MANUEL RAMIREZ III

THE MULTICULTURAL MODEL AND MANAGED CARE

Multicultural Psychotherapy

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THE MULTICULTURAL MODEL AND MANAGED CARE

In recent years managed care has transformed the mental health field. In particular, intervention orientations and strategies used by mental health professionals have changed dramatically because of the requirements and guidelines of managed care. Mahoney (1995) defined managed care as a tightly controlled and regulated system in which clients are given access to limited forms of psychotherapy, only if the diagnosis warrants, only for a limited number of sessions, and with substantial demands on psychotherapists for paperwork and justifications. These stringent treatment requirements have led to research focusing on what the future of psychotherapy might be.

Norcross, Alford, and DeMichele (1992) surveyed psychotherapy experts to determine which intervention strategies and approaches are likely to be most commonly employed in the future. Respondents to the survey indicated that they believed several techniques would be most frequently used by therapists: self-change techniques, problem-

solving techniques, audiovisual feedback, homework assignments, communication skills training, self-control procedures, imagery and fantasy techniques, behavioral contracting, computerized therapies, didactic (teaching/advising) techniques, supportive techniques, and bibliotherapy.

Another indirect product of the managed-care revolution in the mental health field is the focus on cultural sensitivity and cultural competence in intervention. In response to concerns expressed by members of minority groups that the growth of managed care might lead to a monolithic approach to health care, the state of California established cultural competency guidelines for Medi-Cal health plan contractors. Cultural competency, or the level of knowledge-based skills required to provide effective clinical care to patients from a particular racial or ethnic group, is distinguished from cultural sensitivity, which is psychological propensity to adjust practice styles to the needs of different groups.

The multicultural model of psychotherapy and counseling has much to offer when it comes to meeting the requirements of diagnosis and intervention imposed by managed care. The model also offers

many of the strategies and approaches that psychotherapy experts have identified as those most likely to be used with clients in the future. In addition, the model provides concepts and strategies, such as cultural and cognitive styles matching and therapist self-evaluation approaches, for development of cultural competence.

This chapter highlights the contributions that the multicultural model can make to the general as well as the client-specific requirements of managed care in completing outpatient request and authorization forms as well as in formulating treatment plans. The chapter focuses on the case of Raul, who was introduced in Chapter 1 and followed in subsequent chapters.

GENERAL CONTRIBUTIONS OF COMPLETING REQUEST-FOR-TREATMENT AND AUTHORIZATION FORMS ON THE MULTICULTURAL MODEL

Assessment

A central concern in the assessment of multicultural clients living in diverse environments is acculturation level. As discussed in Chapter 3, the Traditionalism-Modernism Inventory (TMI) and the Family

Attitude Scale (FAS) can be used to assess the acculturation level of clients along different dimensions: gender-role definition; family identity; sense of community; time orientation; age status; deference to authority; spirituality and religion; and attitudes toward abortion, capital punishment, and aid to immigrants (Ramirez, 1998). Clients can be *bicultural* (balanced in traditional and modern orientations) while others have preferred traditional or modern orientations to life.

The Contemporary Multicultural Identity items of the Multicultural Experience Inventory (MEI, see Appendix A) also reflect degree of acculturation as indicated by friendship patterns and extent of participation in the cultures of different ethnic/racial groups. For example, in the case of Harold, he was very traditional in the domain of gender equality when he first came to therapy. Raul, on the other hand, had developed a mixed- traditional and modern cultural style orientation in most areas of his life.

Diagnosis

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; APA 1994) provides five categories to consider when assessing the

client's cultural and social reference group: (1) cultural identity, (2) cultural explanation of the client's illness, (3) cultural factors related to psychosocial environments and level of functioning, (4) cultural elements of the relationship between the individual and the therapist, and (5) overall cultural assessment for diagnosis and care. In addition, DSM-IV provides the diagnostic category for an acculturation problem (v62.4), defined as a problem involving adjustment to a different culture. Also included in DSM-IV is identity problem (313.82), which is used when the focus is on uncertainty about multiple issues relating to identity such as friendship patterns, moral values, and group loyalties. Use of the cultural and cognitive styles match and mismatch analyses of the multicultural model as well as the responses given by the client to the FAS, the TMI, and the MEI, provide information for meeting appropriate diagnostic requirements.

Clinical Implications

Relevant History. This information can be obtained by using the life history interview (socialization history, exposure to different cultures and psychosocial environments within the same culture, and similarities and differences between the values and cognitive styles of

the client and therapist) and the Historical Development Pattern items of the MEI.

Client Strengths and/or Obstacles to Progress. This information can be obtained from the life history interview and the subsequent match and mismatch analyses (see Chapter 4). The availability of allies (models) as sources for learning how to use nonpreferred styles or for further development of preferred styles. Information in this area is also related to the degree of familial, community, group, or cultural support or pressure to conform that the client is experiencing. Information concerning familial, cultural, and community support systems is also obtained through the life history interview. In Raul's case, for example, his participation in powwows and spiritual practices on the reservation, as well as consultation and discussions with his uncle and other tribal elders, served as excellent sources of familial, cultural, and community support. Raul's participation in the international art community, which was supportive of his efforts to resolve adjustment problems related to identity confusion by pursuing multicultural/ multiracial art themes, was also important to him. Obstacles to Raul's progress included his abuse of marijuana, his poor decision making in intimate relationships,

and his tendency to isolate himself from family and friends when he encountered problems in his relationships.

Treatment Plan

Problem. Adjustment of multicultural clients can be identified by doing cultural and cognitive styles mismatch analyses following the life history interview. In the case of Imelda, it was mismatch to the values of her grandparents and to the cognitive styles of her father as well as those of some of her teachers and coaches that contributed to depressive symptoms and a poor self-image.

Behavioral Goals. The cultural and cognitive styles flex goals are generated by both client and therapist following the presentation of the flex model and feedback on the findings of the assessment instruments done during the second session. Flex goals are also generated from the observations made by the therapist using the Preferred Cultural and Cognitive Styles Observation Checklists during the initial session. The goals of increased cultural and cognitive flex are achieved through increased self- efficacy and coping accomplished through diversity challenges, scriptwriting, role-playing, and

homework.

Time Line. The multicultural model helps clients to achieve their treatment goals in four or five sessions, with the complete treatment plan for most clients being fifteen to seventeen sessions. Periodic assessment of progress using the assessment instruments provided by the multicultural model and evaluation of the degree of success achieved through homework assignments is recommended (see Chapter 9).

Raul's Treatment Plan: Specific Contributions of the Multicultural Model. Exhibit 13.1 is representative of the Request-for-Treatment and Authorization Form the therapist completed for Raul's presenting problems.

EXHIBIT 13.1 Example of a Request-for-Treatment and Authorization Form

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DSM-IV Multi-Axial Diagnosis

AXIS I:	(Primary) 300.4 Dysthymic Disorder, Early Onset.
AXIS I:	(Substance-related) 305.20 Cannabis abuse.
AXIS I:	(Additional) 309.81 Posttraumatic stress disorder.

AXIS II: 301.9 Personality disorder not otherwise specified (with depressive and avoidant features).

AXIS III: None.

AXIS IV: Problems with primary support, occupation, social environment.

AXIS V: GAF—Current 60 (Moderate symptoms at start of treatment). Highest: Past Year—GAF 80 (If symptoms are present, they are transient and expectable reactions to psychosocial stressors).

Clinical Information—Relevant History

Medical- None.

Family- Alienated from most family members, particularly parents. Has a moderately good relationship with his sister, but his relationships with his brothers are strained and distant.

Vocational- During the past four months the client has been unable to have consistent work attendance at his permanent job and has been unable to work consistently on his artwork (part-time job).

Social- Has isolated himself from friends and is spending most of his time alone at his home when he is not at his place of employment. His only consistent contact is with his sister and members of her family.

Legal- None.

Marital- Single, never married.

Past Treatment- The client was in individual therapy about four years ago. From information provided by the client and his former therapist, it was

determined that an eclectic psychodynamic approach had been used. The client terminated therapy with the approval of his therapist after six months.

Outcome- The client reports that most of his depressive symptoms have gone into remission. However, he also indicates he has remained confused regarding his identity and that his relationships with his parents and brothers have not improved. Furthermore, he states that he has continued to experience failure in his intimate relationships.

Clinical Synopsis

Current Symptoms- Insomnia, low energy, low self-esteem, poor concentration, feelings of hopelessness, recurrent and intrusive distressing recollections of traumatic events (experiences in Vietnam), and recurrent substance use resulting in failure to meet major obligations at work.

Client Strengths and Obstacles to Progress

Client Strengths- The client's skills are highly valued at the print shop where he works. He receives good emotional support from his sister, her husband, and their children. His artwork has given him a good outlet for frustrations in the past and has also provided him with a good source of self-esteem and self- efficacy because he has been able to sell some of his work and because his work has been praised by accomplished artists.

Obstacles to Progress- The client's parents and his brothers are very critical of him, contributing to self-criticism and guilt. He is abusing marijuana, contributing to feelings of depression and to increased isolation from others. Cannabis abuse is also related to decreased church attendance and attendance at prayer groups as well as to decreased participation in Native American spiritual practices, which had served as good sources of support for him in the past. He has also discontinued discussions with elders on the reservation. In the past these people have contributed to good self-esteem and development of a stable identity. His involvement in reservation activities, such as powwows, chants,

and sweat lodge meetings, have also given him ideas for his artwork in the past. The client has stopped regular visits to his uncle, who is a medicine man living on the reservation, because of shame related to substance abuse.

Clinical Coordination

With the permission of the client, the therapist agreed to coordinate with the client's uncle, a medicine man. In the past the client's uncle has helped him to overcome some of the symptoms of posttraumatic stress disorder and acculturation problems. The client agrees to contact his uncle; the therapist will be in touch with the uncle upon the client's approval.

Medications

At the time of therapy, the client was not taking medication. Should the depressive symptoms become more serious, particularly if the client experiences longer work absences or begins to suffer from suicidal ideas, the therapist will encourage him to consult with a psychiatrist. The therapist made a suicide contract with the client.

Substance Abuse

Substance Abused-	Cannabis.
Date Last Used-	A week prior to the client's initial session.
Frequency-	The client reported that he smoked five marijuana cigarettes in a week.
Current Use-	Client has not used in ten days.
Number of Years Used-	Client used cannabis on a daily basis for two years when he was in the service; he used it for six months following discharge from the armed services while he was unemployed.

OD or Withdrawal Symptoms-	Client has never overdosed and/or experienced withdrawal symptoms.
Family History of Substance Abuse-	Client's father was dependent on alcohol; one of his brothers abused methamphetamines in the past while another abused cocaine and marijuana. No one in his family besides his father appeared to meet the criteria for dependence.
Previous Treatment for Substance Abuse-	The client had been active in Narcotics Anonymous (NA) several years ago. He had a sponsor with whom he had not been in contact for two years. His participation in NA led to a successful outcome, and the client has been in sustained full remission for six years.

Mental Status and Risk Assessment

Mental Status-	All within normal limits.
Risk-	No suicidal, homicidal or domestic violence risk. The client does not have access to firearms.

Treatment Plan

Problem-	Abuse of marijuana.
Goal(s)-	Discontinue marijuana use and renew attendance at NA meetings as well as regular contact with sponsor, with uncle, and with other tribal elders. Renewed participation in powwows and spiritual discussions with uncle and other elders of his tribe.
Interventions-	Scriptwriting and role-playing for renewing contact with uncle and NA sponsor. Identification of allies that can help to reintegrate the client into the international artistic community he was involved with in the past. Teach stress- reduction techniques to substitute for marijuana use.

Problem-	Self-blame and low self-esteem related to end of intimate relationship.
Goal(s)-	Arrive at realistic assessment as to causes of failure of relationship, renew use of cultural and spiritual support systems, and insight into needs in intimate relationships. Develop coping techniques for meeting potential intimacy partners and for making better choices in intimate relationships through script-writing, role-playing, and homework assignments for diversity challenges.
Interventions-	Analysis of areas of cultural and cognitive styles mismatch to make a more realistic assessment of why relationship failed. Encourage church attendance and prayer as well as participation with uncle in treatment program to renew involvement in tribal community and spiritual life. Use of life history technique to arrive at insight concerning insecurities in intimate relationships (envy of other men) as well as needs that may be contributing to failure of his relationships.
Problem-	Identity confusion.
Goal(s)-	Establish a multicultural/multiracial identity.
Interventions-	Encourage renewed active participation in identification of models or allies who are multicultural and multiracial, including scriptwriting and role-playing to facilitate contacts, use of bibliotherapy (*The Autobiography of Malcom X, The Original Sin, and Ceremony*), and encourage use of multicultural and/or multiracial themes in his artwork.

Termination of Treatment. Following implementation of the fifteen-session therapy plan outlined above here, Raul improved and returned to familial, community, and cultural support systems. He discontinued use of marijuana and became active in the powwows and

spiritual activities of his tribe. He met intimacy partners on the reservation and in a singles group he joined through the Christian church he attends and began dating again. He continued to be active in the international art community and eventually began to teach at an international art institute. Raul made amends to his brothers and his relationships with them improved dramatically. His relationships with his parents also improved.

Raul Returns for Therapy Two Years Later. Following the death of one of his brothers, Raul began to experience symptoms of anxiety and depression once again. The symptoms were more severe than those of bereavement. He remained in recovery from the abuse of marijuana and posttraumatic stress disorder symptoms did not recur. Guilt over his brother's death concerned the feeling that his harsh treatment of his brother during childhood had led to his brother's increased risk for cancer (his brother had died of lung cancer). The information provided on Raul's Request-for-Treatment and Authorization Form for the second phase of treatment is shown in Exhibit 13.2.

Termination of second phase of treatment—After five

sessions, Raul improved and returned to family, community, and cultural support systems.

EXHIBIT 13.2 Second Phase of a Request-for-Treatment and Authorization Form

DSM-IV Multi-Axial Diagnosis

AXIS I:	(Primary) 309.28 Adjustment Disorder with Mixed Anxiety and Depressed Mood.
AXIS I:	(Substance) 305.30 Cannabis Abuse, in Sustained Full Remission 305.10 Nicotine Abuse.
AXIS I:	(Additional) features of 300.4 Dysthymic Disorder, early onset.
AXIS II:	v71.09 No diagnosis.
AXIS III:	None
AXIS IV:	Primary support group-death of brother.
	Other-grief
AXIS V:	GAF 60 Highest past year GAF 70.

Clinical Information

Medical-	None.
Family-	Death of brother.

Vocational-	Decreased attendance and productivity at work, again since death of brother.
Clinical Synopsis-	Increased use of tobacco (nicotine), low energy, self-blame.

Current Symptoms and Obstacles to Progress

Client's Strengths-	Continued contacts with siblings, parents, uncle, and elders on reservation and continues to date. Is also continuing to teach at international art institute.
Obstacles to Progress-	Has discontinued a regular schedule of exercise (jogging and bike riding) which he was following.
Clinical Coordination-	With uncle on reservation and with NA sponsor.

Treatment Plan

Problem-	Self-blame for brother's death.
Goal(s)-	Realistic assessment of causes of brother's illness and death with diminution of symptoms of anxiety and depression. Discontinue use of tobacco and resume exercise schedule. Resume regular attendance at his job and increase productivity in artwork.
Interventions-	Reconstruct life history on brother to understand possible causes of illness and death, cultural and cognitive styles mismatch analysis, become mentor for brother's children, participate in tribal mourning ritual for brother.

SUMMARY

The requirements imposed by managed care on the mental health field have produced major changes in philosophies and strategies used for interventions with clients. In addition, cultural sensitivity and cultural competence have become central issues in psychotherapy and counseling. The multicultural model of psychotherapy and counseling has much to offer in meeting the requirements of managed care, both with respect to general and client-specific information requested in treatment request and authorization forms. The model also offers cultural and cognitive match and mismatch strategies allowing practitioners to meet the requirements of cultural competence and sensitivity.

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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