

Guest Article**CULTURALLY SENSITIVE INTERVENTION
WITH CHILDREN & FAMILIES**

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Adapted from an article in Child and Adolescent Social Work, Volume 7, Number 2, April 1990

Right from birth, babies become reflections and products of their culture. Babies are social beings and their signals evoke in their caregivers a powerful motivation to provide care and protection. This is done in every known culture; how it is done varies from culture to culture.

Childrearing traditions are shaped by specific threats to survival which call for different norms of adaptation. When a childrearing custom has been used for generations to provide a ready made solution to a socially recognized problem, the custom gets transmitted by example and parents do not need to reconsider its adaptive function or its origins. This unconscious transmission of adaptive childrearing mechanisms is probably the most effective way of promoting both cultural continuity and child survival. Things become more complicated when different cultures come together and when fellow citizens have different worldviews and different ideas about what a child needs.

Cultural Sensitivity in Clinical Intervention

To understand someone from another culture we first need to understand our own culture as if we were outsiders. Our comfort with our own worldview can easily become an obstacle to dialogue with those different from us. Sensitivity to cultural differences is essential in working well with minorities. But with so many cultures, and different beliefs and values within each culture, it is impossible to be culturally sensitive as a general quality because this would demand an encyclopedic ethnographic and anthropological knowledge well beyond the reach of most. It is less daunting to think of cultural sensitivity as a form of interpersonal sensitivity that involves attunement to another person's individual idiosyncrasies and an attitude of openness in finding out about what we don't know. This requires a temporary putting aside of our own values and preconceptions in the service of finding out about the values and preconceptions of the other.

When we work with members of another ethnic or socio-economic group, much cannot be taken for granted. In addition to the individual's personal history, the whole culture becomes the area of inquiry. We need to know to what extent each individual consciously identifies with his or her own culture or feels him or herself a representative of it. Recently arrived people may be different from the way they were in their country of origin and from the way they will be once they find their niche in the new

country. Immigration causes grief because of separation from loved ones and loss of culture, language and landscape. It also causes disorientation because of lack of familiarity with language and mores of the new country. The result is often a shattered sense of identity, depression, anxiety and decreased competence and coping skills. This is, of course, not always the case. But for many, immigration may be an upheaval that lowers self-esteem.

Immigrants fleeing for political reasons often have experienced death or disappearance of family, friends and neighbours, as well as destruction or corruption of their cultural institutions. Cultural sensitivity requires awareness of the psychological consequences of belonging to a culture in the process of disruption. The way parents relate to their children in such a situation is shaped by their worries about the fate of their culture. Failure to recognize the compelling psychological legitimacy of the concerns of different groups can lead to unnecessary social strife.

Culturally sensitive intervention with members of a different culture requires effort to understand from their perspective what values need to be upheld, and what pains need to be avoided or endured. We don't need to adopt their perspective, but we need to see it as an adaptation that deserves serious scrutiny. Variations exist within every culture, and these need to be explored and understood in order to avoid over-generalization.

Intervention Research with a Minority Group

Our work with Spanish speaking immigrants highlights some important issues in culturally sensitive intervention. Perhaps the most distinct characteristic of Spanish speaking cultures is their explicit emphasis on the family and the collective as the centre of a person's emotional and social life (Acosta, Yamamoto and Evans, 1982). This emphasis contrasts with the American value of individualism - the notion that a person's highest calling is to be true to him- or herself.

An individualistic culture is one in which a person's social behavior is shaped primarily by personal goals and needs which do not necessarily overlap with those of the group. Competition is stressed and cooperation is not. In contrast, in a collectivist culture the person's behavior is shaped primarily by the goals, needs and values of the group, even when this involves giving up personal pursuits. These cultures tend to stress cooperation and avoid

competition. There is also a high personal identification with the family and a sense of mutual obligation and responsibility among extended family members. Personal sacrifices are expected on behalf of the family welfare, whether this involves spending every Sunday with one's elderly parents, taking over the family business instead of pursuing a separate career, or, in the case of immigrants, sending home a hefty part of one's income in order to help those who stayed behind.

In individualistic cultures, people who sacrifice important personal goals for the sake of others may be considered masochistic, immature or overly dependent. In a collective culture, a person who fails to sacrifice personal goals for the welfare of others is often rebuked as selfish, disloyal and untrustworthy.

Studies comparing the values of Anglos and Hispanics living in the United States found a tendency to emphasize different personal qualities. Triandis et al (1982) found that Anglos valued honesty, sincerity and moderation - traits that involve being true to oneself, while Hispanics valued being sensitive to others, loyal, dutiful and gracious - traits that involved being attuned primarily to the feelings of others. Hispanics also believe in going to great lengths to preserve interpersonal harmony and to avoid tension and criticism, including avoiding unpleasant topics or denying that one is inconvenienced by the behavior of others (Triandis et al., 1984). From an Anglo perspective, these qualities may be morally ambiguous because they are not always consistent with values of honesty and sincerity.

These findings on Latino values have direct implications for attitudes toward childrearing. In our study of preventive intervention with anxiously attached mothers and babies from Mexico and Central America, my colleagues and I assessed mothers' attitudes towards childrearing. When their babies were 12 months, our sample resembles the Anglo norms' emphasis on early reciprocity between mother and child. But when it comes to respect for the parents and the management of anger, the differences from Anglos are clear. Most mothers in our sample believe strongly that parents should be in charge, that disobedience and disrespectful behavior should not be allowed, and that good parents should suppress the expression of anger in their children. They also believe that boys are innately tougher and more aggressive and that boys and girls should be treated differently. Finally, they tend to have an idealized and self-sacrificing view of motherhood, which of course is very much in line with the importance given to the family rather than the individual.

In contrast, the middle class Anglo tends to favour a more permissive approach to child aggression, to advocate democratic family relations and gloss over the different authority status between parents and children, to minimize gender differences in childrearing, and to defend the mother's right to pursue her own interests even if this means some accommodation by her children. From an Anglo perspective, Latino mothers may appear authoritarian, restrictive, sexist and self-deprecating. Yet in a Latino cultural context, the mothers in our sample emerge as confident of their authority, devoted to their family and selflessly willing to give of themselves and to endure hardship for the sake of their children.

Inter-Cultural Variations

It is important to note that our sample was only one subset of myriad Latino populations. - recent immigrants from Mexico and Central America who were poor. Cross-cultural studies merely indicate that on average, it is more likely that a person from a particular culture may display more of a particular characteristic.

Our own research indicates that individuals defy such stereotyping. Mothers in our sample showed a statistically significant shift towards a less self-sacrificing view of motherhood between the first and second years of their children's lives. This suggests that culturally sanctioned values may be modified under different life circumstances. In addition, there were clear individual differences. The mothers of securely attached infants tended to value early mother-child reciprocity more and were more permissive towards child aggression than the mothers of anxiously attached infants, a finding that is consistent with Anglo patterns (Ainsworth et al, 1978).

Cultural Differences and the Intervenor's Experience

The implications of cultural differences for intervention are profound. A group of experienced professionals working with blind infants and their mothers reported to me frustration with Latino mothers who tended to do "everything" for their blind infants and toddlers and interfered with the acquisition of self-help skills. These mothers carried their babies during much of the day instead of encouraging them to crawl, fed them instead of encouraging autonomous eating, and bottle-fed until well into the pre-school years. The professionals felt that this maternal devotion infantilized the blind children, who needed to develop early self-reliance in order not to become passive and lethargic due to lack of stimulation. What culturally enlightened suggestions could I give them to get those mothers to encourage independence in their blind babies?

I did not want to give these professionals suggestions about how to encourage independence in infants. Instead I talked about the importance of early attachment for all babies, blind ones included, and the central role of close physical contact and solicitous maternal care in this process. My audience stressed the importance of early autonomy and I argued that a close mother-child relationship comes first and autonomy second. As I was trying to understand the origins of the strong emotions we were all feeling, it dawned on me that we were unconsciously re-enacting the struggle between the workers and the resistant Latino mothers. I was identifying with the mothers, refusing to yield to the intervenors' demands to let go of the child and to foster the child's autonomy. The intervenors understandably perceived me as one more Latino mother who was opposing their efforts.

Once we became aware of this, we were able to understand the cultural underpinnings of the roles we were playing. The Anglo professionals were trying to protect and foster the child's individuality and saw both my views and the mothers' childrearing practices as suffocating the child's autonomy, while I saw their goals as unsympathetic to the fostering of close family bonds.

After much soul searching, the intervenors became more sympathetic to the mothers' wish for closeness to their infants, and I was able to come up with some suggestions for encouraging autonomy in the infants.

This experience is a good example of the strong personal feelings we can fall prey to when working with people from another culture. It is easy to experience their values and beliefs as hurdles that we need to surmount if we are to help the child. We need instead to search for an understanding of how their values fit into the very fabric of who parents are and how they see their children, themselves, their families, their lives, us, and the world at large. This enhances our empathy for parents and cuts down to size our preconceptions of what we can accomplish in "improving" each family's life.

Culturally Sensitive Intervention Methods

Our experience at the Infant-Parent Program has taught us the importance of using the mother's language, both literally and metaphorically, as the vehicle for intervention. Our preventative intervention (Lieberman, Weston and Pawl, 1989) aimed to improve the quality of attachment between recently arrived Latino mothers and their one-year-old babies. We believed that the compounded stresses of migration, lack of acculturation, and poverty affect mothers' emotional availability to their infants and increase the incidence of anxious attachments. We wanted to prevent negative developmental outcomes by intervening for one full year, and then assessing whether our intervention group did better than the control group at two years of age. We expected that external life stresses would remain quite high for all research groups since we did not have the power to change the family's objective circumstances, and this indeed occurred. Nevertheless, the intervention group had much better scores in measures of attachment and socio-emotional behaviour. Specifically, toddlers in the intervention group showed significantly less avoidance of their mothers and mothers responded more empathically to their children than mothers in the control group. The mother-child dyads in the intervention group were significantly more capable of negotiating a mutually agreeable way of spending time together, instead of trying to direct the interaction or ignoring each other.

From a cultural perspective, finding that intervention helped to create a greater sense of reciprocal partnership between mother and child was particularly rewarding because the maternal attitudes towards obedience and authority did not change with intervention. Our intervention mothers still believed that they were pretty much the bosses and that good children should obey without answering back. But the mothers did not need to control the exchanges and their children did not need to assert their autonomy by opposing their mother. The dyad seemed aware of each other's interests and wishes and willing to accommodate them without too much resistance. When there was a conflict, there was greater capacity to negotiate a mutually agreeable solution. Our intervenors were four talented and devoted women who were bilingual, bicultural and well trained in working with mothers and infants. The model of intervention we used was originally developed by Selma Fraiberg and her colleagues (Fraiberg, 1980; Fraiberg et al 1985) and we are still implement-

ing, expanding and refining it at the Infant-Parent Program of the University of California, San Francisco (Lieberman, 1985). This model involves a flexible integration of different therapeutic modalities - specifically, concrete assistance, emotional support, non-didactic developmental guidance, and infant-parent psychotherapy. Emphasis is on getting to know the subjective experience of the parent and the baby as a prerequisite for intervention and this makes it well suited for cross-cultural use.

In our study, we applied this approach in a variety of ways. Given the value placed by Hispanics on graciousness and sociability, our attention to subtle social nuances was essential in building a working alliance. At the beginning of the intervention, many mothers agreed to schedule a visit but were not there when we arrived, and in some cases this happened again and again. When we called to reschedule, some of the mothers were very apologetic and gave elaborate reasons for their absence. We learned fast to recognize this as a culturally accepted way of getting out of something one does not want to do without offending one's social partner. We never confronted the mothers on this issue, but accepted their explanation and then asked whether another time might be more convenient. More often than not, if we did this often enough, the resistant mothers agreed to start meeting with us, and once they started, they mostly wanted to continue. As a result of this tactful persistence, our attrition rate is only 18% as compared to 40% reported in other studies with high-risk Latino samples. In addition most of our attrition is due to mothers moving to another state or back to their country of origin.

We continued observing the social etiquette throughout the intervention. We accepted food, attended children's birthdays, noticed and praised mothers' new dresses and hairstyles, and joined the mother when she wanted to talk about soap operas and other topics that were dear to her. This does not mean that we became the mothers' personal friends. There is a subtle but definite difference between respecting cultural expectations and crossing professional boundaries, and we were constantly alert to the danger of crossing from one realm to the other. We also clarified for the mother the differences between our role and that of a friend when this was necessary.

In addition, we made every effort to respect cultural values as they were articulated by each mother even when they clashed with our own values. Instead of trying to change attitudes we did not like, we concentrated on trying to understand the mother's feelings towards her child and her perception of what was good for her child. For example, one mother spoke about how mischievous and disobedient her 15-month-old son was, and how she had begun to spank him to teach him respect. We do not condone spanking, but we also know how widespread it is. Instead of expressing our disagreement directly, our intervenor commented that things got hard when the child got into everything, particularly since the whole family lived in one small room and it was hard enough to keep things tidy. Gradually, as the mother spoke more about how hard things were for the family, the intervenor linked the difficult conditions with the mother's short fuse towards her son and that when one is stressed it is easy to forget that at 15 months children have a lot of energy and a very short memory. This link was made again and again. Once the

mother responded by commenting that many people use children as scapegoats. The intervenor asked what she meant. This led to a discussion of children's feelings and memories about how the mother had been disciplined with a belt. The intervenor asked whether the mother respected her parents when they did that. The mother said yes, and added that she also feared her parents. The intervenor asked if she thought that fear and respect went together. The mother smiled and said "sometimes," but went on to say that she did not want her child to be afraid of her. This opened the door to a discussion about children's natural wish to please their parents as a basic underpinning for obedience and respect.

This is an example of how we try to use the parents' own culturally relevant language to promote more responsiveness to the child's developmental and emotional needs. The concept of respect is not personally compelling for many of us when it comes to 15-month-olds, but for this mother, the value of respect carried a lot of emotional weight. It was easier for the intervenor to redefine her own notion of respect for the purpose of the therapeutic goals than to try to convince the mother that the notion of respect was not useful in thinking about toddlers.

We often work with members of ethnic groups whose particular mores and idiosyncrasies we do not know. We cannot possibly know everything about all the cultures we come in contact with and we need not feel embarrassed asking questions. Asking questions does not show ignorance, it shows interest, and parents are often eager to talk about their background because they miss it and relish the chance to reminisce.

Ethical Issues and Cultural Differences:

One dilemma occurs when a family considers as normal and acceptable certain practices that to us are undesirable or even illegal. Recently we had a very controversial case where a Samoan family was referred to us for child abuse. The mother hit her 18-month-old son to the point that there were severe bruises on the child's face. The mother claimed that all children were disciplined that way in Samoa, and she was very angry about being considered abusive in the U.S. We do not know whether this is true or not, or whether the mother really believed this is true, or was saying it to save face.

Our assessment strategy with this family had several components. First, we made contact with a man who is considered a spokesman for the Samoan community to discuss childrearing modes in that culture. Second, we made detailed observations of this child, a two-year-old who was extremely aggressive, reckless and accident-prone. Both the mother and her relatives told us that he was not like other Samoan children, who tend to obey their parents. This gave us an inkling that this child may be at variance with the cultural norm. It is possible that he was responding to punishments that were extremely harsh even by cultural standards; it is also possible that this child is constitutionally more high spirited than the cultural norm, and that the mother was trying to keep him in line by using harsher measures, which in turn made him more aggressive.

This brings us to the third aspect we assessed: the mother's own history. She told us that her mother gave her away at age three to her aunt, who punished her severely and made her walk barefooted in the mountains carrying such heavy burdens that her feet bled. She also told us that three children of this aunt had died in suspicious circumstances. The mother cried profusely while recounting these stories. This suggests that her maltreatment was considered anomalous even in Samoa, and that the mother sees herself as having been severely victimized as a child. This picture is compounded by her current situation; her husband left and she was living in crowded quarters with unwelcoming relatives, feeling humiliated and unwanted. All these factors suggest that the presumed Samoan acceptance of physical punishment was only one factor in a very complicated picture, and that cultural issues need to be integrated with clinical ones in order to understand a mother and child in sufficient depth to hope for successful intervention.

Legal Issues, Case Management and Cultural Differences

Another difficult intervention issue is whether case management decisions that may be acceptable and even necessary with an Anglo family can be used successfully with a family of a different cultural background. This question was raised by the case of a Cambodian three-year-old girl who was brought by her mother to the emergency room because of pain in the genital area. The examination revealed that the child suffered from venereal disease and did not have a hymen. A child abuse report was made and investigation by the appropriate authorities followed.

The child lived with her mother, father, uncle and 14-year-old brother. The family spoke minimal English. Initial examinations of the men in the household were negative for sexually transmitted disease. Nevertheless, the decision was made to remove the child and place her in a shelter because it was unclear how she had been abused and by whom. The child's response to being separated from her family was extreme emotional withdrawal. For the three days she did not speak, cry or eat, and she hardly moved. A Cambodian therapist was brought in so that work with the family could begin. By then a second medical examination of the child's father, uncle, and brother showed that the brother had the same venereal disease as the child, and he was placed in a Youth Guidance Center.

The Cambodian therapist's interview with the mother showed a polite, self-restrained woman who showed little emotion and could not understand why her children had been taken away from her. She had survived the massacres in Cambodia, but her first husband and four of her five sons from this marriage had been killed. The 14-year-old boy was her only surviving son and her sole link to a lost world. In the context of all the atrocities she had witnessed, the sexual molestation of her three-year-old ranked as worrisome but not catastrophic. The real disaster for her was to have the family torn apart once again by the children's removal, and their placement in settings that were alien and bewildering. This, to her, was arbitrary evil, and it meant that nobody in the system could be trusted.

Prompt and close collaboration between the agencies involved allowed the young daughter to be returned home. Her brother was sent to live with a Buddhist monk whom the family knew and respected and who undertook to provide family counseling. However, a great deal of damage had already been done. The little girl began to show intense separation anxiety, which was difficult to treat because the family continued to show an intense distrust of the 'system' and all its representatives. They hesitated to use the medical system and had little use for our psychological explanations. It was clear that their adjustment to the new country had been severely damaged by their experience.

When we are faced with cultural practices that we consider damaging or illegal, we cannot abandon our own values. There are no simple answers to the questions of how to tell what is child abuse, what is culturally accepted practice, and when such a practice may need to be modified to comply with the laws of the new country. We can only try to remain aware of our subjective responses, to keep them in check and to maintain an attitude of inquiry that will help us to understand a situation in all its complexity before we decide on an appropriate course of action. Only then we can hope to intervene in ways that do justice both to the clinical issues and to cultural diversity. ©

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