MANUEL RAMIREZ III

THE FIRST STAGE OF MULTICULTURAL PSYCHOTHERAPY AND COUNSELING

Multicultural Psychotherapy

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THE FIRST STAGE OF MULTICULTURAL PSYCHOTHERAPY AND COUNSELING
Preferred Styles

The principal goal of the initial two sessions of multicultural psychotherapy and counseling is to match the preferred cultural and cognitive styles of the client. During the course of the first session, the therapist establishes an atmosphere of nonjudgmental acceptance in which the client can begin to overcome the effects of the mismatch syndrome and to express the unique self—the preferred cultural and cognitive styles that have been rejected and suppressed. The therapist then proceeds to match the client's preferred styles.

Another task of the first session is to administer assessment instruments to the client. In the second session, the therapist continues to match the client's preferred styles. In addition, the therapist completes a short life history with the client. It is also during the second session that the therapist introduces the client to the flex theory of personality and gives the client feedback concerning the findings of the assessment done during the first session in preparation for identifying the principal goals to be addressed in therapy.

THE INITIAL SESSION

The therapist establishes an atmosphere of nonjudgmental acceptance and begins the process of client assessment in the initial session. It is during this session that the client explains why therapy is being sought and what the client hopes to gain from it, while the therapist describes what the client can realistically expect and what the general course of therapy will be. In the first session the therapist evaluates the client both casually through observation and more formally by using evaluation instruments.

Categorizing Initial Observations of Preferred Cultural Styles

The professional can gain early clues to the preferred style of the client from informal observations. The client who has a traditional orientation is likely to be dressed more formally, although this can vary depending on socioeconomic class. The traditional client may initially appear to be self-conscious, deferent, and shy. The client who is more oriented toward a modern system of values, on the other hand, is likely to be dressed more casually, with a behavior more reflective of assertiveness and self-confidence. While the traditionally oriented client is likely to be deferential and more likely to address the therapist by using an appropriate title, the modernistic client usually tries to relate to the mental health professional as an equal and may immediately begin to use the therapist's first name or at least inquire whether it is acceptable to do so.

The client with a traditional orientation will often expect the mental health professional to take the lead in therapy, expecting that the therapist will do most of the talking in the initial stages of the first session. The client with a modern orientation is likely to begin talking without much encouragement from the therapist. The client with a traditional orientation is usually sensitive to the social environment and may comment on how the therapist's office looks or on particular items in it. The traditional client is also likely to express an interest in the personal interests or background of the professional. The client with a modernistic orientation is usually less attentive to the social environment and to any nonverbal cues the therapist may project. This client is more likely to focus on the education, training, experience, and general qualifications of the professional.

When explaining why therapy is sought, the traditionally oriented client will usually focus on relationships with intimate partners, family members, peers, colleagues, or others. The modernistic client, however, is more self-focused, emphasizing self-efficacy rather than interpersonal relationships. Of course, most clients do not fall clearly and totally into one category or the other. For example, a culturally flexible client could be self- confident and assertive during the session while at the same time indicating that therapy is being sought because of a need to improve personal relationships. It should be kept in mind that some clients with mismatch are likely, at the first session, to present with the nonpreferred cultural and cognitive styles, which

they have adopted in their attempt to comply with the pressures of the tyranny of the shoulds.

The Preferred Cultural Styles Observation Checklist is an instrument composed of behaviors that have been found to be typical of clients with either modern or traditional orientations. It is useful in helping the therapist define the client's orientation. Reference to the checklist during the initial session will help the therapist make appropriate observations and notes about the preferred style. If the client is suspected of presenting with nonpreferred styles, the therapist should wait until a stage during the initial session when the client is feeling more comfortable and more likely to be using the preferred styles. Typical observations from the checklist are shown in Table 7.1. The Preferred Cultural Styles Observation Checklist is provided in [Appendix F](#) to facilitate duplication for use by therapists and counselors.

Manifestation of Preferred Cultural Styles in Case Studies

The individual cases presented earlier—those of Imelda, Raul, Tara, Alex, Rose, Harold, and Tony—reflect a variety of preferred cultural styles.

TABLE 7.1 Typical Observations from the Preferred Cultural Styles Observation Checklist

Traditional	Modern

___	Behaves deferentially toward the therapist	___	Seeks to establish equal status with therapist
___	Expects the therapist to do most of the talking	___	Does most of the talking
___	Appears shy and self-controlled	___	Appears assertive and self-confident
___	Is observant of social environment	___	Seems to ignore social environment
___	Focuses on important others when relating reason(s) for seeking therapy	___	Focuses on self when relating reason(s) for seeking therapy

Traditional. Imelda's preferred traditional values were reflected in her manner of dress and in the way she related to the therapist. She was neatly dressed in a sportsshirt and dress slacks and wore her school jacket with a prominent athletic letter. Imelda was self-conscious during the initial stage of the session, initially avoiding eye contact with the therapist. In response to what she hoped to gain from counseling, she focused on improving her relationships with others and on trying to overcome the feeling of loss that she had about the breakup with her boyfriend. She was deferential and respectful, referring to the therapist as "Doctor" and "Sir."

Modern. Harold's strong modern orientation was conveyed in his air of self-confidence and assertiveness. He walked into the therapist's office with a

notepad and pencil. Before the therapist had an opportunity to be seated, Harold began with, "May I call you Manuel?" He then announced that he had a number of questions, and proceeded to read from his notepad. When he reflected on the reasons for coming to therapy, Harold focused on his concerns about his self-efficacy. He made it obvious that the goal of improving relationships with his family and business associates was secondary to that of regaining feelings of creativity and effectiveness.

Traditional. Tara's traditional values manifested themselves in her parenting style with her four-year-old daughter, who accompanied her to the therapist's office. She told her, "I would like you to be very quiet and to play with your coloring books while I am in the other office. If you need anything, you can ask the lady behind the desk. I will be back in about an hour." Tara also asked her daughter to introduce herself to the receptionist and to the therapist. Tara's traditional values were further reflected in her self-consciousness when the session first began—she stared at the floor or at the walls while talking. She identified her primary reasons for coming to therapy as wanting to be a better parent and to relate more effectively to her parents and to intimate partners.

Mixed. Alex's behavior and verbalizations during the initial session were indicative of his mixed cultural style, a combination of modern and traditional. He was deferential in his behavior toward the therapist and stated

that because he himself was planning to work and do research in mental health, he was hoping that the therapist could be a role model for him. His modern belief system was manifested in his informal dress, his hairstyle, and his use of colloquial English. He reported that his most important therapy goal was to become more independent of others.

Mixed. Like Alex, Raul exhibited a mixed cultural style. His dress was informal, tank top and jogging shorts, but he addressed the therapist in a deferential and formal way. He used a combination of English and Spanish in his speech. He reported that he was active in the Native American Church and that his uncle was a medicine man. He asked the therapist if he would mind talking to his uncle from time to time so that he could combine some of the healing practices of his religion with those of therapy. He appeared comfortable during the initial stage of the session and talked freely and openly about his feelings and past experiences. Toward the end of the session, he asked to use a notepad and pen to make notes about the summary of the session, saying, "I want to take notes on what you are saying so that I can think about it later and make plans for our next session."

Masked Traditional. Rose's initial cultural style was reflective of her "false" self. She admitted during a later session that she tried to deny her preferred style (traditional) and had adopted a modern style because "I was trying to do what I thought others wanted. I was trying to protect myself so I

would not be hurt anymore." She was Spanish-dominant, but continued to speak English even after the therapist had indicated that he was bilingual and the session could be conducted in the language of her choice. She gave every indication that she was not interested in establishing a close "working alliance" with the therapist but merely wanted him to give her advice on how to be more assertive and independent. About halfway through the first session when Rose began to feel more trusting and comfortable, she began to manifest her preferred mixed cognitive style—she began to use Spanish along with English, particularly when expressing her emotions. She then began to focus on her primary reasons for coming to therapy—how to accept the change in her role as a parent now that she had impaired vision. She was particularly concerned about how her children were being affected by her loss of vision.

Traditional. Tony preferred to speak in Spanish even though he was a fluent bilingual. He addressed the therapist by using the usted (the more formal form of Spanish) even though the therapist was younger than he. Tony also emphasized the traditional value of self-abnegation when it came to his children when indicating what he would like to gain from counseling, He said, "*Lo mas importante para mis es que mis hijos reciban una educacion y que no tengan problemas con la ley*" (The most important thing is that my children receive an education and stay out of trouble).

Initial Match of Preferred Cultural Style

The therapist made an effort to match the preferred cultural style of each of these clients. Based on understandings gained during initial interactions with each client, the therapist sought to avoid mismatch.

Traditional. The therapist addressed Imelda as Ms. and her surname. The therapist also showed respect for her initial shyness and discomfort during the session by using a soothing tone of voice and by projecting acceptance and concern through his body language. The therapist took the cue from Imelda that she would prefer it if he were initially directive, so he began by mentioning the athletic letter on her jacket, opening a discussion about her involvement in basketball and volleyball at school. She gradually approached her problems as she talked about her teammates, teachers, boyfriends, parents, and grandparents.

Modern. The therapist indicated that Harold could use his first name and then proceeded to do the same when addressing the client. Following Harold's lead, the therapist took a notepad and pen and began taking notes as the client spoke. The therapist also followed Harold's focus on self- efficacy and indicated how the therapeutic approach he used might help in understanding and resolving the problems Harold was discussing.

Traditional. The therapist addressed Tara by Ms. and her surname

until halfway through the session when the client said, "Please call me Tara." He focused on helping Tara to feel more at ease while she was discussing her problems. He addressed her feelings of inadequacy and guilt directly, "You feel it is difficult for you to balance all the demands you have in your life— being a good mother, employee, and daughter and having intimate relationships that are satisfying and meaningful."

Mixed. The therapist indicated that he was pleased that Alex had chosen him as a potential role model and that he would be glad to serve as a guide. At the same time the therapist addressed Alex's modernism by saying, "You need to focus on feeling good about yourself first, because you feel that most of your life you have been trying to be the kind of person others have wanted you to be. That has not been satisfying for you. You are ready for a change."

Mixed. The therapist responded to Raul's mixture of Spanish and English by combining the languages as well. He reinforced the client for the extensive introspection he had done regarding his problems of adjustment. The therapist indicated that, other than what he had read in the literature, he did not know much about the Native American Church, but that he would be anxious to learn about it from Raul and with Raul's permission would consult with the uncle as the therapy progressed. He was supportive of Raul's interest in taking notes during the time he was summarizing what had transpired at

the end of the session.

Masked Traditional. The initial observations of Rose's behavior led the therapist to believe that Rose was employing a cultural style that was uncomfortable for her—the "false" self. He, therefore, focused on establishing an atmosphere of nonjudgmental acceptance by using a soothing tone of voice and body language that gave the message that Rose would be "safe" in the counseling relationship. He said to Rose, "I get the feeling that you are uncomfortable about being here, that you feel that I am not going to accept you as you really are."

Traditional. The therapist spoke Spanish when addressing Tony and used the more formal usted form, indicating that he respected Tony as an older person. He said, "*A pesar de que usted esta sufriendo mucho con su salud fisica lo que considera mas importante en la vida es elfuturo de sus hijos*" (In spite of the fact that you are experiencing serious physical problems, you feel that the most important thing in life is the future of your children). He went on to say, "*En su terapia voy a concentrarme en ayudarle para que pueda ayudar a sus hijos a tener una vida sana y un buenfuturo*" (In therapy I will focus on helping you to help your children have healthy and productive lives and to have good futures).

Categorizing Initial Observations of Preferred Cognitive Styles

Field Sensitive Cognitive Style Preference and Client Behavior. The client whose preferred cognitive style is field sensitive usually communicates using both verbal and nonverbal modes. Facial expression, body posture, and tone of voice are likely to be just as important as what is actually being said. The client who is predominantly field sensitive also tends to give a global, or general, description of problems, and is likely to talk about relationships with others. The preferred field sensitive client gives the therapist the message that direction is welcome: "Where do I begin?"

Field Independent Cognitive Style Preference and Client Behavior. The preferred field independent style client follows a rather strict verbal mode of communication, selecting words carefully. Problems are usually described in detail, with the definitions of problems circumscribed. Further, the client who is preferred field independent views problems as separate from the totality of being: "I just want some help with my lack of patience." The field independent client will usually initiate discussion in therapy and may even discuss hypotheses he has formed about problems: "I've been thinking, and I feel that the reason I don't have much patience is that I can't seem to relax."

Bicognition and Client Behavior. The client who can flex cognitively will use a mixture of behaviors and approaches typical of both field independent and field sensitive clients. For example, a client who can flex

cognitively may demonstrate a global view of problems but use an exclusively verbal communication mode.

The Preferred Cognitive Styles Observation Checklist

As with the Preferred Cultural Styles Observation Checklist, the checklist for preferred cognitive styles evolved from research with field sensitive and field independent subjects (Ramirez, 1998). As with the checklist for cultural styles, the therapist can keep the Preferred Cognitive Styles Observation Checklist in view during the course of the initial session in order to make notations or notes based on observations of the client's behavior. Table 7.2 shows samples from the checklist for preferred cognitive styles. The Preferred Cognitive Styles Observations Checklist is provided in Appendix E to facilitate duplication for use by therapists and counselors.

TABLE 7.2 Samples from the Preferred Cognitive Styles Observation Checklist

	Field Sensitive		Field Independent
___	Is self-disclosing	___	Depersonalizes problems
___	Shows interest in personalizing relationship with therapist	___	Relationship with therapist secondary to focus on problems to be addressed during therapy
___	Indicates that social rewards	___	Indicates that increase in personal

from therapist will be important to progress	well-being will be important to progress
___ Global focus and deductive (specific-to-global) learning style	___ Detail-focused and inductive learning style

Manifestation of Preferred Cognitive Style in Case Studies

Field Sensitive. Imelda, a preferred field sensitive client, talked about her reasons for attempting suicide in a global way: "I was very lonely." She described her adjustment problems in terms of impaired relationships with others: "The people I love just don't seem to understand me the way I am." She asked for direction from the therapist: "Maybe you can tell me how I can get them to understand that I have to be myself."

Field Independent. Harold, who was preferred field independent, was more specific in explaining his reasons for seeking therapy: "I just don't seem to understand what it is that my family and my partners are trying to tell me. It is as if we are speaking different languages, and it is frustrating." He identified what he wanted to get out of therapy with a great deal of self-focus: "I need to regain my self-confidence. I want to feel effective again." Harold made it clear that he wanted the therapist to serve as a consultant for him: "I've been thinking about my problems, and I think it's a matter of improving my ability to communicate with others. This is where I need your help,

because I don't know exactly how to go about this. I do know that I have to work on it myself."

Mixed. Tara described her problems of adjustment in a global manner with little emphasis on detail. She made it clear that she wished to personalize her relationship with the therapist: "I choose to come to you because you are Hispanic. I felt that you would understand what it is like to be a minority and to know the importance of my family in my life. I also chose you because you are a man and I have always been able to relate better to men than to women. I have very few female friends." Tara made it clear that she wanted the therapist to serve more as consultant than as a directive guide: "Being a single mother and having to find a partner who is sensitive and understands that I am a mother first and all else second is something I know you cannot help me with, so even though I ask you for advice, those are things I will have to work out by myself."

Mixed. Alex presented with a mixed cognitive style: He indicated clearly that the relationship with the caregiver was important to him, "Since you are a mental health professional who is also an ethnic minority, I want to be like you. I have never really found a mentor. I assumed that you were probably Catholic so you would be able to understand my religion. It is very important to me." Alex's field independent orientation was reflected in the self-focus on his problems of adjustment: "I need to feel better about myself. If I can learn

to solve my own problems, then I can stop lying to others."

Mixed. Raul showed a mixed cognitive style. He expressed his desire to personalize his relationship with the therapist: "One of my friends, who was in one of your classes at the university, said that you were multiracial and had grown up in the Valley [the U.S.-Mexico border region of South Texas], so that is why I wanted to come see you. I, too, am multiracial and I have family in the Valley." His preference for a field independent style was manifested in his attention to detail; Raul would quote conversations he held with family members and friends in great detail and focused on how he worded his communications with others.

Masked. Rose initially presented with cultural and cognitive styles that were nonpreferred. She used an extreme field independent style when she described her problems of adjustment; she distanced herself from her feelings and made it clear that she only wanted to use the therapist as a consultant: "I try not to get too close to others so I am having trouble relating to you right now. Is it possible that I can just ask you some questions and only ask for your help when I need it? I can listen to what you have to say and then decide whether I should take your advice or not. I wish we could do this on the telephone."

Approximately two-thirds of the way through her first session, Rose

became more relaxed and began to disclose more of herself. She became less defensive and responded to social rewards from the therapist concerning decisions she had already made in her life. She was then able to express her field sensitive cognitive style and recounted the guilt she felt about her fear of not being a good mother because of her vision impairment.

Field Sensitive. Tony's focus was on his physical symptoms and how these interfered with his relationships with family members and friends, a predominant field sensitive orientation: "*Me pongo muy nervioso cuando no me puedo acordar del nombre de alguien a quien me encuentro en la tienda y llevo mucho tiempo de conocer. Siento mucha tension en el cuello y luego mi cabeza comienza a temblor de lado a lado y no me puedo controlar*" ("I get very nervous when I run into someone I've known for a long time. I feel a great deal of tension in my neck muscles and then my head starts to shake from side to side and I cannot control myself.").

Initial Match of Preferred Cognitive Styles

As he did with cultural styles, the therapist in these cases attempted to match the cognitive styles of the clients.

Field Sensitive. The therapist matched Imelda's global approach to conceptualizing her problems by focusing on her feelings: "It must have been terrible to feel so alone." He focused on her concerns about problems in

relationships with others, indicating that he would be directive in therapy and would attempt to serve as a model for her.

Field Independent. Harold's focus on specifics, indicating a field independent communication style, was matched by the therapist's reflection of the specific concerns the client had identified as his major problems. The therapist also matched Harold on his self-focus with respect to his reasons for seeking therapy: "Differences in communication styles can cause us to feel ineffective and confused." The therapist encouraged Harold to continue an active role in therapy and indicated that he would work with Harold in a consultant role: "You've made the right choice in seeking therapy, because it can help you to improve your communication style and to understand the communication styles of others."

Masked. The therapist, sensing that Rose was not initially using her preferred cognitive style, reflected the style she was using but also emphasized an atmosphere of nonjudgmental acceptance during the session so that Rose might eventually feel free to express her true preferred styles. He accomplished this by not overreacting to Rose's abrupt style and her initial defensiveness and, at the same time, talking in a soothing, relaxed tone that communicated acceptance regardless of what she was saying or how she was behaving: "I can sense your reluctance in coming here. I am glad you decided to come, and I will do all I can to make you feel comfortable at the sessions."

As Rose began to express more and more of her field sensitive style, the therapist changed his approach to match hers and to support her in her use of this style.

Terminating the Initial Session

Following the observations and discussions during the initial session in multicultural psychotherapy and counseling, the therapist uses the final twenty or thirty minutes of the first session to administer the assessment instruments to clients to help assess their cognitive and cultural styles. These include the Multicultural Experience Inventory (Appendix A), the Traditionalism-Modernism Inventory (Appendix B), the Family Attitude Scale (Appendix C), and the Bicognitive Orientation to Life Scale (Appendix G). While the client is completing the instruments, the therapist reviews the notes and ratings made on the Preferred Cultural and Cognitive Styles Observation Checklists, comparing these to the self-ratings (see Chapter 6) made on the therapist's Preferred Cognitive and Cultural Styles instrument completed during the course of the session.

Through this exercise the therapist is able to determine how effective she is likely to be in matching the client and makes the decision to either schedule the client for another session or to make a referral to another therapist. If the professional is in doubt at this point, it is possible to wait to

evaluate the data from the instruments the client completes before reaching a final decision. The therapist either schedules the client for another appointment or agrees to call at a later time to give feedback on the initial session and to inform the client as to whether another appointment should be scheduled or a referral made to another therapist who might be better able to match the client's styles.

In summary, the first session includes the following six techniques and procedures:

1. Establishing of an atmosphere of nonjudgmental acceptance.

2. Observing and categorizing client behavior using the Preferred Cultural and Cognitive Styles Observation Checklists.

3. Matching the client's preferred cultural and cognitive styles.

4. Determining the professional's self-assessment of preferred cultural and cognitive therapeutic styles.

5. Comparing the therapist's and client's preferred styles.

6. Scheduling the client for another session or referring to another therapist.

SESSION 2

Continuation of Match

The matching strategies initiated at the first session are continued during the second. In the opening stages of the second session, the focus of therapy is similar to that of the first session: helping the client to overcome the negative effects of the mismatch syndrome, establishing trust (particularly if the client is presenting with the nonpreferred styles), and continuing to provide a safe atmosphere in which the client can express the unique self. The matching techniques and approaches used for the second session with four of the clients discussed in Chapter 1 are presented next.

Imelda. The therapist began the session with Imelda by addressing her by Ms. and her surname and by making every effort to be warm and supportive. Imelda seemed much happier and more at ease than she had been at the initial session. To encourage her to feel even more at ease, the therapist asked her about her plans for the spring term. She talked willingly and enthusiastically about her forthcoming games with the basketball team and reported that she was the team captain. She talked about her plans for attending the state university the coming fall.

The therapist's matching behaviors with Imelda included matching both her cultural and cognitive styles; for clarity of presentation, these will be categorized according to the five domains of cognitive style:

1. *Interpersonal relationship style*. The therapist leaned forward in his chair, listening attentively while Imelda talked. He asked questions that allowed her to personalize her accomplishments in sports and in her classes, such as, "You said that you are the captain of your team this year. The other players must think a lot of you" and "You mentioned you had made an A on your term paper for English. What was it about?"

2. *Communication style*. The therapist's facial expressions and tone of voice reflected warmth and support. He maintained eye contact with Imelda while she was talking. The feelings Imelda expressed were reflected through both verbal and nonverbal modes of communication.

3. *Motivational-reward style.* The therapist commented on the fact that Imelda looked happier and seemed more relaxed. He gave verbal and behavioral signs of approval when Imelda talked about her successes. He also showed verbal and nonverbal signs of enthusiasm when Imelda said that she had felt better after the first therapy session.

4. *Problem-solving style*. Whenever the opportunity presented itself, the therapist indicated that he would be glad to serve as a model for Imelda. He showed signs of being directive in his style. When Imelda talked about her problems in her relationship with her parents and teachers, he said, "I know that this is hard for you, but we're going to work on your problems together,

as a team. You won't feel like you are all alone anymore."

5. *Therapy-teaching-parenting-supervisory style*. In the latter stages of the second session, when the therapist presented the flex theory to Imelda and gave her feedback on his assessments, he personalized this material by relating it to Imelda's interests and life experiences. He used a global-deductive method of presentation; that is, he presented the overall idea or concept first, and then focused on the details, describing how the theory could be applied to her life. For example: "Value conflicts have been responsible for many of your problems. You and your grandparents used to be very close. When you started getting involved in sports, an activity they felt was not appropriate for girls, they disapproved of you. You felt lonely, rejected, and misunderstood."

Harold. In the case of Harold, the therapist's match behaviors were oriented more toward field independence. Harold entered the office for his second session carrying a portfolio. In it he carried a notepad on which he had analyzed his communication problems with his wife, his children, and his partners. As soon as the session started, he said, "I've been doing some thinking since the last session, and I have made notes on the communication problems I talked about last time. I'd like to read these to you."

1. *Interpersonal relationship style*. The therapist greeted Harold by using

his first name, and he allowed Harold to begin the session by reading his notes. As Harold read, the therapist made notes of his own and assumed a formal, businesslike manner.

2. *Communication style*. The therapist used an impersonal tone of voice, making minimal use of nonverbal communication. His statements were short and to the point. He chose his words carefully.

3. *Motivational-reward style*. The therapist focused on encouraging self rewards: "It must feel good that you are finally beginning to deal with your problems rather than just worrying about them."

4. *Problem-solving style*. The therapist functioned as a consultant and made recommendations and suggestions only when Harold asked for help or advice.

5. *Therapy-teaching-parenting-supervisory style*. When the therapist presented the concepts of the flex theory of personality to Harold, he did so by focusing on details and by using a formal-analytic-inductive presentation style: "Communication styles can be classified according to two dimensions: modern-traditional and field sensitive-field independent."

Tara. The therapist began with a mix of field sensitive and modern styles. He projected warmth and support in both his verbal and nonverbal

behaviors, but he also encouraged Tara to begin the session by saying, "What would you like to talk about today?"

1. *Interpersonal relationship style*. Tara seemed to feel more comfortable in her interactions with the therapist as evidenced by increased eye contact. She responded well to his attempts to personalize the relationship as he asked how her daughter liked school.

2. *Communication style*. Tara was able to talk more about her feelings. She used a global style relating her experiences as a mother to the time when she was a child and how she felt about her parents. She also talked about her relationships with her intimate partners and how important it was to her that they be interested in and relate well to her child.

3. *Motivational style*. Tara made it clear that she felt that her principal goal in therapy should be to achieve independence from those whom she felt had dominated her choices in the past, her parents and her ex-boyfriend. The therapist encouraged this: "You need to feel that you are in control of your own destiny and that you can feel free to make your own decisions without feeling that you have to please others or that you have to conform to the way they would like you to be."

4. *Problem-solving style*. Tara needed to think globally—"to see the big picture"—regarding her problems of adjustment. She needed to understand

how her past, particularly her relationship to her parents, was related to her present situation as a single mother and as a woman of color who was trying to adjust to the demands of college life and her world of work in a community in which she faced prejudice: "I feel that I have just been pulled by the tide since I was a kid. I need to understand what has happened to me because I usually blame myself and this makes me angry and sad." The therapist responded to her need for making sense of her life by saying, "I will help you to try to understand how your past is related to your present feelings and to your tendency to be too hard on yourself."

Alex. The therapist tried to make Alex feel at ease during the second session. Alex arrived distraught because he had talked to his parents over the phone the previous evening and he had had to lie to them again. The therapist conveyed to Alex, in both verbal and nonverbal behaviors, that he empathized with his feelings and that he was not going to judge him negatively for what he had done. Alex seemed reassured by this approach.

1. *Interpersonal relationship style*. The therapist continued approaching Alex in the "accepting authority figure" role. Alex responded by becoming more relaxed. He noted that the feelings of guilt that he had felt at the beginning of the session began to dissipate.

2. *Communication style*. Alex's field independent style was reflected in

his emphasis on the details of what his parents had said over the phone and how he had responded to them. The therapist matched this style by helping Alex to understand the nuances of the messages his parents were giving him and how these affected his feelings.

3. *Motivational style*. Alex continued to emphasize his self-focus with respect to the goals of therapy. He said, "I need to know how to listen to what my parents have to say without personalizing it and feeling like the bad son. I need to understand that I need to be myself without feeling bad about it." The therapist matched this by saying: "You feel that you are in control of your feelings and thoughts until you talk to your parents. Then you feel like a child and start feeling guilty. It is important that you continue to view yourself as an adult who can make his own decisions."

4. *Problem-solving style*. Alex expressed a relational style much like Tara's: "I want to be able to put all the pieces together in my life. I have been getting confused by all the conflicting information I have received from the Vietnamese student group and the gay and lesbian support groups I have been attending on campus." The therapist matched this communication by saying, "I will try to help you sort out all the conflicting information you have been getting so that you can make your own decision about how to approach your friends, parents, and family."

The Life History

An important aspect of the second session of multicultural psychotherapy is the life history. This technique not only identifies the developmental stages of the client's preferred cultural and cognitive styles—the unique self—but also reveals how and why the client suppressed the true personality and developed a false self. Specifically, the life history yields the following information:

1. The client's basic foundation for multicultural development: the degree of client motivation to experience diversity and to learn from it, and the degree of openness of the client's learning-experience filters.

2. The number and types of barriers to multicultural development such as stereotypes (whether negative or positive), ethnocentric behaviors and attitudes, and shyness.

3. The initial manifestations of the unique self in life and values and belief systems as well as intellectual and/or occupational interests that may have been suppressed or rejected later on in life.

4. Those periods or phases in the client's life when maximum cultural and cognitive match and mismatch were experienced.

5. The effects of socialization—attitudes of parents toward diversity; attitudes of other socialization agents and of peers toward diversity; attitudes toward diversity reflected by cultures,

communities, and religions in which the client was socialized.

6. The effects of life experiences—how much exposure the client had to diversity over the course of life and the nature and quality of those diversity experiences: the different countries, communities, and neighborhoods in which the client lived; the schools attended; the positive and negative experiences the client had with diversity (e.g., conflicts, experiences with prejudice, and rejection).

The life history also provides information the therapist can use to personalize the next phase of the second session—introducing the client to the flex theory of personality—and to set the goals for multicultural psychotherapy. The life history is an important component of multicultural therapy because it is the initial stage of the process of client empowerment.

Guidelines for Taking the Life History. The therapist introduces the life history by explaining what it is and why it will be useful: "I would like to do a short life history with you in order to better understand how your personality developed and to determine how your adjustment problems started." A good way to begin a life history is to use what Alfred Adler (1931) called the Earliest Childhood Recollection (ERC). The therapist does this by asking the client to recall the earliest memory of childhood. After the recollection of earliest childhood, the life history is continued by focusing on the following five life periods:

1. *Infancy and early childhood.* This period would include the childhood years prior to beginning school. Some specific questions can be asked in this area:

- How did you get along with your parents and siblings?

- Describe the adults you interacted with.

- Describe the peers you played with most often.

- What were your fantasies and daydreams?

2. *Early school experiences and elementary school years.* This involves asking the client about his or her earliest memories of school and about elementary school experiences. Questions could include:

- How comfortable did you feel with your first teacher or teachers (counselors, coaches, etc.)? With classmates? With the school environment as a whole?

- What languages did you speak?

- What classes did you do best in? Which ones were of most interest to you?

- What awards did you get?

- What failures did you experience?

• What countries, regions, states, communities, and neighborhoods did you live in during these early schooldays?

• Who were your best friends?

• What kinds of families did you visit with?

• Who were you parents' best friends?

• What jobs or careers were you most interested in?

• What were your hobbies?

• When you traveled with your family, where did you go?

3. *Middle school years.* Late childhood and early adolescent experiences can be probed with modified versions of the questions used to explore early educational experiences (item 2), as well as by asking if the middle school was different from the elementary school and how.

4. *High school years.* The adolescent years of the client's life history are investigated through the use of the questions suggested in item 2. When necessary, the questions can be made more age-appropriate. Additional questions about job experiences and more in-depth questioning about socializing with peers include:

• Did you work during high school? What kind of job did you have? Describe your supervisor(s).

• Did you date? Describe the background of the people you dated.

5. *Post-high school period*. Focusing on the period since the client left high school, the therapist asks about:

- College(s) attended and experiences with professors, courses, reading assignments, peers, and decisions involving career choices

- Training program experiences, if any

- Military service experience, if appropriate

- Marriage and / or meaningful intimate relationships

- Jobs or initiation of a career

- Travel and other interests

- Religion

The information collected through the brief life history is invaluable in doing an analysis of match and mismatch experiences and in identifying shifts in cultural and cognitive styles during the client's lifetime.

Imelda's life history, for example, revealed that during her early years she experienced cultural compatibility with her grandparents in terms of their willingness to serve as a support system for her when her mother left

home, when her father remarried, and when she experienced conflict with her half-sister and stepmother. Later in her life, however, mismatch developed in the area of gender roles when she developed a strong interest in sports.

Harold's early interest in art and music were a good match to his mother's preferred field sensitive cognitive style. She provided Harold with the nurturing he needed because of the rejection he felt from his father and older brother. After his brother's death, Harold shifted to a preferred field independent style in order to please his father.

Tara's attempts at becoming closer to her father and her brothers in the absence of her mother and her father's rejection of these attempts because he felt that farm work was not appropriate for a girl were critical in Tara's later feelings that people would not accept her. Her first major experience with match was the boyfriend she had in college whom she felt provided a good cultural style match for her, but the euphoria of finally having found someone who matched her led her to have premature sexual relations without having received adequate sex education.

Alex felt well matched to the cultural styles of his grandparents early in life. When the family immigrated to this country, his parents became more active in his childrearing and the influence of his grandparents decreased;

Alex felt mismatched to his mother's cognitive style, which was very field independent. She had had to be individually competitive to survive as a businesswoman in the traditional, male-dominated businessworld of South Vietnam.

Introducing the Flex Theory of Personality

Once the life history is completed, the therapist introduces the client to the concept and principles of the flex theory of personality. This phase of the second session of multicultural psychotherapy reinforces the client-empowerment process initiated through the life history. It encourages the client to become an active partner in the therapeutic process. This is done by acquainting the client with the major principles and assumptions of the personality theory on which multicultural therapy is based.

The therapist begins this stage of the session by explaining that multicultural psychotherapy is an approach to personal counseling based on the flex theory of personality. The therapist then presents the following six basic principles of flex theory:

1. *The unique self.* Everyone is unique, because every person has a unique arrangement of values, or cultural style, and cognitive style preferences reflected in their personalities.

2. *Cultural styles*. There are two major kinds of cultural styles, each representing a different set of values and belief systems. The traditional style is typical of rural communities, conservative religions, and minority and developing cultures. People who are identified with traditional values have a spiritual orientation toward life, emphasizing spiritual ideas when explaining the mysteries of life. They are strongly identified with their families and communities of origin; they usually believe in separation of gender and age roles; and they usually believe in strict approaches to childrearing. The modern style, on the other hand, is typical of urban communities, liberal religions, and of North American and Western European cultures. People who are identified with a modern value system usually emphasize science when explaining the mysteries of life; they have a strong individualistic orientation; they tend to deemphasize differences in gender and age roles; and they emphasize egalitarianism in childrearing practices. These styles are a continuum and individuals can fall anyplace along that line.

3. *Personality styles*. There are three kinds of personality styles, each representing different types of cognitive styles: The field independent style includes people who tend to be introverted in their orientation to life. They focus on words when communicating with others, and they are usually motivated by material and monetary rewards and by personal achievements. In their thinking and problem-solving styles, field independent people are more likely to be analytical and inductive, paying a great deal of attention to

detail. They usually tend to be nondirective in childrearing and in teaching or supervising and counseling others.

Field sensitive style people tend to be extroverted in their general orientation toward life. They tend to focus more on nonverbal than on verbal messages when they are communicating with others. They are usually motivated by the possibility of achieving for others and by social rewards. People with a preferred field sensitive orientation are more global, integrative, and deductive in their thinking and problem-solving styles, and they tend to be directive in childrearing and teaching or when they supervise and counsel others.

People who are bicognitive have the ability to shuttle between the field sensitive and field independent styles. Their choice of style at any particular moment is dependent on the demands of the situation they are in. For example, if the situation calls for individual competition, they behave in a field independent manner; if the demand is for cooperation or group competition, they behave in a field sensitive manner. People with a bicognitive orientation can also use elements of both the field sensitive and field independent styles to develop new composite or combination styles. They can also evolve communication styles that highlight both verbal and nonverbal behaviors.

4. *Components of styles*. Each cognitive and personality style is made up

of five components:

- *Communication style*. How people express themselves to others

- *Interpersonal relationship style*. How people go about establishing relationships with others and how they relate to others

- *Motivational style*. What people consider rewarding about life

- *Learning and problem-solving style*. How people learn new things and how they solve the problems they are faced with

- *Teaching-parenting-supervisory-counseling style*. How people impart knowledge or give direction to others, how they guide others, and how they provide emotional support

5. *Personality development*. Cultural and cognitive styles are related to personality development. People who are socialized and have lived in traditional environments—be they cultures, communities, families, and institutions—are more likely to be preferred field sensitive in cognitive style. Those who are socialized or who have lived in modernistic environments are more likely to be preferred field independent in cognitive style. People who have been socialized in both modern and traditional environments and have lived in both modern and traditional settings are likely to be bicognitive in their cognitive style.

6. *Variations*. Cultural and cognitive styles can vary from being flexible

and adaptable to being inflexible and specific to certain environments or situations. People with rigid cultural and cognitive styles have multicultural personalities and are well adjusted to a pluralistic society.

The figures presented in Appendix I may make it easier for the client to follow the therapist's presentation about the important features and concepts of the flex theory of personality. Providing the client with copies of these figures will facilitate reference to them as needed during the course of therapy.

The client should be encouraged to ask questions during the presentation. The therapist attempts to match the presentation style to the client's preferred learning and problem-solving style. For example, the therapist can personalize the presentation with field sensitive clients by referring to information obtained from the client's life history. On the other hand, with field independent clients, the therapist can focus more on the details of the charts and diagrams and on the specific research that led to the theory's development (see Chapters 2 and 3).

Feedback on Assessment of Preferred Styles. The therapist initiates this phase of the session by referring to the questionnaires the client completed during the first session and by explaining their purpose. The therapist is encouraged to use the Feedback Summary Sheet (see Appendix J).

The following is an excerpt of the assessment feedback done with IMELDA:

> At the conclusion of the last session I asked you to complete some questionnaires. I asked you to do these to help me determine your preferred cultural and cognitive styles. I have also been doing an assessment during our sessions by noticing your behaviors and by noting what you said and how you said it. Let me tell you what my assessments indicate.
>
> Your preferred cultural style seems to be traditional, but you tend to have modern views in the area of gender-role definition. Most indicative of your preferred cultural style is the fact that your score on the Traditionalism-Modernism Inventory was 38. (The version of the TMI given to Imelda was the original pre-revised version] You indicated strong agreement on those items that were concerned with family identity, spiritualism, and sense of community, all indications of a traditional orientation. Despite an overall traditional cultural orientation, you did indicate that you are modern in the domain of gender roles—you believe that men and women should have equal rights.

The therapist continued by giving feedback on the ratings he had made of Imelda's behaviors in the sessions using the Preferred Cultural Styles Observation Checklist, showing that her global cultural style was indeed traditional. In the process of discussing the behavioral ratings he made, the therapist read excerpts from notes he took during the course of the therapy sessions to give specific examples which helped to clarify the ratings to the client. (See Appendix K for responses given by Imelda to the Traditionalism-Modernism Inventory and for copies of the notes that were made by the therapist as he interacted with Imelda during the initial session.)

Feedback on Cognitive Style Assessment. This feedback is given in much the same way as it is for cultural style. The following are excerpts from the feedback given to Harold:

> Your preferred cognitive style at the present time is field independent. For example, your score on the Bicognitive Orientation to Life Scale was 31, and you scored in a field independent direction in all five domains. Most revealing of your field independent orientation are the following items: 3, 7, 8, 11, 14, 15, 20, and 21. However, your responses to items 5 and 13 indicate that you also have strong field sensitive interests. My observations of your behaviors during our sessions also show a strong field independent orientation, but again there are some indications that you are somewhat more balanced in the domains of interpersonal relationships and teaching-parenting-supervisory style. On a scale of 1 (no flexibility) to 5 (maximum flex), your cognitive style balance at the present time appears to be 2.

(See Appendix L for the response given by Harold to the BOLS and for copies of the notes made by the therapist during the first therapy session with Harold.)

The therapist then summarized the findings of Harold's evaluation:

> In summary the results of the assessment of your preferred cognitive and cultural styles show that you need to be more flexible in the following domains: cultural; gender roles, time orientation, and child socialization, and cognitive; communication; motivation; and thinking and problem solving.

Establishing the Goals of Therapy

The therapist introduces the final stage of the second session by proposing some tentative goals based on the problems identified by the client during the first session and on the findings of the assessment. The therapist engages the client's help in formulating the goals of therapy. The following is an excerpt from the case notes on IMELDA:

> One goal of therapy can be to help you develop your modernistic cultural style and your field independent cognitive style in order to get your parents, teachers, coaches, and some of your friends at school to better understand you. You could also develop more of your field sensitive and traditional preferred style in order to get your grandparents to understand you better. Would you like to suggest some goals that you would like us to work on?

Imelda answered, "Well, I need to have more friends. Coming to therapy has made me realize that I have been too lonely. I also need to know how to get my teachers and coaches to listen to my ideas." As Imelda spoke, the therapist listed the goals with a marking pencil on a large pad on an easel.

In summary, the second session includes the following five techniques and procedures:

1. Continuing to match of the client's preferred cultural and cognitive styles.

2. Conducting a life history.

3. Introducing the flex theory of personality.

4. Establishing the goals of therapy.

5. Providing feedback on the findings of the life history, the assessment instruments, and the observation checklists.

SUMMARY

The first two sessions of multicultural psychotherapy have as their principal goal helping the client to overcome the symptoms of mismatch syndrome by matching his preferred cultural and cognitive styles. The initial match strategies facilitate expression of the unique self so that the client can begin the next phase of therapy—the development of cultural and cognitive flex.

GLOSSARY

Attitude of Acceptance a nonjudgmental, positive, accepting atmosphere devoid of conformity or assimilation pressures. In therapy this enables the client to express his unique, or true, self.

Bicognitive Orientation to Life Scale (BOLS) a personality inventory composed of items that reflect the degree of preference for field sensitive or field independent cognitive styles in different life domains. Assesses cognitive flex by determining the degree of agreement with items that reflect preference for either field independent or field sensitive cognitive styles. A balance or bicognitive score is also attained.

Bicognitive Style a cognitive style characterized by an ability to shuttle between the field sensitive and field independent styles. Choice of style at any given time is dependent on task demands or situational characteristics. For example, if a situation demands competition, the bicognitive person usually responds in a field independent manner. On the other hand, if the situation demands cooperation, the bicognitive individual behaves in a field sensitive manner. People with a bicognitive orientation also may use elements of both the field sensitive and field independent styles to develop new composite or combination styles.

Bicultural/Multicultural Style a cultural style characterized by an ability to shuttle between the traditional and modern cultural styles. Choice of style at any given time is dependent on task demands or situational characteristics.

Change Agent a person who actively seeks to encourage changes in the social environment in order to ensure acceptance and sensitivity to all cultural and cognitive styles.

Cognitive and Cultural Flex Theory (or Theory of Multicultural Development) the theory that people who are exposed to socialization agents with positive attitudes toward diversity, participate in diversity challenges, interact with members of diverse cultures, maintain an openness and commitment to learning from others, and are more likely to develop multicultural patterns of behavior and a multicultural identity. People who have developed a multicultural identity have a strong, lifelong

commitment to their groups of origin as well as to other cultures and groups.

Cognitive Style a style of personality defined by the ways in which people communicate and relate to others; the rewards that motivate them; their problem-solving approaches; and the manner in which they teach, socialize with, supervise, and counsel others. There are three types of cognitive styles: field sensitive, field independent, and bicognitive.

Cultural and Cognitive Flex (Personality Flex) the ability to shuttle between field sensitive and field independent cognitive styles and modern and traditional cultural styles.

Cultural Democracy (1) a philosophy that recognizes that the way a person communicates, relates to others, seeks support and recognition from his environment, and thinks and learns are products of the value system of his home and community; (2) refers to the moral rights of an individual to be different while at the same time be a responsible member of a larger society.

Cultural Style an orientation to life related to or based on traditional and modern values or a combination of these values. Assessed by the Traditionalism- Modernism Inventory and the Family Attitude Scale.

Diversity Challenges a catalyst for multicultural development such as cultural and linguistic immersion experiences, new tasks, and activities that encourage the process of synthesis and amalgamation of personality building blocks learned from different cultures, institutions, and peoples.

Empathy Projection the process whereby a person tries to understand the point of view and feelings of others whose cognitive styles and values are different from his own.

False Self the identity developed as a result of attempts to conform to cultural and cognitive styles of authority figures, institutions, and majority cultures.

Family Attitude Scale a personality inventory to assess a person's degree of agreement with traditional and modern family values.

Field Independent a cognitive style characterized by independent, abstract, discovery-oriented learning preferences, an introverted lifestyle, a preference for verbal

communication styles, and an emphasis on personal achievement and material gain. People with a preferred field independent orientation are likely to be analytical and inductive and focus on detail. They also tend to be nondirective and discovery-oriented in childrearing, and in teaching, supervising, and counseling others.

Field Sensitive a cognitive style characterized by interactive personalized learning preferences, an extroverted lifestyle, a preference for nonverbal communication styles, a need to help others. People with a preferred field sensitive orientation tend to be more global, integrative, and deductive in their thinking and problem-solving styles, and they tend to be directive in childrearing, and in teaching, supervising, and counseling others.

Life History Interview focuses on the development and expressions of cultural flex during different periods of life: infancy and early childhood, early school and elementary school years, middle school years, high school years, and post- high school period. The life history interview also focuses on the extent of an individual's actual participation in both traditional and modern families, cultures, groups, and institutions. The life history identifies the type of cultural flex by examining the degree to which a person has been able to combine modern and traditional values and belief systems to arrive at multicultural values and worldviews.

Match and/or Mismatch refers to person-environment fit with respect to the degree of harmony or lack of harmony between cultural/cognitive styles and environmental demands. Two types are cognitive mismatch and cultural mismatch.

Mismatch Shock an extreme case of the mismatch syndrome.

Mismatch Syndrome a lack of harmony between a person's preferred cultural and/or cognitive styles and environmental demands. This occurs when people feel at odds to the important people and institutions in their lives. They feel alone, hopeless, and misunderstood; they may exhibit a number of symptoms, including self-rejection, depression, negativity, rigidity, and attempts to escape reality.

Model a person whom the client admires and who is dominant in the cultural/ cognitive styles the client wants to learn.

Modeling the process whereby people learn unfamiliar cognitive and cultural styles through imitation and observation of others, through reading and through travel.

Modern a value orientation that emphasizes and encourages separation from family and community early in life. It is typical of urban communities, liberal religions, and of North American and Western European cultures. People who are identified as having a modern value orientation tend to emphasize science when explaining the mysteries of life; they have a strong individualistic orientation; they tend to deemphasize differences in gender and age roles; and they emphasize egalitarianism in childrearing practices.

Multicultural Ambassador a multicultural person who promotes the development of multicultural environments which encourage understanding (multicultural education) and cooperation among different people and groups.

Multicultural Educator a multicultural person who educates others about the advantages of cultural and cognitive diversity and multicultural orientations to life.

Multicultural Experience Inventory (MEI) an inventory that assesses historical and current experiences. It focuses on personal history and behavior in three areas: demographic and linguistic, socialization history, and degree of multicultural participation in the past as well as the present. The MEI consists of two types of items: historical (reflecting historical development pattern—HDP) and contemporary functioning (reflecting contemporary multicultural identity—CMI). Includes items that deal with degree of comfort and acceptance.

Multicultural Model of Psychotherapy a model of therapy that emphasizes multicultural development by maximizing the client's ability to flex between cultural and cognitive styles when faced with different environmental demands and development of a multicultural orientation to life characterized by serving as a multicultural educator, ambassador, and peer counselor.

Multicultural Peer Counselor a multicultural person who provides emotional support and facilitates change and development of empowerment in those of his or her peers who are suffering from mismatch.

Multicultural Person-Environment Fit Worldview a worldview that is based on the following

assumptions: (1) There are no inferior people, cultures, or groups in terms of gender, ethnicity, race, economics, religion, physical disabilities, region, sexual orientation, or language; (2) problems of maladjustment are the result of mismatch between people, or between people and their environments rather than of inferior people or groups; (3) every individual, group, or culture has positive contributions to make to personality development and to a healthy adjustment to life; (4) people who are willing to learn from others and from groups and cultures different from their own acquire multicultural building blocks (coping techniques and perspectives), which are the basis of multicultural personality development and multicultural identity; (5) synthesis and amalgamation of personality building blocks acquired from different people, groups, and cultures occur when the person with multicultural potential works toward the goals of understanding and cooperation among diverse groups and peoples in a pluralistic society; and (6) synthesis and amalgamation of personality building blocks from diverse origins contribute to the development of multicultural personality development and psychological adjustment in a pluralistic society.

Preferred Cultural and Cognitive Styles Observation Checklists observational rating scales that list field sensitive and field independent behaviors in five domains: communications; interpersonal relationships; motivation; teaching, parenting, supervising, and counseling; learning and problem solving. The checklists can be used to assess modern and traditional cultural styles and values.

Preferred Styles the dominant cultural and cognitive styles of a person.

Scriptwriting a therapy strategy used, along with role-playing, to promote cultural and cognitive flex development by matching the cultural or cognitive styles of a person or institution.

Theory of Multicultural Development see Cognitive and Cultural Flex Theory.

Traditional a value orientation that emphasizes close ties to family and community throughout life. It is typical of rural communities, conservative religions, and of minority and developing cultures. People identified as having traditional value orientations tend to have a spiritual orientation toward life, are strongly identified with their families and communities of origin, usually believe in separation of gender and age roles; and typically endorse strict approaches to child- rearing.

Traditionalism-Modernism Inventory (TMI) a personality inventory that assesses the degree of identification with traditional and modern values and belief systems. The instrument yields scores indicating the degree of agreement with items reflecting traditionalism or modernism. The degree of flex can be determined by examining the differences between the total traditionalism and total modernism scores (balance score) as well as by looking at the degree of agreement with the traditional and modern items across the different domains of life: gender-role definition; family identity; sense of community; family identification; time orientation; age status; importance of tradition; subservience to convention and authority; spirituality and religion; attitudes toward issues such as sexual orientation, the death penalty, the role of federal government in education, benefits to single mothers and noncitizens, and abortion. Type of flex can be determined by examining the degree of flex within each domain.

Tyranny of the Shoulds an individual's perception of the self based on what she believes others expect the person to be like. The pressure to conform could contribute to psychological maladjustment—the individual develops a false self based on the "shoulds" of parents, important others, and societal institutions.

Unique Self a person's preferred cultural and cognitive styles before he has been subjected to the pressures of conformity.

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