

PLAY THERAPY FOR MULTICULTURAL POPULATIONS: GUIDELINES FOR MENTAL HEALTH PROFESSIONALS

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ABSTRACT. *This article describes methods and techniques of play therapy for use with multicultural and diverse populations. Barriers to counseling multicultural children and Eurocentric play therapy techniques with multicultural populations are highlighted. Specific guidelines and examples for play therapy with multicultural children are provided. Recommendations and implications for mental health professionals are discussed.*

The alternative perspectives of children from differing racial and ethnic backgrounds present a challenge to counselors than can no longer be ignored. Today, issues of multicultural differences are encountered on a regular basis. The demographics imperative, or the 'colorization', of the United States by the year 2010 mandates that counselors can no longer be what is referred to as "culturally encapsulated" (Wrenn, 1962). In order to deal more effectively with and understand different cultures, mental health professionals must develop their own cultural identities and become aware of their own biases. This self-awareness, in combination with a commitment to play therapy, must be coupled with effective intervention.

However, while developing an awareness of cultural difference, counselors must keep in mind that all multicultural children are unique individuals and some of these children have few of the characteristics that make up the majority cultural norms. Degrees of acculturation vary greatly among these children, and within each ethnic group there are many subgroups that may or may not fit group norms. In order to prevent potential harm to children, counselors must become aware of the monocultural nature of counseling and the ineffectiveness of traditional approaches for diverse populations (Sue & Sue, 1977). The purpose of this article is to describe methods and techniques of play therapy for multicultural and diverse populations.

BARRIERS TO COUNSELING MULTICULTURAL CHILDREN

Counseling is a Euro-American, middle class activity based on Western cultural values (Sue & Sue, 1977; Sue & Sue, 1990; Coleman & Barker, 1991). Consequently, there is an assumption that normal behavior is the same for everyone regardless of social, cultural, economic, or political background (Pedersen, 1987). Further, the American idea of success includes individualism, hard work, and perseverance. Multicultural children (and sometimes all children) may have trouble fitting into this "winner" stereotype. Indeed, such values may be antagonistic to the values of their own cultures, such as those values that emphasize cooperation and dependency over individualism. In many cultures, these values are considered healthy, and a necessary aspect of relationships. For example, Asian cultural values dictate that only behaviors which maintain home and family are valuable (Morrow, 1989).

Another barrier is that multicultural parents and children may be unfamiliar with the counseling role and become confused or frustrated at attempts to explore personality or history. Individuals from different cultures may not approve of telling intimate secrets to a stranger and will choose an informal alternative, such as a religious leader or an older family member (Pedersen, 1986). Restraint of feelings may be highly valued and children may be pressured to not reveal personal problems (Sue & Sue, 1977).

Language may also be a barrier, serving as a serious handicap if neither the child nor counselor is bilingual (Everett, Proctor, & Cartmell, 1983; Sue & Sue, 1977). And even if English is spoken in the home, there

may be serious gaps in an ethnic child's understanding of the language. Non-verbal communication, such as proxemics, eye contact, and use of silence may be quite different for the various cultures. For example, the Asian culture views silence as a sign of respect for the elders (Sue & Sue, 1973), and American Indians often delay responses or do not voluntarily respond even when they are sure of the answer (Sanders, 1987).

Many cultures do not make a clear distinction between mental and physical health, and such class bound values as adherence to schedules and time can cause real conflicts in the cross-cultural counseling relationship. Other cultures, such as Native Americans, frequently emphasize the "here and now" and think in non-linear ways. For example, "time-consciousness does not go by the clock in traditional Native American culture..the right time occurs when one is ready" (Axelson, p. 71, 1993). Elements of the world are viewed as being one harmonious unit, thus cause and effect are viewed as aspects of the same reality. This concept can be problematic when counselors see effects as being related to previous events (Sue & Sue, 1972). Counselors must be prepared to go beyond the boundaries of their own definitions of these constructs and examine the problem from the child's cultural view.

Cultural barriers also include problems presented by current assessment practices (Jones & Thorne, 1987). Cultural differences in values, perceptions, and expectations may result in scores on inventory-type indices which may be construed as demonstrating lower levels of personal adjustment for ethnic groups. Poor academic records, including performance on standardized intelligence tests by minority students, have been well documented (Mickelson, 1990). Standardized intelligence tests have a white Anglo-Saxon, middle class bias. Therefore, minority children need to be assessed on variables that are not culture-bound, as in norm-referenced instruments.

It has also been concluded that cultural differences affect learning style (Anderson, 1988). Therefore, ethnic groups may have thinking styles that are very different from each other and from the teacher and counselor; learning is greater in situations where teaching and learning styles match (More, 1987). However, it must be considered that some of the differences seen in multicultural children may be attributed to experiences encountered in an oppressive environment rather than to culture alone. A closer examination of the history of ethnic minority

groups within the United States provides a better understanding of the social milieu in which their behavior and identity originate and these factors' relationship to counseling.

EUROCENTRIC PLAY THERAPY TECHNIQUES AND MULTICULTURAL POPULATIONS

Although a diverse society is acknowledged, mainstream culture still predominates. As the world becomes a global village, mental health professionals must consider new paradigms for addressing the issues, needs, and concerns of multicultural children. By definition, multicultural counseling means establishing a therapeutic relationship between a client and counselor from different cultures (Pedersen, 1987; Sue & Sue, 1990). Yet, there is a dearth of research on play therapy with multicultural populations. Clearly, much needs to be done to move play therapy approaches into what has been referred to as the "fourth force" (Pedersen, 1990) in counseling, which is multiculturalism.

Multicultural children, as all children, play; and toys are the medium by which they communicate. However, methods and techniques currently utilized may not be appropriate for children from diverse backgrounds. Critical to the philosophy of play therapy is the ability of the therapist to establish a facilitative environment, interpret behavior, and design appropriate interventions for the child. Oftentimes, the theoretical orientation of the therapist is derived from mainstream, Eurocentric perspectives.

The concept of a Eurocentric melting pot, or the perceived exclusionary Afrocentric (Cheatham, 1990) perspective, often do not promote cultural awareness and diversity in the American society. Both of these practices are perceived to be at opposite poles of the cultural continuum, and thus, do not accomplish the mission of pluralism. Consequently, the authors propose a new paradigm or conceptualization entitled "Pluralcentricity" (Parmer & Coleman, 1991). Pluralcentricity refers to the global and mainstream culture, yet acknowledges the impact of the society in which the individual lives. The advantage is that this model diverges from the medical model of personal deficiencies to a systemic view of the individual acknowledging influences of social context. This view supports the existence of a myriad of covert factors, often unexplainable, that are manifested in inappropriate behavior. For example, the medical model

may diagnose the individual as experiencing pathology without considering the psychological, sociological, and economic contexts of racism.

How one plays is indicative of one's cultural values and mores, and therefore, play should be interpreted as a pluralcentric activity. Play is learned at a very early age, and impacts self-image throughout the lifespan. Multicultural children's play must be carefully examined in order that appropriate therapeutic interventions are designed. Therefore, one would expect cultural differences in the prescriptions for play therapy.

The authors have developed specific guidelines that they recommend be followed when providing play therapy for multicultural populations.

GUIDELINES FOR PLAY THERAPY WITH MULTICULTURAL POPULATIONS

- 1. Play therapy for multicultural populations must respect historical, psychological, sociological, and political dimensions of a particular culture and/or ethnic group.*

While it is acknowledged that play in multicultural populations is prominent, specific practices are determined by individual cultural values, mores, beliefs, and customs.

EXAMPLE:

The authors have utilized dolls with ethnic features, i.e., the African American Cabbage Patch Dolls, culturally specific music such as rap, books and materials that present images of diversity. When using crayons or paints, colors must be provided that reflect the range of skin tone.

- 2. The role of play for multicultural populations should be critically examined in order that the mental health professional have an understanding of its influence on children from different ethnic groups and cultures.*

Play is an integral component of most cultures, and mental health professionals must determine the role of play therapy for children from multicultural backgrounds.

EXAMPLE:

Culture may influence gender role stereotyping (i.e., the macho Hispanic and the aggressive black male). Depending on the culture, girls may dialogue more or boys may be more active. A variety of toys and play materials should be provided in order to allow the maximum opportunity for multicultural children to express themselves. The authors use caution when interpreting this play.

3. Interpretation is an important aspect of play therapy. Ideally, more favorable outcomes in play therapy would be expected from mental health professionals with the same ethnicity (Atkinson, Jennings, & Liongson, 1990). In circumstances where a multicultural mental health professional is unavailable, the counselor should have knowledge of the particular culture that will be served.

Counselors should be familiar with the values, beliefs, customs, traditions, and have an overall appreciation and understanding of the idiosyncrasies and nuances peculiar to multicultural children.

EXAMPLE:

The therapist's interpretation may be limited by the child's use of Non-standard English (NSE). Many minorities have developed their own dialect, i.e., Cubans in Florida, Puerto Ricans in New York, and African Americans. No therapist is in a position to understand all dialects. However, the caveat is that the therapist must be aware of the potential bias against a child who does not use Standard English (Washington & Miller-Jones, 1989).

4. In the pursuit for understanding multicultural and diverse populations, persons outside of the culture must not be deluded by profit-making enterprises or other commercial attempts to train instant therapists in a particular approach.

There is no expeditious way to acquire information about various cultures; and involvement in "quick fix" activities will only have a deleterious effect on the counselor and the child.

EXAMPLE:

Instant certification and afternoon seminars may fulfill credentialing requirements; however to impact on self-awareness, counselors must continually seek opportunities to learn about other cultures. The authors regularly attend workshops, seminars, and conferences and also take coursework relevant to multicultural populations.

5. Eurocentric counseling techniques may or may not be appropriate; however, the counselor must determine the efficacy of a given approach based on consultation with other mental health professionals and the support system of the children from multicultural backgrounds.

Counselors must critically examine the philosophy of Western play therapy techniques, i.e., role of play in society, specific interventions, to assess if there is (in)congruence with the values and beliefs of multicultural populations, specifically children.

EXAMPLE:

For a non-verbal child, Rogerian techniques with Asian-American children would be inappropriate (Ramisetty-Mikler, 1993). Asians usually will make a decision based on consultation with other family members. Consequently, the counselor must be able to incorporate these types of issues into play therapy techniques.

6. *To facilitate the optimum counseling process, a blend of pluralcentric (approaches which accept diverse cultural perspectives yet acknowledge the impact of the society of the mainstream culture in which the individual lives) methods and techniques may be the best solution for children from multicultural backgrounds.*

Based on the information presented, counselors must determine, in consultation with multicultural children and their support systems, what approaches will be appropriate for each individual child.

EXAMPLE:

Communication and feedback from colleagues and community resource persons is essential. The authors take caution not to polarize approaches into either an Afrocentric or Eurocentric perspective. Counselors are reminded that multicultural children will present a variety of backgrounds and perspectives which will fall within a continuum.

7. *Counselors need to be aware of their own cultural biases when counseling cross-culturally.*

When counseling children from different cultures, it is imperative to initially understand one's own values, beliefs, attitudes, and biases, etc.

EXAMPLE:

Many mental health professionals are culturally encapsulated (Wrenn, 1962), and therefore have a limited world view. For example, many Eurocentric cultures identify themselves as WASPS, and often do not acknowledge a specific ethnicity (Axelson, 1993). This perspective may limit counselors' appreciation of how a minority child may identify solely with their ethnicity. Therefore, the counselor may overlook specific cultural practices and values unique to the child's ethnicity.

8. *Counselors working with multicultural populations must actively seek opportunities for interaction with these groups.*

Counselors must make special efforts to become involved with family, community, and social activities of children from multicultural backgrounds in order to facilitate an understanding of the various cultures.

EXAMPLE:

Attending churches, cathedrals, synagogues, temples, etc.; visiting ethnic community centers; viewing movies and theatre productions that explore different cultural experiences; participating in educational activities (courses discussing learning styles, foreign languages); visiting the homes of children; and eating at ethnic restaurants are but a few of the many opportunities that the authors may become involved in to gain a better understanding of other cultures.

IMPLICATIONS

Play therapy practitioners may be inclined to follow the old adage of "business as usual." However, monocultural techniques are no longer appropriate. There are significant implications for play therapy for mental health professionals who want to affect the success of children from multicultural and diverse populations. Implications related to counseling, training, and research are discussed below.

Play therapy for multicultural children presents challenges in that all counseling should be perceived as multicultural. Mental health professionals must understand that due to the domination of the monocultural society, their world view may be limited. In order to develop multicultural competencies, counselors must be aware of their own values and beliefs as well as those of multicultural children. Professionals should have knowledge of such issues as stereotypes, oppression, immigration, and the impact on children of a society where often children's experiences are not understood or validated. Counselors must be aware of the special needs of these children and give consideration to the limitations of theories that neglect the sociocultural influences affecting the development of children from multicultural backgrounds. Mental health professionals must also

possess skills necessary for enhancing the therapeutic stages of play. This involves interpreting the child's verbal and nonverbal communication in the language of the client.

Given that mental health professionals frequently have had limited interactions with individuals from different cultural backgrounds, professionals who plan to provide play therapy for multicultural children should receive specialized training. Of particular interest is training in multicultural relations and cross-cultural communication. To improve interactions with diverse populations, collaboration through consultation would provide the opportunity for experiential training. Counselor educators should also consider the expansion of curricula to include the study and examination of special populations.

New paradigms and models must be developed in order to facilitate and incorporate a better understanding of the effect of play on children from various ethnic backgrounds. A variety of evaluation methods utilizing both quantitative and qualitative approaches are recommended. Oral, visual, and aural presentations of materials, descriptive as well as analytic abstractions, and individual and cooperative approaches need to be utilized with multicultural children (Cooper, 1980; Vygotsky, 1978; & Cohen, 1969). Individual, family, and group counseling may also be beneficial.

Some specific suggestions for research include determining the type of toys most appropriate for eliciting therapeutic responses from multicultural children. For example, ethnic dolls who resemble the child in skin color, facial features, and apparel may be useful. Current assessment tools that facilitate interpretation of behavior such as traditional intelligence and aptitude tests, personality inventories, and self-esteem measures also need to be critically examined to determine efficacy for multicultural children. Historical influences, developmental problems, and the impact of the learning environment are but a few of the topics requiring further investigation.

In summary, little research has been conducted on play with multicultural populations. The information presented in this article suggests the need for mental health professionals to become aware of the role of multiculturalism in play. The demographic imperative makes action necessary.

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