

Diversity: Human universals instead of categorizes.

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The word Diversity is typically used in three ways. The first refers to a setting in which people of many cultural and racial backgrounds are engaged or at least welcome. The second denotes creating a mindset in which one is open to the numerous worldviews and behaviors that are peculiar to the many human groups. The third is founded on the premise that each person is a unique human being and is best understood and approached from that perspective. This third one is most important for mental health professionals, especially those dealing with sexual issues.

A half century ago a psychologist set forth some propositions that have become integral to most approaches to psychotherapy. Although George Kelly has largely fallen into obscurity, his psychology of personal constructs, often unattributed, is employed by the preponderance of psychologists and other social scientists. In distillation, Kelly proposed that each person constructs his/her own world that must be discovered, understood, and respected by those wanting to collaborate with him/her. Intrinsically, this is at odds with many who advocate diversity training for mental health professionals. This type of diversity training usually focuses on educating therapists on formulaic models of how a few minority groups behave and how they differ from other groups. This training generates a dilemma: how does one accept each person as possessing a unique worldview and then approach him or her based on cultural norms set forth in diversity training programs? The answer in brief is that one cannot do so.

Diversity training has not fared well in mitigating bias and bigotry. Indeed, intolerant persons are often quite resistant to accepting that they function with inaccurate or even bigoted views of others. But even when people are open to new perspectives about others, what norms should they be taught? In my own practice I have found that many diversity awareness guides merely substitute one set of stereotypes with others. Additionally, there is the obvious problem that focusing on cultural, racial and social understanding requires selecting some arbitrarily chosen set of cultures, races, or genders. This in itself presents potential bias and cultural insensitivity, as the predominance of identifiable groups will be left out. Very rarely does one find people such as the rural working class white man, the urban Italian American housewife, the mid-American female laborer, the Orthodox Jewish teen, etc. focused on as unique social entities in diversity education. Yet, each of these individuals is just as likely to have distinctive qualities as those who are the traditional focus of diversity awareness or training.

In my own practice, I have worked with: African Americans, Caribbean blacks, South American Latinos, Central American Hispanics, Caribbean Hispanics, Italian Americans, Italian immigrants, urban woman, rural woman, Hassidic Jews, secular Jews, Israeli Jews, Irish Immigrants, Irish Americans, East Asians, Central Asians, East Indians, Pakistanis, Nepalese, Filipinos, fundamentalist Christians, conservative gay men, activist gay men, progressive gay women, heterosexually married bisexual women, transgender lesbians, bisexual men, secular Mormons, White nationalists, Palestinian Muslims, Syrian Muslim, Druse Muslims, Turkish Muslims, secular Muslims and a range of other people from distinct origins. Working

with these people I found little help in being guided by published ideals about their norms and conduct. Indeed, had I begun with any rigid beliefs about their cultures or sexualities I would have risked failing to develop an effective therapeutic relationship. It was being open to each as a novel individual that fostered a rapport that supported help and change.

Despite the vast number of ethnic and cultural variations or combinations, most diversity education focuses on the modal Hispanic, African American, Asian or woman client. Diversity training for sex related therapies tends to focus on Lesbian, Gay, Bisexual and Transgender individuals. Importantly, therapist diversity training for these groups tends to draw on the typical individual within each of these groups. However, the variations within those groups pushes most diversity doctrines perilously close to stereotyping. There is tremendous variation within each of these sexual categories. Moreover, the extent to which any individual identifies with a group also varies to a large extent. And very few people find that their sexually affiliation completely defines them as a person. Indeed, although there are patterns that do systematically differ based on sexual identity, racial categorization, religious affiliation, and other identified groups, they are generally not sufficiently consistent for a therapist to rely on them.

So what does the therapist need to know when working with sexual, racial or cultural minority groups? He or she needs to be aware that he or she is not treating a member of a class, but an individual. A unique and one of kind human being. This person will have her/his distinctive dreams, goals, biases, fears, expectations, history and affiliations. Of course this person's attributes will be partially a product of his or her social group, but to rely on this person's affiliation to understand him/her based on this presents more problems than it resolves. Rather than use the models of gay, black, transgender, and other minority or marginalized groups, it is far more fair and efficient to work harder at understand the individual. This is accomplished by putting aside the premise that we know people within our own groups better and have to work harder to fathom those that differ from us. Instead, the therapist must make as few assumptions as possible about each person seeking help. The client can be initially understood in terms of human universals. For example, all people want to feel worthy and appreciated by those in their lives. All people are hurt by those who maliciously shame or ridicule them. All are encouraged by praise and positive regard. In short, the therapist treating the client seeking help with sexual or other issues must first start with the human universals.

These universals include the desire for love, affiliation, acceptance, accomplishment, recognition, personal growth and aversion to derision. The most efficient method to discover the specifics of these in any person – even in a culture radically different from one's own – is to use the same approach one uses when making a friend. When developing a friendship, one is almost certain not to have researched the norms of a new friend's social group. Instead he or she will explore the person's values, interests, and beliefs. There will be an interactive exchange until both parties have a working concept of who the other is. This concept remains open to modification as new information about the other person is assimilated during the course of the relationship. Over time a fairly stable conception of the other person is developed.

This fundamental process of relationship development can be utilized in the therapeutic setting to obviate any need for formal training in diversity. It should be applied with the awareness that we commence encounters with all new people burdened with a collection of often faulty models and biases. Keeping in mind the goal of getting to know a new person as a unique and complex individual, every variation of human being can be encountered and understood.