

# Cultural Diversity and Implications for Multicultural Social Work Practice

## Chapter Learning Objectives

On completion of this chapter, the reader will be able to:

1. Recognize the complexities of culture and the role of culture in human development in the social environment.
2. Employ a tripartite framework for understanding human identity to examine how culture influences and shapes the multiple dimensions of human identity.
3. Recognize the individual and universal biases that interfere with effective multicultural social work practice.
4. Explain the challenges social workers encounter in providing social services for culturally diverse individuals, families, and communities that face social, political, and economic challenges.
5. Recognize, appreciate, and respect cultural differences.

Content in this chapter supports the following Educational Policy and Accreditation Standards (EPAS) Core Competencies (Council on Social Work Education [CSWE], 2015):

Competency 1. Demonstrate Ethical and Professional Behavior

Competency 2. Engage Diversity and Difference in Practice

Competency 3. Advance Human Rights and Social, Economic, and Environmental Justice

## OVERVIEW

In this chapter we discuss a conceptual and philosophical framework for understanding the meaning of multicultural social work and cultural competence. We present an overview of the changing ethnic and cultural demographics in the United States, providing a foundation for developing culturally competent social work practice. Further, we introduce a tripartite framework for understanding individual uniqueness; individual differences related to race, gender, sexual orientation, disability, and so on; and universal similarities among human beings

## VOICES OF DIVERSITY AND MARGINALIZATION

### African American Male

*It gets so tiring, you know. It sucks you dry. People don't trust you. From the moment I wake up, I know stepping out the door, that it will be the same, day after day. The bus can be packed, but no one will sit next to you . . . I guess it may be a good thing because you always get more room, no one crowds you. You get served last . . . when they serve you, they have this phony smile and just want to get rid of you . . . you have to show more ID to cash a check, you turn on the TV and there you always see someone like you, being handcuffed and jailed. They look like you and sometimes you begin to think it is you! You are a plague! You try to hold it in, but sometimes you lose it. Explaining doesn't help. They don't want to hear. Even when they ask, "Why do you have a chip on your shoulder?" Shit . . . I just walk away now. It doesn't do any good explaining. (D. W. Sue, 2010a, p. 87)*

### Gay American

*I became aware of my sexual orientation only in my late teens. When I first experienced a same-sex attraction, I labeled it a "close friendship" and proceeded to deny my true self. My upbringing told me that being gay was wrong, "morally depraved." As an only son, I was expected to get married and have a son to perpetuate the family name. How could I disappoint my family? How could I allow myself to give in to "moral weakness"? . . . For several years, I struggled to*

*maintain a heterosexual identity. I dated women but could never gain intimacy with them. Deep down, I knew “the unspeakable truth,” that I was a gay man . . . Yet I had a deep-seated fear of how the process of coming out would impact relationships with my family . . . After coming out, my worst fears initially came true. I lost the support of my parents and initially did not have contact with them . . . Ultimately, the relationship settled into an uncomfortable silence about my life as a gay man. “Don’t ask, don’t tell” was the only way to maintain a connection with them. (O’Brien, 2005, p. 97–98).*

### **Female Worker**

*Every day, when I come to work, I do my best to show I’m competent and hardworking. I want that promotion as well. But my male co-workers never seem to recognize that I do much more work than they do. Yet, when I wear my hair differently or wear a new dress or sweater . . . I get remarks . . . “Oh, you look different, I like it . . . you really look sexy today, what’s the occasion?” Or “that dress really shows off your body well . . .” What gives them the right to comment on my body anyway? Is it so hard to say, “you’re doing a fine job . . . that last report was outstanding”? Do they even notice? No, only my body and appearance matter to them . . . What gets me is other women do the same thing, but usually in a negative way. “Boy, that’s a terrible outfit she has on. It makes her look frumpy.” (D. W. Sue, 2010a, p. 170)*

### **Person with a Disability**

*In 1988, I became obviously disabled. I walk with crutches and a stiff leg. Since that time, I no longer fulfill our cultural standard of physical attractiveness. But worse, there are times when people who know me don’t acknowledge me. When I call their name and say, “Hello,” they often reply, “Oh, I didn’t see you.” I have also been mistaken for people who do not resemble me. For example, I was recently asked, “Are you a leader in the disability movement?” While I hope to be that someday, I asked her, “Who do you believe I am?” She had*

*mistaken me for a taller person with a different hair color, who limps but does not use a walking aid. The only common element was our disability. My disability had become my persona. This person saw it and failed to see me. (Buckman, 1998, p. 19)*

### **Person in Poverty**

*Over and over, I came face to face with people's prejudice against me because my family was poor. My best friend all through school told me in the third grade that she couldn't come home and spend the night with me because her daddy said that I was "white trash." I was incredibly hurt and confused by this, though I didn't know what it was about. That's when I first started feeling bad about myself, feeling I had done something wrong. (Stout, 1996, p. 19)*

### **Individual from an Undocumented Immigrant Family**

*I can remember having to hide when I was a kid. . . I would come home and my parents would be maybe 20 or 30 minutes late, and I would cry until they got home because I was afraid they had been deported. (Modie, 2001, p. A6)*

\* \* \*

These voices of diversity and marginalization tell stories of the many hurts, humiliations, lost opportunities, and experiences of social invisibility; of the need for change; and of the herculean efforts that socially devalued groups have had to undertake in their struggles against an unwelcoming, invalidating, and even hostile social environment. These brief quotes tell stories of isolation and loneliness, and reveal experiences of prejudice and discrimination. It does not matter whether the slights and indignities visited upon these individuals were intentional or unintentional, because they were painful and became a part of each person's lived reality. In many ways, these quotes strongly suggest that obstacles to equal access and opportunity are firmly embedded in individual, institutional, and cultural assumptions and biases.

- For the African American male, his voice speaks of the pain and humiliation of being treated as a lesser being, a plague to be avoided, and a criminal. But more important, it is about the pervasiveness of racial prejudice,

discrimination, and stereotyping in our society and how these factors ultimately affect the psychological and physical well-being of African Americans. It is also about the inequities they encounter in education, employment, and health care.

- For the gay American, his voice speaks of heterosexism and homophobia; the resulting feelings of shame and the perceived sinfulness of one's true self; the need to hide one's identity; and the need to engage in a conspiracy of silence (don't ask, don't tell). It is about a life of loneliness and isolation—one in which one's internal struggles are difficult to share with family and close friends.
- For the female worker, her voice addresses having one's accomplishments ignored and/or invisible, and men or coworkers evaluate her worth based on physical appearance and attributes. Women often report encountering remarks about their appearance, garnering unwanted sexual attention, and experiencing sexual harassment. Not only can sexual objectification lead to lowered self-esteem and lowered subjective well-being, but also it may lead to self-objectification.
- For the person with a disability, his or her voice may speak to several concerns: becoming submerged in and defined as "the disabled" (the persona) and losing recognition as a person with attributes beyond the disability; being perceived as unattractive, and as possessing an ugliness that leads to social avoidance; and that others operate under the assumption that a limitation in one functional area leads to limitations in other functional areas as well. In this case, the potential impact of the disability may be dramatically inflated and extended to every sphere of the person's life (social, intellectual, emotional, and physical functioning).
- For people who live in poverty, their voice speaks to the experience of exclusion, separation, devaluation, and designation as the "other." Poor people are seen as lesser beings to be avoided, and arguably are excluded from participation in the political, cultural, and social mainstream of society. But apart from the psychological toll on the poor, poverty has an effect on one's standard of living in terms of inadequate food, shelter, medical care, transportation, and safety. In a nation that historically has purported to be classless, classism and poverty as a form of oppression continues unabated.

- For undocumented immigrants, it may mean the constant fear of deportation, immigration raids, and living in the shadows of society. Although the vast majority of undocumented workers pay taxes and only minimally use health care and social services, many states and communities have passed or are passing laws that deny benefits to this population, attempt to criminalize them, and subject them to racial profiling. These laws and actions are likely to continue to provoke fear and unease within the immigrant population, and they decrease the likelihood that immigrants will report crimes or abuse perpetrated against them.

These voices echo the life experiences and worldviews of members of marginalized groups in society. The voices provide clues that, despite representing only a tiny part of lived realities, provide us with some powerful lessons of life. The social work profession and particularly social workers must pay attention to the voices of those most oppressed in our society, take an active stand against inequities and injustice, and make a commitment to changing the lives of individuals as well as institutions and society (CSWE, 2015). It is often difficult for helping professionals to relate to and empathize with the personal stories of pain and humiliation wrought by racism, sexism, heterosexism, ableism, and classism. Perhaps the roots of this problem can be traced to power and privilege. It is often very difficult for those in power to understand the lived realities of those who are disempowered. Power and privilege blind people to the life circumstances of those who are not privileged. Men do not have to understand women to survive and do well in a male-dominated corporate setting. Women, however, must understand the male perspective to succeed in the world of work. White Americans do not need to understand people of color to prosper in this society. In contrast, for people of color to survive and do well, they must understand the worldviews of their White counterparts.

As social workers, we need to understand the worldviews of the clients we hope to serve. We must not allow power and privilege to prevent us from understanding how socially devalued groups in this society must contend with the constant indignities and insults visited upon them. We must realize that oppression is not a thing of the past, that it has been omnipresent throughout the history of our country, and that it continues to the present day. We must also realize that prejudice and discrimination not only are manifested through individual acts of overt racism against people of color but also can be reflected in our government leadership, educational systems, places of employment, and the media. People

of color, for example, do not just *occasionally* experience racism. Rather, it is a constant, continuing, and cumulative experience from the moment of birth. They are reminded that people of color are seldom represented in the higher echelons of Fortune 500 companies, that they still occupy the lower levels of employment, that many live in poverty, and that segregation continues in many facets of their lives. They may be reminded that history books generally do not acknowledge the contributions of their respective groups, and that when these groups *are* included, the portrayal is often one of dysfunction or pathology. They may be reminded of the lack of positive images of people of color on television or in the media. And they may be reminded that they were once enslaved, that they were placed in internment camps, and/or that they had their land taken away from them.

This book is an introduction to multicultural social work practice. Of all the social sciences and helping professions, what sets social work apart is our mission to serve marginalized, historically underrepresented, and disenfranchised populations (Lum, 2011; Morales & Sheafor, 2004; National Association of Social Workers [NASW] (2000, 2007, 2008; Rothman, 2008; Weaver & Congress, 2009; Zastrow, 2004). Since the start of our profession during the settlement house movement, social workers have served culturally diverse clients (Rothman, 2008). This early involvement with culturally diverse populations reflects the social work profession's strong commitment to social justice and striving to end discrimination, oppression, poverty, and other forms of social injustice (NASW, 2000, 2007, 2008). According to the 2008 Code of Ethics of the National Association of Social Workers, social workers must challenge social injustice and promote sensitivity to and knowledge about oppression as well as cultural and ethnic diversity.

This ethical responsibility is further delineated in The Council on Social Work Education (2015) Educational Policy and Accreditation Standards, which mandate that foundational curricula in all social work education programs integrate content on diversity. One of the nine competencies that all social work education programs must address is that

*Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color culture, disability and ability, ethnicity, gender, gender*

*identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structure and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power. (p. 7)*

Cultural competence, or the ability to effectively and respectfully provide services cross-culturally, therefore becomes a critical pathway to effective social work practice (Rothman, 2008; Weaver & Congress, 2009).

### **DIVERSIFICATION OF THE UNITED STATES AND IMPLICATIONS FOR SOCIAL WORK**

In the twenty-first century, U.S. society reflects a broadening and rich cultural diversity context (Lum, 2011). This context is evident in not only changing ethnic and racial demographics but also the sociocultural experiences of people of different genders, social classes, religious and spiritual beliefs, sexual orientations, ages, and physical and mental abilities (NASW, 2008). Spurred by this new multicultural reality, social workers are challenged to deliver culturally sensitive and effective services to an increasingly broad range of clients (NASW, 2008). More explicitly, social workers have an ethical responsibility to

*obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability. (NASW, 2008, p. 10)*

This includes serving the expanding number of children and families living in poverty; older adult clients; immigrants and refugees; veterans; and/or those who identify as lesbian, gay, bisexual, transgender, or queer or questioning (LGBTQ).



Marked by sharp downturns in U.S. stock, housing, and labor markets, the Great Recession that began in late 2007 has had a devastating impact on the lives of all Americans, and on marginalized populations in particular. Social workers are also encountering the negative effects of the current economic crisis in their work. For instance, the *Current Population Survey (CPS), 2012 Annual Social and Economic Supplement (ASEC)*, which is the source of official poverty estimates, reported that the proportion of the population living in poverty is 15 percent, or 46.2 million people. This survey further reported that for children, the number is dramatically higher at 22 percent. These high poverty rates make children particularly vulnerable to neglect and abuse in the home. In addition, on a macro level, the economic conditions have resulted in limited funds for public schools, social service programs, and community health centers, just when families need them the most (American Psychological Association, 2014).

According to Poterba, Venti, & Wise, (2012), older adults, or persons at or approaching retirement age, are more vulnerable to the negative effects of the current economic crisis. This population is rapidly expanding in the United States due to advances in modern medicine and technology as well as changing public health policies that have extended average life expectancies (Poterba, Venti, & Wise, (2012). According to the 2011 census, there are forty million people age sixty-five and older in the United States, which accounts for over 13.7 percent of the U.S. population—a percentage that is expected to increase dramatically to 20 percent by the year 2030 due to the aging of baby boomers, or persons born between 1946 and 1964 (U.S. Census Bureau, 2012). Older adults constitute a marginalized group that is increasingly vulnerable to government policies and changes in regard to social security and pension funds that reduce their benefits and protection as they begin their retirement years, thus having a significant impact on their quality of life (Poterba, Venti, & Wise, 2012).

In American society, older adults are also victimized by ageism, or unjust systemic stereotyping and discrimination due to their older age status. According to existing stereotypes, older adults have declining physical and mental capabilities, have grown rigid and inflexible, are incapable of learning new skills, are crotchety and irritable, and should step aside for the benefit of the young (Brammer, 2004; Zastrow, 2004). In a study by Allen and colleagues (2007), social work students and service providers in nursing homes and mental health settings readily admitted to interventions that reduce rather than enhance an older adult's capacity for independent living. This study's findings suggest that many social service agencies

remain unprepared to deal with the health and behavioral health needs of the aging population. Fortunately, there have been recent efforts and initiatives in the field of social work aimed at improving the quality of life of our growing older adult population (e.g., the Geriatric Social Work Initiative, the Hartford Foundation, and those institutes of gerontology in schools of social work across the country).

Other populations hit hard by the recent economic crisis have been racial and ethnic minority groups. Poverty is highly concentrated among these groups and reflects the continuous economic disparities that exist between persons of color and majority White Americans in the United States (NASW, 2009). According to the Pew Research Center (2011), the bursting of the housing market bubble and the Great Recession that followed from late 2007 to mid-2009 took a far greater toll on the wealth of Latinos/Hispanics and African Americans in comparison to that of Whites. Specifically, from 2005 to 2009, inflation-adjusted median wealth fell by only 16 percent among White households, compared to 66 percent among Latino/Hispanic and 53 percent among African American households (Pew Research Center, 2011). Lower levels of wealth in ethnic minority households have significant implications for the economic and social security of ethnic minority families, whose members, including children and older adults, are more vulnerable to economic burdens (Gassoumis, 2012).

Ethnic minority groups are growing at disproportionately higher rates than the current majority non-Hispanic White group. According to the 2010 U.S. Census, approximately 36.3 percent of the population currently belongs to one or more racial or ethnic minority groups, including Native Americans/First Nations Peoples and Alaska Natives, Asian Americans and Pacific Islanders, African Americans, and Latinos/Hispanics. Many of these diverse populations have experienced significant percentage growth increases since 2000, including Latinos/Hispanics (43 percent), Asian Americans and Pacific Islanders (43.3 percent), and the growing population of persons who identify with two or more racial groups (50 percent) (U.S. Census Bureau, 2012). Projections indicate that persons of color will constitute a numerical majority sometime between 2030 and 2050. The rapid demographic shifts stem from trends in two major areas: increasing immigration rates and differential birthrates. The current immigration rates (documented immigrants, undocumented immigrants, and refugees) are the highest in U.S. history. Unlike the earlier immigrants who were primarily White Europeans oriented toward assimilation, the current wave encompasses immigrants and refugees who are culturally diverse and largely from Asia (40 percent), Central America (25.2 percent), and the Caribbean (9.4 percent) (Walters & Trevelyan, 2011).

In addition, the birthrates of White Americans have continued to decline in comparison to those of ethnic and racial minorities, and for the first time, most babies born in the United States belong to racial or ethnic groups classified as minorities (U.S. Census Bureau, 2012).

Ethnic minority individuals, families, and communities continue to experience systemic social and economic obstacles linked to discrimination, which can disproportionately and negatively affect both their mental and their physical health (Department of Health and Human Services, 2011). For instance, ethnic minorities are more likely to live in poverty; have higher mortality rates; and experience higher rates of chronic illness (e.g., asthma, HIV/AIDS, diabetes) and greater behavioral risk (e.g., alcohol and other substance use) (Centers for Disease Control and Prevention, 2011). In addition, there are cultural barriers that limit certain minority groups' access to health and mental health services. For example, immigrants/refugees unable to speak English face additional restrictions when attempting to access and receive health and mental health services (Webb, 2010). Currently, immigrants, particularly from Mexico, are also vulnerable to increased racism and discrimination associated with rising anti-immigration sentiment and new U.S. legislative efforts that are largely punitive toward members of this population (Aguirre, Rodriguez, & Simmers, 2011). As social workers, we are an essential resource for ethnic minority groups in that we understand that culture and language influence an individual's belief system as it relates to his or her health, healing, and well-being (Webb, 2010).

A final group experiencing heightened marginalization comprises persons who identify as LGBTQ. There are approximately nine million LGBTQ Americans; in addition, about nineteen million Americans have reportedly engaged in same-sex behaviors. About one-fourth of the adult population acknowledges some same-sex attraction. An estimated 3.5 percent of American adults identify as lesbian, gay, or bisexual, with 0.3 percent identifying as transgender. The bisexual population (the majority of whom are women) is slightly larger than the lesbian or the gay male population (Gates, 2011).

It is true that there has been growing public approval and positive changes in legislation concerning LGBTQ rights (e.g., the recall of the military's "don't ask, don't tell" policy; President Barack Obama's public declaration in support of gay marriage on May 11, 2012; and finally the Supreme Court's landmark ruling on June 26, 2015 that states cannot ban same-sex marriages. Nevertheless, members of this diverse population are still subject to negativity and bullying stemming from homophobia, or the irrational fear or hatred of LGBTQ individuals, which

often leads to discrimination and violent acts (Adams, Bell, & Griffin, 2007; Levy, 2009). For example, the Williams Institute has reported that LGBTQ people consistently describe experiencing discrimination based on sexual orientation or gender identity in the workplace, and that these experiences can have a negative impact on their wages and mental and physical health (Pizer et al., 2012). In addition, LGBTQ youth consistently experience violence (38 percent) and verbal harassment (82 percent) in the school environment, which can hinder academic success and psychological adjustment (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012). There is a growing need for social workers to provide a safe and affirming space for LGBTQ clients and to combat at the macro level the harmful effects of homophobia and heterosexism on individuals, families, and communities (Hines, 2012).

To summarize, social workers are challenged to serve culturally complex and diverse individuals, families, and communities facing numerous social, political, and economic challenges. Yet to work effectively and sensitively with the aforementioned and other diverse groups, social workers must first recognize the complexities of culture and the multiple dimensions of identity that contribute to one's understanding of the role of culture in human behavior in the social environment.

### **THE MULTIPLE DIMENSIONS OF HUMAN IDENTITY**

All too often, social workers seem to ignore, pay lip service to, or feel uncomfortable acknowledging the group dimension of human existence (Guadalupe & Lum, 2005). For example, a White school social worker who works with an African American family might intentionally or unintentionally avoid acknowledging the racial or cultural background of the family members by stating, "We are all the same under the skin" or "Apart from your racial background, we are all unique." Reasons have already been given as to why this might happen, but such avoidance would be likely to negate an important aspect of the family's group identity. Though not overt acts of racism, such comments represent microaggressions that could have a profound and debilitating impact on the family's experience and group identity. As a result, the African American family might feel misunderstood and resentful toward the social worker, hindering the establishment of rapport.

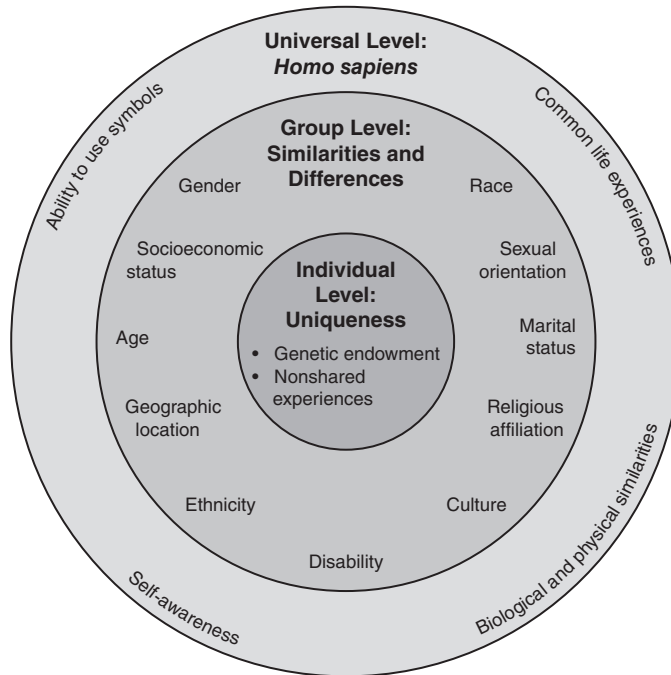
Much of social work practice is based on Western culture-bound values and beliefs asserting that people are unique and that the psychosocial unit of operation

is the individual. On the other side are values and beliefs asserting that people are the same and that the goals and techniques of clinical practice are equally applicable across all groups. Taken to its extreme, this latter approach nearly assumes that persons of color, for example, are White, and that race and culture are insignificant variables in the helping professions. Statements like “There is only one race, the human race” and “Apart from your racial/cultural background, you are no different from me” are indicative of the tendency to avoid acknowledging how race, culture, and other group dimensions may influence identity, values, beliefs, behaviors, and perceptions of reality (Carter, 1995; Helms, 1990; D. W. Sue, 2001).

Related to the negation of race is the problematic issue of the inclusive or exclusive nature of culture. It has been suggested that an inclusive definition of culture (one that includes gender, disability, sexual orientation, etc.) can obscure the understanding and study of race as a powerful dimension of human existence (Carter, 1995; Carter & Qureshi, 1995; Helms, 1995; Helms & Richardson, 1997; Lum, 2011). This stance is intended not to minimize the importance of the many cultural dimensions of human identity, but rather to account for the greater discomfort that many experience in dealing with issues of race compared to that experienced when addressing other sociodemographic factors (Carter, 1995). By using a more inclusive definition of culture, race becomes less salient, and we are able to avoid addressing problems of racial prejudice, racial discrimination, and systemic racial oppression. This concern appears to have great legitimacy. When issues of race are discussed in a classroom, a social service agency, or some other public forum, it is not uncommon for participants to refocus the dialogue on differences related to gender, socioeconomic status, or religious orientation.

That being said, many groups often rightly feel excluded from the multicultural debate and find themselves in opposition to one another. Thus, enhancing multicultural understanding and sensitivity means balancing our awareness of the sociopolitical forces that dilute the importance of race, on the one hand, with our need to acknowledge the existence of other group identities related to social class, gender, disability, age, religious affiliation, and sexual orientation, on the other (Anderson & Middleton, 2011; D. W. Sue, 2010a).

There is an old Asian saying that goes something like this: “All individuals are, in many respects, (1) like no other individuals, (2) like some other individuals, and (3) like all other individuals.” Although this statement might sound confusing and contradictory, many Asians believe these words to have great wisdom and to be entirely true with respect to human development and identity. The *tripartite framework* shown in Figure 1.1 is useful in exploring and understanding

**FIGURE 1.1 Tripartite Development of Personal Identity**

the formation of personal identity (D. W. Sue, 2001). The three concentric circles illustrated in the figure denote individual, group, and universal levels of personal identity.

### Individual Level

“All individuals are, in some respects, like no other individuals.”

There is much truth in the saying that no two individuals are identical. We are all unique biologically, and recent breakthroughs in mapping the human genome have provided some startling findings. Biologists, anthropologists, and evolutionary psychologists had looked to the Human Genome Project to potentially provide answers to questions having to do with comparative and evolutionary biology—to find the secrets to life. Although the project provided valuable answers to many questions, scientists have discovered even more complex questions. For example, they had expected to find one hundred thousand genes in the human genome, but approximately twenty thousand were found, with the possibility of another five

thousand—only two or three times more than are found in a fruit fly or a nematode worm. Of those potential twenty-five thousand genes, only three hundred unique genes distinguish us from the mouse. In other words, human and mouse genomes are about 85 percent identical! Although this discovery may be a blow to human dignity, the more important question is how so relatively few genes can account for our humanness.

Likewise, if so few genes can determine such great differences between species, what about within the species? Human inheritance almost guarantees differences, because no two individuals ever share the same genetic endowment. Further, no two of us share the exact same experiences in our society. Even identical twins who share the same gene pool and are raised in the same family are exposed to both shared and nonshared experiences. Different experiences in school and with peers, as well as qualitative differences in how parents treat them, will contribute to individual uniqueness. Research indicates that psychological characteristics and behavior are affected more by experiences specific to a child than by shared experiences (Bale et al., 2010; Foster & MacQueen, 2008).

### **Group Level**

“All individuals are, in some respects, like some other individuals.”

As mentioned earlier, each of us is born into a cultural matrix of beliefs, values, rules, and social practices (D. W. Sue, Ivey, & Pedersen, 1996). By virtue of social, cultural, and political distinctions made in our society, perceived group membership exerts a powerful influence over both how society views sociodemographic groups and how group members view themselves and others (Atkinson, Morten, & Sue, 1989). Such group markers as race and gender are relatively stable and less subject to change. Some markers, however, such as education, socioeconomic status, marital status, and geographic location, are more fluid and changeable. Although ethnicity is fairly stable, some argue that it can also be fluid. Likewise, debate and controversy surround the discussions about whether sexual orientation is determined at birth and whether we should be speaking of sexuality or sexualities (D. Sue, Sue, & Sue, 2013). Nevertheless, membership in any of these groups may result in shared experiences and characteristics. They may serve as powerful reference groups in the formation of one’s worldview. At the group level of identity, Figure 1.1 reveals that people may belong to more than one cultural group (e.g., an Asian American female with a disability); that some group identities may be more salient than others (e.g., race over religious affiliation); and



that the salience of one cultural group identity may increase or decrease in relation to that of another depending on the situation. For example, a gay man with a disability may find that his disability identity is more salient among the able-bodied, but that his sexual orientation is more salient among those with disabilities. For this individual, the intersecting experience of having multiple and possibly marginalized cultural identities will influence his sense of self, his worldview, and his movement through life (Lum, 2011).

### **Universal Level**

“All individuals are, in some respects, like all other individuals.”

Because we are members of the human race and belong to the species *Homo sapiens*, we share many similarities. Universal to all of us are (1) biological and physical similarities; (2) common life experiences (birth, death, love, sadness, etc.); (3) self-awareness; and (4) the ability to use symbols, such as language. In Shakespeare’s *The Merchant of Venice*, Shylock attempts to force others to acknowledge the universal nature of the human condition by asking, “When you prick us, do we not bleed?” Again, although the findings of the Human Genome Project indicate that a few genes may cause major differences between and within species, it is startling how similar the genetic material within our chromosomes is and how much we share in common.

### **INDIVIDUAL AND UNIVERSAL BIASES IN SOCIAL WORK**

Unfortunately, social workers have generally focused on either the individual or the universal level of identity, placing less importance on the group level. There are several reasons for this orientation:

- First, our society arose from the concept of rugged individualism, and we have traditionally valued autonomy, independence, and uniqueness. Individuals are assumed to be the basic building blocks of our society. Such sayings as “Be your own person,” “Stand on your own two feet,” and “Don’t depend on anyone but yourself” reflect this value.
- Second, the universal level is consistent with the tradition and history of the social sciences, which have historically sought universal facts, principles, and laws in explaining human behavior. Although this has been an important quest, the nature of scientific inquiry has often meant studying behavioral phenomena independently of the context in which human behavior



originates. Thus, therapeutic interventions from which research findings are derived may lack external validity (S. Sue, 1999).

- Third, we have historically neglected the study of identity at the group level for sociopolitical and normative reasons. As already mentioned, issues of race, gender, sexual orientation, and disability seem to touch hot buttons in all of us because they bring to light issues of oppression and the unpleasantness of personal biases (Carter, 1995; Helms & Richardson, 1997; D. W. Sue et al., 1998).

If our profession hopes to understand human behavior in the social environment and effectively and sensitively serve diverse clients, it cannot neglect any level of identity. Explanations for human behavior that acknowledge the importance of group influences, such as those of gender, race, culture, sexual orientation, socioeconomic class, and religious affiliation, lead to a more accurate understanding of that behavior (Devore & Schlesinger, 1999; NASW, 2000). Failure to acknowledge these influences and how they intersect with each other, contributing to the interlocking and complex nature of culture and identity, may skew research findings and lead to biased conclusions about human behavior that are culture-bound, class-bound, and gender-bound.

Thus, it is possible to conclude that all people possess individual, group, and universal levels of identity. A holistic approach to understanding personal identity demands recognition of all three levels: individual (uniqueness), group (shared cultural values and beliefs), and universal (common features of being human). Because of the historical scientific neglect of the group level of identity, this text focuses primarily on this level.

Before closing this portion of our discussion, however, a note of caution is needed. Although the concentric circles in Figure 1.1 might unintentionally suggest clear boundaries between levels, each level of identity must be viewed as permeable and constantly changing in salience. In social work, for example, a client might view his or her uniqueness as important at one point in a session and stress commonalities of the human condition at another. Further, within the group level of identity, multiple forces may be operative. As stated earlier, this level encompasses many reference groups, both fixed and nonfixed, that might affect one's life. Being an older, Latino gay male, for example, entails four potential and perhaps intersecting reference groups operating on and within the person. A social worker must be willing and able to touch on all dimensions of human existence, particularly those most salient to the client, without negating any of them.

## MULTICULTURAL CHALLENGES IN SOCIAL WORK PRACTICE

*An Emirate female social work student approached me after class and started talking to me about her mother and younger disabled brother. She mentioned in confidence that she thought her mother physically abused her little brother during the day. Compelled by the NASW Code of Ethics, I told her in no uncertain terms to report the matter to the police. Her response surprised me. She said, “In Islam it is haram—meaning it is forbidden (Arabic: محرم, محظور, ممنوع,) to talk about the sins of your elders to others.” I doggedly stuck to my ethical code guns and for the next 20 minutes or more unsuccessfully tried to convince her to report the matter to the police or local welfare services. Finally, I came to the realization that I could not compel my student to break with Islamic prophetic traditions in favour of a Western social work code of ethics. Only then could I move beyond my professional value-based perceptions, and explore Arab culture-sensitive alternatives with the student to resolve the matter. (Western social work educator, Holtzhausen, 2011, p. 199)*

Though our profession recognizes culture as a source of strength for individuals and communities (Marsiglia & Kulis, 2015), cultural differences can also impose challenges in professional social work practice, which can lead to cultural tensions between social workers, clients, and organizations (Yan, 2008). Some of these tensions emerge from the culture of the profession itself, which is often criticized for its Eurocentric roots and primarily Western values (Yan, 2008). This professional outlook presents particular challenges to social workers from non-Western cultures who may struggle with our profession’s individualistic focus (Yan, 2008). For instance, social workers from more collectivistic cultures that value interdependence may have difficulty with the profession’s emphasis on autonomy (Holtzhausen, 2011). Tensions can also develop within the dominant cultural context of the agencies and organizations in which social workers work (hospitals, prisons, schools, etc.), which can sometimes clash with the culture of the social worker.

*One of the cultural things that many cultures share is to take care of the elderly in the home. Somehow it works out that the family participates together. That was one of my cultural values that I came with . . . clashing with the work that I was doing because [it was]*

*here I found that it's a norm [at the hospital] to look at long-term care for somebody who is not able to manage at home. (Chilean hospital social worker, Yan, 2008, p. 323)*

In addition, just like other helping professionals, social workers can view and treat clients' problems from their own cultural perspective. As a result, social workers can be guilty of imposing their own cultural worldview on their clients (Weaver, 2005). This cross-cultural challenge can be the most complicated and critical area of tension that social workers have to encounter in their daily practice (Yan, 2008). For example, in a study of thirty frontline social workers, Yan (2008) found that participants frequently reported struggling with different aspects of their client's culture (e.g., paternalistic family values). These challenges appeared to be heightened between social workers of color and clients from the dominant White racial group, who reportedly exhibited both subtle and obvious forms of social power when interacting with these social workers (Yan, 2008). This can be perceived as a form of discrimination by the social worker of color, which can create feelings of disempowerment and incompetence.

*There is a bit of discrimination at where the social workers [came] from; when a clients' perspective is white they basically would question your background, your accent, when did you come, how did you come. I guess it will give them permission to ask you the questions that are personal because I guess they speak from the position that probably this is who we are [the dominant group] and this is where we are [the dominant society], you [as an immigrant] kind of came here. Sometimes they would not even talk about it. . . . They would say something like "How come you became a therapist?" (Iranian mental health worker, Yan, 2008, p. 324)*

Even when clients and social workers share certain aspects of culture (e.g., ethnicity, religious background, sexual orientation, etc.), this can lead to tensions and potential boundary problems in social work practice. For instance, social workers may feel additional pressure by clients of the same culture to go above and beyond their duties—to accommodate these clients' needs due to their shared cultural experience (Yan, 2008). In addition, many clients may choose not to work with someone from the same cultural group because of their own experiences within and beliefs about that group and their fear of being judged by other group members (Yan, 2008).

*I think a lot of people from South Asia who do the same thing [rejecting worker from their own community]. Clients don't want their community to know their issues so therefore, it should not be someone [the worker] from their culture. If it is a different person, it's okay. There is a lot of advice going around that we will disclose or we gossip about our own people. (South Asian community worker, Yan, 2008, p. 325)*

Though social work as a profession emphasizes the importance of culture in understanding human behavior in the social environment (NASW, 2008), as individual social workers we are less aware of how our own culture and the culture of the profession may potentially influence our experiences in the field and shape our work with client systems. As members of a profession and also as employees in numerous public and private settings, we are not culturally neutral (Yan, 2008). In addition, we bring to the job our own multifaceted culture, which can create cultural tensions even when that culture is similar to a client's culture in certain respects.

In conclusion, our profession's strong commitment to serving disenfranchised populations and promoting social and economic justice places social workers in a unique position to engage difference and diversity in practice. In addition, changing demographics and a shifting sociopolitical landscape challenge social workers to provide an increasingly broad range of clients with culturally sensitive and effective services. Given the multiple dimensions of identity and the complexities of culture that present tensions in social work practice, it is essential that social workers develop an in-depth understanding of what cultural competence is and how it can be implemented in various domains of social work practice—a discussion that will begin in the next chapter.

## **IMPLICATIONS FOR MULTICULTURAL SOCIAL WORK PRACTICE**

1. Sociodemographic group identities often dictate how social workers define problems and choose interventions. The cultural perspectives of clients may often clash with that of the well-intentioned social worker, who must develop culturally appropriate intervention strategies in working with clients and client systems.
2. Social workers must be able to hear the voices of their oppressed clients, to understand their lived experiences of marginalization, to empathize with the

pain and hardships they have had to endure, and to realize that their plight in this society may be due to no fault of their own. Oftentimes the problems clients encounter are not internally situated, but rather the result of inequities in our society.

3. In many respects, social work is about social justice. Given this statement, it is important to realize that racism, sexism, ableism, heterosexism, and classism are functions of the unjust treatment of various socially devalued groups in our society. Inequities in health care, employment, and education are due to unfair social policies and practices, problematic institutional standard operating procedures, and the actions of individuals who unknowingly discriminate.
4. Understand that the work and responsibilities of social workers are directed at changing not simply the lives of individuals, but the very institutional and cultural policies and practices that prevent equal access and opportunity.
5. Know that cultural competence is a lifelong journey that never ends. To believe that one can become thoroughly familiar and competent in working with the many sociodemographic groups in our society is to be unrealistic. So don't get overwhelmed or discouraged.
6. Be aware that the first step toward cultural competence is to work on understanding yourself as a racial/cultural being. Once that occurs, understanding other groups becomes the next priority. Know that understanding one group—their life experiences, values, and assumptions about human behavior—may actually increase your ability to understand the worldviews of others.

## SUMMARY

Beginning with the section “Voices of Diversity and Marginalization,” this chapter has examined the growing diversity in the United States and the social, political and economic obstacles that diverse populations encounter. It is these obstacles that present a challenge to the social work profession's efforts toward becoming more culturally competent in responding to these populations' needs. The changing demographics in the United States have added layers of complexity to our understanding of the human condition. Diversity has become a fact of life that has challenged the very foundations of our social, political, and economic systems and, more important, our understanding of what it means to be “an American.” For the social work profession, the attention given to diversity may mean several things.

First of all, what is key is that race, gender, ethnicity, sexual orientation, class, disability, religion, and many other significant sociodemographic group identities affect how individuals and groups perceive the world as well as how these individuals and groups are perceived and understood by others, including social workers. Second, a social worker must understand that such terms as *culture*, *diversity*, *multicultural*, and *cross-cultural* are inclusive in nature, encompassing both the multiple dimensions of human identity and the intersection of group identities. Finally, it is important to understand that we as cultural beings are composed of the intersection of more than one sociodemographic group identity, and that some group identities may be more salient or may shift depending on the social context. Social workers must be ever vigilant to these identity shifts, lest they become guilty of stereotyping clients or perceiving them as unidimensional. Social workers must be constantly aware that all of us have an individual, group, and universal level of identity. The tripartite framework for conceptualizing personal identity presented in this chapter provides a model for understanding our individual uniqueness; our individual differences related to race, gender, sexual orientation, disability, and so on; similarities and differences related to our social group membership and our universal similarities. Failing to acknowledge all levels of a person's identity is to potentially negate, dismiss, or dilute important dimensions of that person's fundamental nature or being.

If you as a social worker have discomfort or difficulty with acknowledging the group level, for example, ask yourself why. It may tell you something about the biases and culture-bound assumptions about human behavior that you possess. This text provides a social work practice framework that will enable you to attain greater awareness of yourself as a cultural being and to become an effective multicultural social work practitioner.

### **REFLECTION AND DISCUSSION QUESTIONS**

1. What do voices of the oppressed tell you about the hardships they experience? Can you identify individual, institutional, and societal factors that affect the psychological and physical well-being, as well as the standard of living, of marginalized groups?
2. In what ways has the profession of social work prioritized social justice and serving the culturally diverse?

3. What culturally diverse groups are most likely to experience hardship associated with the current sociopolitical and economic landscape of the United States? What role might social workers play in serving these groups?
4. Using the tripartite framework, in what ways are you unique, what cultural characteristics do you share with only certain groups, and what similarities do you share with everyone?
5. How might cultural differences between practitioners and clients complicate social work practice, and what are some dilemmas or tensions that social workers are likely to encounter when working cross-culturally?

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