and Allyn and Bacon reissued it in 1994. It represents the culmination of my thirty-two years of experience in research and work in public education and in university, community, and clinical settings. My work has centered on the experiences of “the different”—those who, in some way, do not fit the preferred or idealized images of society; those who, because of their uniqueness, are subject to prejudice, oppression, and pressures to conform.

I began my work in this area thinking that only members of ethnic and racial minority groups suffered from the marginality syndrome related to feeling different. Through research and intervention work with people from all ethnic, religious, and socioeconomic backgrounds, as well as with people of varying physical abilities and sexual orientations, I have come to realize that the mismatch syndrome is common to people who live and work in diverse societies.

As I developed and implemented educational programs in schools; taught courses; lectured at different colleges and universities; and did psychological assessments, counseling, and psychotherapy with clients, I came to realize that no one fits society’s ideal image perfectly.

For some, the lack of fit is due to external features—skin color, accent, physical appearance, or impairments. For others, the lack of fit is due to “invisible” characteristics—values, thinking style, emotional or expressive style, philosophy of life, or sexual orientation.

My work with the different gradually led me to the realization that traditional approaches to education, counseling, psychotherapy, and personality assessment are not adequate or appropriate for intervention; a new theoretical and research perspective, a new model of personality change was in order.

This new edition, like the one that preceded it, explores a model of counseling and psychotherapy based on the multicultural perspective that evolved from my work with the different. This book introduces five new

case studies to supplement the five presented in the earlier edition. I have expanded the case studies to include an African American single mother, an Asian American young adult man, a Latina who has impaired vision and is a single mother, an elderly Latino who is retired and disabled, a multiracial male, an intact Latino family, and a single-parent family. This edition includes a chapter on family therapy and adds insights into counseling and/or therapy for mixed-race couples. I've also added a new chapter on how the multicultural model can be useful in meeting guidelines introduced through managed care.

The principal objectives of the model are to help people who feel different and alienated accept and understand their uniqueness. The model also seeks to enhance cultural values and to develop flexibility in cognitive styles. Although its primary focus is on ethnic/racial minorities, the model is appropriate for members of any group that differs from the societal ideal. I have varied gender pronouns in referring to clients and mental health professionals. No gender preference is intended.

The ultimate goal of this model is the development of a multicultural orientation to life. This orientation has the following five ideal characteristics:

1. The first is a striving for the maximum development of the personality, a striving for self-actualization. People with a multicultural orientation toward life are motivated to develop as many aspects of their personality as they can. Multicultural people recognize that interacting with diversity stimulates the evolution of underdeveloped areas of the personality. The multiculturally oriented recognize that stereotypes and notions of societal, cultural, and personality superiority or inferiority can block experience and learning filters and prevent them from valuing and respecting people, groups, and cultures who might otherwise act as teachers and catalysts for development. Culturally flexible people are willing to take diversity challenges, to risk situations totally unlike previous experiences. Such individuals learn by observation, by listening, and by exposure to different world-views and life philosophies.

2. A second characteristic of multicultural orientation is adaptability to different environmental situations. Regardless of how work, educational, or other environmental conditions change, multicultural people are motivated to adapt and to flex in order to be effective.

3. Third, the person with a multicultural orientation enjoys the challenges of leadership roles in diverse groups. That person evolves innovative solutions for resolving conflict in groups with diverse memberships (Ramirez, 1998; Garza et al., 1982).

4. Another characteristic is the multicultural person's commitment to changing groups, cultures, and nations to guarantee social justice for all members and citizens. Such a person has a goal of helping to develop a perfect society. Although multicultural people may feel more comfortable in

their native groups, they develop perspectives as world citizens (Ramirez, 1998). Adler (1974) observed that multicultural people can transcend families, groups, and cultures; that is, they have the ability to step back in order to take an objective look at the groups with which they are familiar and in which they have participated to determine what has to be modified to ensure social justice and equality for all members.

5. The final characteristic of people with a multicultural orientation to life is the motivation to get the most out of life. Multicultural people seek exposure to as much diversity in life as possible. They enjoy traveling and living in different environments such as different countries, different regions of the same country, or different areas within their communities. They enjoy knowing different people, whether in person or through biographies and autobiographies.

But how does the multicultural model fit into the overall psychotherapy and counseling picture? Although the words “therapist” and “therapy” are used throughout the book, the model is relevant to all mental health practitioners. Do counselors and therapists need to make major changes in the way they do therapy in order to be effective as multicultural therapists? The techniques and strategies of the multicultural model reflect an eclecticism, ranging from the intensive study of the client’s life history and the use of insight, to the employment of cognitive behavioral as well as humanistic and cross-cultural approaches. Multicultural therapy, however, is unique in its theoretical concepts and goals for change.

The multicultural model of psychotherapy and counseling is eclectic with respect to techniques and strategies. The model borrows a focus on collecting a detailed life history from the dynamic approaches and theories of therapy. This life history helps the therapist understand the client’s past and develop insight for making the unconscious conscious through interpretation.

From the humanistic perspective, the multicultural model borrows unconditional positive regard, that is, uncritical acceptance, to allow a client to accept her unique self. Also from the humanistic approach comes the use of phenomenology, or the therapist’s attempt to see the world through the eyes of the client.

From the cognitive and behavioristic approaches and theories, the multicultural model incorporates an emphasis on reducing stress, on establishing behavioral goals, and on emphasizing homework and the client’s active participation through role-playing. Finally, from the ethno-psychological, cross-cultural, and community schools, the multicultural model has adopted an emphasis on values and on the assumption that each cultural and environmental set of circumstances or conditions produces a unique set of coping techniques, or cognitive styles, crucial to personality development and functioning.



The theoretical base of the multicultural model of psychotherapy and counseling had its origins in cross-cultural mental health and in the psychology of equality and liberation that evolved from the psychologies of ethnic groups in the United States, of the colonized, and of women. The cross-cultural emphasis emerged from the application of psychoanalytic and behavioristic theories and intervention approaches in different cultures throughout the world (Triandis and Lambert, 1980).

The goals of multicultural psychotherapy and counseling are different from those of traditional schools of personality change. The multicultural model has two categories of goals: individual and institutional, or societal, goals. Individual goals emphasize self-understanding and self-acceptance. In addition, the model encourages understanding the effects of person-environment fit on personality development and adjustment. Multicultural therapy seeks to empower the client to produce significant environmental changes. Institutional and societal goals focus on the identification and elimination of barriers to multicultural development, and on replacing those barriers with the positive politics of diversity in families, interpersonal relationships, institutions, and in society as a whole.

Multicultural therapy and counseling work toward the creation of a truly multicultural society, striving to develop a world of peace, understanding, and cooperation in which each person's individuality is respected. In this model, the diversity of society is viewed as a potential teacher and catalyst to the total development of the personality.

In today's world, all people who live and work in diverse environments and societies are prone to feeling marginalized, confused, and perhaps threatened from time to time. The demands of both cultural and cognitive flexibility in a pluralistic society can be felt in all facets of life. They are part of daily interactions in business, personal relationships, education, community services, religion, and government. The multicultural model of psychotherapy provides a useful set of coping techniques as well as a worldview that is useful to everyone living and working in pluralistic environments.



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## ACKNOWLEDGMENTS

This book is the result of a team effort. Terry Foster edited and prepared the manuscript and also gave me valuable suggestions, which I incorporated into the text. She ensured the readability of the volume. Lisette Kunz did an excellent job of typing the manuscript and of pointing out inconsistencies and missing details. I owe her a debt of gratitude. I am also grateful to the graduate students who have taken my seminar on multicultural psychotherapy over the years, with special thanks to Floyd Berry and Douglas Campbell for making valuable suggestions for changes to the first edition.

I am also grateful to the first edition's reviewers who were commissioned by Allyn and Bacon: Maria Cecilia Zea, Ph.D., The George Washington University; Felipe G. Castro, Ph.D., Arizona State University; and John J. Echeverry, Ph.D., The George Washington University. Their incisive and timely suggestions, along with those made by Carla Daves, former editor at Allyn and Bacon, have made this edition a much better book.

I am thankful to the Center for Mexican American Studies at the University of Texas at Austin for awarding me a faculty development grant to help me complete the work on this manuscript.



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# CONTENTS

Preface ix

Acknowledgments xiii

- 1** Feeling Different: A Major Mental Health Problem  
in a Diverse Society 1
- 2** Emergence of a Psychology of Differentness  
and Pluralism: The Multicultural  
Person–Environment Fit Paradigm 10
- 3** The Cognitive and Cultural Theory of Personality 19
- 4** Cultural and Cognitive Match and Mismatch  
in Psychological Adjustment 31
- 5** The Multicultural Model of Psychotherapy  
and Counseling: An Overview 45
- 6** The Therapist 55
- 7** The First Stage of Multicultural Therapy  
and Counseling: Preferred Styles 63
- 8** The Second Stage of Multicultural Therapy  
and Counseling: Acceptance of the Unique  
Self and Development of Cultural  
and Cognitive Flex 85

<b>9</b>	<b>Assessment of Progress in Flex Development</b>	<b>102</b>
<b>10</b>	<b>The Client as Change Agent and Multicultural Ambassador</b>	<b>109</b>
<b>11</b>	<b>Couples Counseling</b>	<b>117</b>
<b>12</b>	<b>Family Counseling</b>	<b>131</b>
<b>13</b>	<b>The Multicultural Model and Managed Care</b>	<b>152</b>
<b>14</b>	<b>Conclusions</b>	<b>160</b>
	<b>APPENDIXES</b>	<b>167</b>
<b>A</b>	<b>Multicultural/Multiracial Experience Inventory – Revised</b>	<b>167</b>
<b>B</b>	<b>Traditionalism–Modernism Inventory – Revised</b>	<b>175</b>
<b>C</b>	<b>Family Attitude Scale – Revised</b>	<b>180</b>
<b>D</b>	<b>Therapist’s Cognitive Styles Observation Checklist</b>	<b>185</b>
<b>E</b>	<b>Client Preferred Cognitive Styles Observation Checklist</b>	<b>187</b>
<b>F</b>	<b>Client Preferred Cultural Styles Observation Checklist</b>	<b>188</b>
<b>G</b>	<b>Bicognitive Orientation to Life Scale</b>	<b>189</b>
<b>H</b>	<b>Homework Effectiveness Assessment Instrument</b>	<b>192</b>
<b>I</b>	<b>Figures and Tables for Introducing Flex Theory</b>	<b>194</b>
<b>J</b>	<b>Rating Effectiveness of the Script</b>	<b>198</b>
<b>K</b>	<b>Imelda’s Response to TMI and Session Notes</b>	<b>201</b>
<b>L</b>	<b>Harold’s Response to BOLS and Session Notes</b>	<b>205</b>
<b>M</b>	<b>Traditionalism–Modernism Inventory (Pre-Revised)</b>	<b>208</b>
<b>N</b>	<b>Record of Match and Mismatch</b>	<b>212</b>
	<b>Glossary</b>	<b>215</b>
	<b>References</b>	<b>219</b>
	<b>Selected Readings</b>	<b>223</b>
	<b>Author Index</b>	<b>225</b>
	<b>Subject Index</b>	<b>227</b>

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# 1

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## **FEELING DIFFERENT**

### **A Major Mental Health Problem in a Diverse Society**

#### **CASE STUDIES**

The people described here have one thing in common: They are in crisis because they feel different from those around them. The feeling of being different is accompanied by feelings of alienation and loneliness, depression, and anxiety. People who feel different feel misunderstood and undervalued. The feeling of being different is typical among members of minority groups.

#### **Imelda M.**

Imelda is a sixteen-year-old Latina high school student who attempted suicide. She was despondent because of the breakup of a three-year relationship with her boyfriend. During an interview in the hospital, she said, "I wanted to die because I am alone and I'm different. I've lost the only person who accepted me as I really am. I have always been different from my parents, from my teachers, and from the other students. My boyfriend was the only one who understood me. No one will accept me as I am. They are always trying to change me."

#### **Raul B.**

Raul is a thirty-five-year-old multiracial man (Latino, African American and Native American). He sought therapy because of depression and anxiety. Raul was also suffering from flashbacks and nightmares related to his experiences as a serviceman in Vietnam. His sense of failure in his relationships with women added to his crisis. He said, "I fall in love with women who cannot love me as much as I love them."

**Tara W.**

Tara, a twenty-six-year-old African American college student, is a single mother. She presented for therapy feeling depressed and suffering from insomnia. She sought counseling because of her ambivalent relationship to her parents (particularly her mother) and her live-in boyfriend. She said, "I am confused about the way my life is going. I love my mother, but I also resent her telling me how I should be. Like my boyfriend, she tries to control me."

**Alex S.**

Alex is a twenty-one-year-old college student of Vietnamese descent. Born in Vietnam, he immigrated to the United States with his parents and siblings when he was six. At the time he sought counseling, Alex was feeling guilty and distraught. He was lying to his parents about his major in college and his future plans—they wanted him to attend medical school, but he was planning to pursue graduate studies in social work. He had also withheld the fact that he is gay and has a live-in partner. Alex said, "I feel like I am living two different lives. When I go home, I am the good Vietnamese son; I date my old girlfriends from high school; I talk about my plans to attend medical school and to get married and have a family. It makes me feel terrible to have to do this, but they just would not accept me as I am."

**Rose A.**

Rose, a thirty-five-year-old Latina with impaired vision, is married and has three children. She is a survivor of a tornado that struck the small town where she lived and worked as a Head Start teacher. The storm hit when she was at the Head Start center, killing several of Rose's colleagues, members of the community, and children in her class. Rose suffered injuries that resulted in her loss of vision. She said, "I feel bad about being alive when many of my friends and children whom I loved are dead. I'm angry with God, but my family and friends don't understand my feelings. They keep telling me how lucky I am to be alive. I'm not. I wish I were dead."

**Harold H.**

Harold, a thirty-five-year-old Anglo engineer and co-owner of a computer software company, came to therapy in distress. He explained, "I don't feel I'm as effective and capable as I used to be. I don't really belong anywhere—not with my family, not with my partners, not even with my own parents." During the initial psychotherapy session, he talked about how he had always tried to win his father's love and admiration: "Dad always preferred my older brother; nothing I did changed that. I tried to show him that I could be successful in business, because that is what I thought he wanted."

And to be a success, I had to ignore my wife and kids. Well, I'm a success now, and this hasn't changed anything with my father. Now I'm in danger of losing my family while my partners are complaining that I don't seem to have my heart in my work anymore. I honestly don't know what's happening. My entire world is falling apart, and I can't do anything about it. I just don't feel like I belong anywhere anymore. I'm so alone."

### **Wanda and Javier J.**

A mixed-race couple, Wanda is Anglo and Javier is Latino. They have been married for eight years and have two children. Their marital problems began two years before they sought couples counseling. Wanda said, "I feel that Javier does not support me in what I am trying to do in my career. He is also too strict with the children." Javier's perspective was different: "Wanda is too wrapped up in her world to care about what is going on in our family. The children don't have enough direction from us, and they are having problems in school because of the prejudice they feel from the Anglo kids. Wanda doesn't seem to care."

### **The Rosales**

The Rosales are a Latino family consisting of the parents—forty-five-year-old Anna and forty-six-year-old Jesse—and two children—Nancy, fourteen, and Tati, twelve. The Rosales have been married for seventeen years. They sought therapy because Anna and Jesse had been threatening to separate. The children are having adjustment problems: Tati is not doing well in school and he wants to drop out; Nancy took one of the family cars without permission and was involved in an accident. Anna reported, "Nancy and I are like two peas in a pod. We get along very well and understand each other. Jesse and Tati seem to be from another world." Jesse, on the other hand, observed, "Anna is always criticizing Tati and me. She feels that we don't do anything right."

### **Tony G.**

Tony is a sixty-five-year-old Latino who has a physical disability. Born in Mexico, he immigrated to a city in the southwestern United States when he was forty-one years old. He was holding down three different jobs when he was injured in an automobile accident that incapacitated him, forcing him to retire. The accident left him with limited use of his right arm and leg. He also suffers from severe muscle spasms in his neck, many lasting for several minutes at a time. The spasms are triggered by stress and fatigue. He is divorced and has four children. He lives alone. Tony told the therapist, "I feel useless now because I can no longer work. People see me and think I'm

exaggerating my problems. Not even my family understands the pain I feel or my unhappiness and feelings of uselessness.”

### Camilla and Her Two Daughters

Camilla, Lavis, and Tracy are members of a single-parent family. Camilla, a thirty-three-year-old Latina, has been divorced from Robert, who is white, for two years. Their two daughters, Lavis, six years old, and Tracy, eight, are biracial. Camilla and Robert have been having conflicts and their differences are exacerbated when Tracy and Lavis visit with Robert.

## FEELING DIFFERENT

The feeling of “differentness” is familiar to anyone who has felt pressured by society to conform. The common dynamic in the “differentness syndrome” is mismatch. Those who suffer *mismatch* feel alienated from individuals, groups, family, cultures, and institutions that play important parts in their lives. What are the causes of mismatch? The cultural and individual differences that make each of us unique are also responsible for making us feel mismatched to others and/or to our environment. The majority of society imposes pressures on us to conform, to abandon our individuality, and to force ourselves into the fictional ideal molds and patterns created by those who have power and influence (Katz and Taylor, 1988; A. Ramirez, 1988).

Because few of us fit these patterns in every way, we feel different and inferior, as if there were something wrong with us. The end result is that we reject ourselves, or at least part of our true selves, in order to “fit in” and to appear less different.

### The Mismatch Syndrome

The clients described earlier in this chapter felt mismatched to the important people and institutions in their lives. They felt alone, hopeless, angry, and misunderstood. They exhibited a number of common traits: self-rejection, depression, anxiety, emphasis on the negative, and rigidity of thinking and problem solving. All of these are symptoms of mismatch syndrome. Let us examine the cases in more detail to see how pressures to conform are related to the syndrome.

**Imelda.** Imelda was reared in a traditional society, typical of rural communities in the U.S.–Mexico border region. Atypical of the traditional pattern, however, were her parents’ divorce and her interest in sports. She was a member of the varsity basketball and volleyball teams. Imelda felt mismatched to the important authority figures in her life—her father, step-mother, grandparents, and teachers. Her parents and grandparents pressured her to abandon her involvement in sports because it was not consistent with their perception of how a proper young woman should be-



have. Her teachers did not like Imelda's attempts to make classes more relevant to herself and to her fellow students. When she asked her teachers to relate what they were teaching to her own experiences and to those of her classmates, they interpreted her behavior as rebellious and lacking in respect. Although Imelda's peers admired her feats on the basketball and volleyball courts, they saw her as an oddball, as not being feminine enough, and rarely included her in their social activities. Thus, Imelda was often lonely, isolated, and misunderstood. Only with her boyfriend did she feel comfortable and accepted. When he broke up with her, she felt her life had come to an end.

**Raul.** Raul grew up in a predominantly Caucasian city. His parents were both biracial—his mother was African American and Latino and his father was Native American and African American. During his childhood and adolescence, his family lived in subsidized government housing in the inner city. In late adolescence he lived with relatives in a rural community in the U.S.–Mexico border region of the state in which he lived. When he left home, he joined the armed forces and traveled widely throughout Europe and Asia, particularly in Vietnam.

Raul felt different from his peers in the housing development where his family lived; almost all were either Latino or African American and none were multiracial like his family. Since the time he was twelve, his mother had to work full time; because he was the oldest, he had to take over the role of supervisor to his younger siblings. Additional feelings of differentness emerged when Raul had to attend a middle school in which whites were in the majority. At that time he was not only diagnosed as being dyslexic and placed in special classes, but he also experienced rejection when he approached white girls.

Feelings of differentness were exacerbated in the year that he lived in a border community; his Latino relatives and peers criticized him for his accent, for his inability to speak Spanish fluently, and for his lack of familiarity with traditional Latino culture. Raul felt pressured to conform from the institutions of a segregated community in which Caucasian people were in the majority and mixed-race dating and friendship were discouraged. He also felt pressured to be a traditional Latino when he later went to live in a border community while he was in high school.

When Raul returned to his home community after his military service, he again encountered prejudice and lack of acceptance. His siblings were resentful of him because they felt he had been a harsh disciplinarian when he had been left in charge of them. He felt sexually attracted to white women, yet he felt that they could not love him as much as he loved them.

**Tara.** Tara, an African American, grew up in a small semi-rural town, which was predominantly Caucasian and Latino. Tara had two older brothers. Her father was a farmer and her mother a nurse. She had a difficult time