Becoming a multicultural psychotherapist: The confluence of Culture, Ethnicity, and Gender

Lillian Comas-Diaz, PhD

Mailing Address: Transcultural Mental Health Institute
908 New Hampshire Ave. NW., suite 700
Washington, DC 20037
E-mail Address: lilliancomasdiaz@gmail.com
Fax: 202-659-9303
Telephone: 202-775-1938
Abstract

A Latina psychotherapist relates the influences of culture, ethnicity, gender and class in her process of becoming a psychotherapist. Struggling with physical impediment, cultural translocation, racism, sexism and their interaction, she grounded her identity as a wounded healer. The pervasive role of history and sociopolitics in her life contributed to her articulation of psychotherapy’s role in liberation.

Key terms: culture, ethnicity, race, gender, psychotherapy, liberation

I became a psychotherapist before I was born. A long tradition of healers runs through my veins. Traveling to El Norte, my working class Puerto Rican parents settled in Chicago to earn a living. When I was born with a cleft palate they reached out to the host culture. Speaking broken English and carrying empty bags, my parents negotiated an experimental surgery at the University of Illinois.

The need to cope with a disabled child strengthened my family’s perseverance. My father, a singer and music lover, ironically named me after his favorite vocalist, Lily Pons. Although my surgery was successful, it took me almost 16 years to recover my voice. Of course, I did not sing. Instead, I became fluent in the language of pain. I also learned to compensate by looking into literature for support and guidance. Reading voraciously, I adopted literary, historical, and political figures as mentors. People’s lives gave me inspiration and courage. I found Demosthenes, the Greek orator who conquered his stammering by placing pebbles in his mouth while practicing his speeches. Consequently, I developed my own cognitive-behavioral therapy with a cultural component. Putting small guavas in my mouth during speech practice, I later rewarded myself by eating them after a good outcome. I borrowed the cognitive element from Emily Dickinson: “A wounded deer leaps the highest.”

“The enigma of arrival”

At six, I traveled “back” to Puerto Rico, tasting culture shock at an early age. I tried to integrate and dichotomize, not always knowing the difference. I longed for home after leaving the frigid Windy City for the Caribbean tropical island. The mediation of the familiar with the strange chiseled my identity as a healer. I realized the pervasive influence of culture on behavior while dreaming in Spanglish.

My adjustment was stormy. Our small town was recovering from the worst hurricane in its history. Indeed, my first therapeutic duty was assisting first grade
students’ recovery from post traumatic stress syndrome, even though the term PTSD was not coined yet. In return, my classmates invited me into their hearts. Teachers frequently asked me to talk to “Carlitos” or to “Anita” and to mediate conflicts between them. My speech impediment made me a good listener. A wounded healer by age six, I knew I was to become a psychotherapist.

Growing up in a culture of magical realism revealed the complexity of life. Like Alice in Mangoland, I arrived home. Reality and magic shared permeable boundaries. I learned ways of knowledge other than the intellectual. Dreams, visions, and premonitions were everyday occurrences. Deceased relatives’ apparitions in dreams were considered signs of ancestral wisdom. Dream interpretation followed more Jung than Freud. The first known Western psychiatrist to acknowledge the wisdom of Non Western healing traditions, Carl Jung advocated for syncretism. Within this framework, indigenous, African, European and non-Western traditions nurture Puerto Rican collective unconsciousness. This cosmology has allowed me to listen to my clients with a “third ear.”

My paternal grandmother traveled between two worlds, dividing her time between New York and Puerto Rico. She was a folk healer who solicited help from Virgin Mary, read gypsy cards, and invoked African Orishas. Such blending taught me to feel comfortable around contradictions. Years later I understood Ben Okri’s (1991, p. 327) exhortation: "From a certain point of view the universe seems to be composed of paradoxes. But everything resolves. That is the function of contradiction."

Confined by the geography of a small island, I expanded my surroundings by mentally journeying into foreign lands. While the public library was my harbor, the local movie theater was my airport. Puerto Rico’s public school afforded me a humanist education, infused by Latin American, European, Caribbean, and North American
wisdom. When my primary school teachers asked me if I wanted to study psychology, I ran home with the news.

“Great,” my family replied. “What is a psychologist?”

My parents’ marriage taught me the complex relationship between power and gender. An assertive nurse at work, my mother was a submissive wife at home. Her contradictory modern/traditional behavior was typical of other women of her generation. Disappointed that his oldest child was not a son, my macho father exhibited Latino paradoxical gender behavior. Clearly preferring my brother due to his gender, my father simultaneously encouraged my ambition: “You were born in Chicago,” he used to tell me, “You can become president of the United States.” Through cultural osmosis I gained an intuition about gender and power. Although North American feminism found a fertile ground in my heart, my type of feminism grew international. Subscribing to an empowering clinical perspective, I aspired to promote liberation in a gender specific and culturally congruent manner.

"People are trapped in history and history is trapped in them." James Baldwin (1955)

My development as a psychotherapist was immersed in history. The legacy of Puerto Rico’s colonial status made me aware of the historical effects of oppression on behavior. I attended the University of Puerto Rico from the late 1960s to the early seventies in the middle of Civil Rights and Women’s Liberation movements. The university housed the unofficial headquarters of independentismo—the political movement aspiring for the island’s independence. As a liberation approach, this movement integrated socialism and emancipation within a cultural context. The historical era cultivated my interest in oppression, liberation and healing. Likewise, issues of agency, mastery and self-determination found their way into my
conceptualization of clinical work. Notwithstanding independentismo’s progressive orientation, women’s liberation and racial issues were relegated to the back of the bus.

Prevalent among communities of mixed racial heritage, racist sexism branded me as a jabá (a pejorative racial term denoting an African Caribbean female with kinky hair and yellow skin). Within the Latino racial classification jabá or jabao is a cuarterona(o) or quadroon, a person with one black ancestor out of four, in other words, a person with a Black grandparent (Gonzalez, 2000). This branding contributed to my interest in exploring the gender and race interaction in psychology. I realized the importance of exploring our clients’ racial features at a real and symbolic level. As an illustration, hair issues are profoundly important to women of African descent, and thus, require therapeutic examination (Greene, 1990).

I consoled myself reading authors like Julia de Burgos, a mixed-race poet whose work is emblematic of female resistance against racist sexism. A cultural icon, Julia de Burgos developed female agency and self-reliance in the face of systemic oppression. However, poetry was not enough. Puerto Rico’s colonial status engenders an identity crisis where internalized oppression with its subsequent inferiority feelings is projected toward peers. Being born on the continental United States turned me into a suspect. Some of my peers accused me of not being Boricua (native of Borinquen, Puerto Rico’s Taino name) enough. Developing a historical and sociopolitical understanding of these dynamics helped me to cope. I read international literature authored by people of color. An awareness of internalized oppression facilitated my exploration of these issues with clients.

At the University of Puerto Rico I enrolled in a graduate clinical psychology program with a systems perspective that taught me to contextualize behavior. Although the program promoted dialectical psychology, in practice, it was dualism that drove it.
While the thesis and antithesis were vociferously present, synthesis was conspicuously absent. Consequently, I learned the importance of social justice in psychotherapy. My psychology mentor, Laura Herrans, was a Virgil during this Dantean journey. She fought racismo and sexismo in a psychology department anesthetized by denial. Laura exemplified Ralph W. Sockman’s (in Cook, 1997) words: “The test of courage comes when we are in the minority.”

Searching for psychotherapy’s role in alleviating oppression led me to liberation literature. I learned from Albert Memmi (1965) and Frantz Fanon (1965, 1967) to see individuals not only in relation to their culture, race, and gender, but also in relation to their sociopolitical and historical context. Brazilian educator Paulo Freire’s (1967, 1970, 1973) pedagogy of the oppressed was a significant milestone in my development as a psychotherapist. His work helped me validate psychotherapists’ participation in the liberation process. Within Freire’s model, conscientizacion or critical awareness, facilitates transformation by promoting individuals’ capacity to critically analyze causes and consequences. Accordingly, critical awareness became a guiding beacon in my therapeutic pilgrimage.

Armed with a master’s degree in clinical psychology, I journeyed north. Elitism, racism, and sexism welcomed me to Connecticut. Culture shock, lack of English proficiency, and deficiency in racial socialization rocked my self-esteem. I remembered Eric Hoffer’s (in Cook, 1997) assertion that every adjustment is a crisis in self-esteem, and searched for myself in the continental Puerto Rican community. Delving into activism, I learned precious psychotherapeutic lessons from community leaders, business people, politicians, clergy, and others. For instance, I realized that identity is a mental health problem among young Puerto Ricans. Years later, I developed a Puerto Rican cultural awareness program for increasing self-esteem (Comas-Diaz, Arroyo, &
Lovelace, 1982). As Eva Hoffman (1989) urged us, identity is the number one national problem in the United States.

“In the Native world view, there is no in or out; everyone in the circle is necessary for the benefit of the whole family of human beings and those that walk, crawl, swim, and fly.” Dhayani Ywahoo (in Cook, 1997).

My identity as a psychotherapist was challenged. I started collaborating with folk healers. This experience changed my assumptions about psychotherapy. At that time I was a conceited clinician favoring scientific tools over indigenous ones. My professional socialization trained me to despise folk healing. I forgot who I was. Negative internalization separated me from my grandmothers’ world. This mindset was promptly challenged when I began to work with folk healers as equals. Through this encounter, I learned that so much of what clients say is about spiritual and existential matters. Unfortunately, I lacked clinical training in exploring the meaning of life and death. Among many other things, Latino healers taught me that life is a learning experience. We are either learning a lesson, teaching a lesson, or both.

Folk healing and Western psychotherapy share similarities. Naming what is wrong with the client, thus assigning meaning to behavior; using qualities of the healer for eliciting emotions to help cure; and dealing with the client’s expectations are some of the commonalities between the two systems (Kiev, 1972). The main difference, however, is the spiritual and epistemological components in folk healing. Since psychology of liberation teaches us to integrate indigenous perspectives into clinical practice (Martín-Baró, in Aron & Corne, 1994), I later developed a model of working within alternative healing and mainstream psychotherapy (Comas-Diaz, 1981). This model’s tenets include the importance of balance, the perspective that problems are opportunities for growth, and the belief that transformation and transcendence are developmental goals. Such an
integrated approach attempts to re-frame dysfunctional behaviors, challenge negative
cognition, encourage strengths, and foster self-actualization in a culturally syntonic
manner. There is an extensive literature on the effectiveness of folk healing as a mental
health treatment for Latinos, comparing it to psychoanalysis, group therapy,
psychodrama, family therapy, and crisis intervention (Comas-Diaz, 1981). Moreover,
folk healing shares elements with hypnosis, behavior modification, and cognitive
restructuring (Dobkin de Rios, 2002). Folk healing is more consonant with collectivist
societies since it restores clients’ sense of connection to others and to the cosmos (Kakar,
1982). Although Western psychotherapy is becoming more relationally oriented, it is
still limited in addressing the spiritual need of communion or the connection to all.

Conducting clinical work with clients struggling with racial discrimination,
socioeconomic problems, and cultural adaptation difficulties made me question my role
as a psychotherapist. I realized the importance of therapeutically addressing the here and
now. During this period I participated in a Puerto Rican psychological association, where
I met Julia Ramos-Grenier (nee Ramos-McKay), a doctoral psychology student at the
University of Massachusetts at Amherst. Julia had worked with Paulo Freire and her
passion ignited us to apply his liberation model to our personal and clinical work.
Involving awareness and critical analysis of oppression, the liberation paradigm
promoted change in our perspective and behavior. We became cultural warriors rescuing
our identity and working to improve Latinos’ psychological and social condition.

Once more, I reformulated my identity as a healer. Peer mentoring sustained me
during this journey. Ignacio Martin-Baro’s (in Aron & Corne, 1994) work helped me to
envision liberation psychotherapy as promoting empowerment, reconciliation, and
healing while advancing the integration of a fragmented identity (Comas-Díaz, 1994;
my successful application to the University of Massachusetts for a Ph.D. in clinical psychology. During this new expedition I worked as Castellano Turner’s teaching assistant. An African American, Cass honored his name (Castellano or Castilian Spanish language) by supervising a Latino clinical team of students. We became a family with a pan-ethnic aspiration. This group helped me recognize the benefits and pitfalls of a shared worldview. Later on I examined some of these issues concentrating on ethnocultural transference and countertransference (Comas-Diaz & Jacobsen, 1991).

During my Massachusetts expedition I struggled with linguistic interference. Cass’ support re-framed such limitation as an opportunity, leading me to examine language within clinical situations. Supervising me in Spanish, Cass emphasized the nuances of non-verbal communication. This skill has proven valuable, particularly when conducting psychotherapy with bilingual and polyglot clients. For instance, when I am not fluent in my clients’ native language, I ask them to express special feelings first in their mother tongue and then in a second language. Besides its inherent therapeutic value, this process unfolds a plethora of information.

If Castellano Turner was my psychology father, my psychology mother was Bonnie R. Strickland. A renowned researcher, Bonnie taught me that psychotherapy and scholarship are not enemies. She helped me consolidate my identity as a scientist-practitioner. Moreover, Bonnie expanded my psychotherapeutic vision. She fomented the use of cognitive-behavioral approaches and their applicability to culturally diverse populations. As a psychotherapist of color, I find these techniques helpful in earning credibility, enhancing trust, and reducing clients’ dysfunctional behaviors.

Another journey landed me in the Yale University Psychiatry Department. Once more, I was fortunate in acquiring teachers. Boris Astrachan was a major mentor. He taught me the intricate relationship between politics and mental health. Under his aegis I
became a member of community and government advisory boards where I learned how to voice the psychotherapist’s perspective in crafting the mental health agenda.

A consummate clinician administrator, Boris fostered using myself as a tool in psychotherapy. Disclosing that his Russian grandmother had been a folk healer, Boris validated my intuition as a complement to clinical skill. Indeed, an anecdote may help elucidate the connection between these two modes of understanding. During that time I trained in interpersonal psychotherapy (IPT) under Myna Weissman. An epidemiological researcher with a woman-affirmative perspective, Myrna was committed to the inclusion of social context and culture into treatment. As an IPT therapist in training, my sessions were routinely videotaped. One morning I called the clinic inquiring whether my client, an Anglo American woman, had cancelled her appointment. The receptionist communicated that my client had not called. That afternoon I received word from Eve Chevron, an IPT supervisor, informing me that my client had just called to cancel our appointment due to a last-minute conflict with her baby sitter.

“How did you know this morning that she was going to cancel in the afternoon?” Eve asked. “Myrna and I looked at your last session’s videotape and found no suggestion for her cancellation,” she said.

“Intuition,” I dared to reply.

“I know what you mean,” Eve, said. “I’m Greek American. I believe in prescient communication.” Albeit being a trainee, I felt comfortable disclosing my intuition. Boris provided this space, allowing me to integrate alternative means of knowing into psychotherapy.

Other mentors encouraged the expansion of my clinical range. A gifted African-American psychologist, Robert Washington helped me modify and apply psychotherapy to inner city populations. Under his supervision I learned to work with dual diagnosed
and traumatized populations. Another mentor, Daniel Levinson, facilitated my charting developmental psychology in a cultural and gender specific map. This approach has proven beneficial, particularly working with clients whose developmental milestones follow diverse cultural prescriptions. I learned to identify my ethnocentric assumptions: Amelia, a 21 year-old single Portuguese American woman, was referred to me through a university-affiliated clinic. She was a classic YAVIS client—young, attractive, verbal, intelligent, and successful. Amelia was proud of her Portuguese heritage, frequently quoting Camoes, the national Portuguese poet. She was still living at home with her parents and struggling with a romantic relationship with Paul, a White Anglo Saxon man. During our therapy I fostered Amelia’s assertiveness without deeply examining the Portuguese traditional family and gender roles.

“You’re ignoring my culture,” Amelia announced after discussing being assertive with her mother.

“You seem angry,” I replied, noting that she had raised her voice.

“I’ll show you anger!” Amelia stood up and knocked down a coffee table attempting to leave my office. When she tried to open the door, its knob felt out. We were locked in and Amelia became agitated and started to cry. I suddenly remembered that she had dance training and asked her to go through some ballet positions. As Amelia completed several positions, she calmed down, just in time for my colleagues to open the office door from the outside. Later on I realized that although I had met Amelia’s mother, I failed to meet the whole family. I stopped assuming. I suggested a family session including the paternal monolingual Portuguese grandmother who resided in the household. During the session, I culturally translated Amelia’s struggle with American and Portuguese gender role expectations. Interestingly, her grandmother became my ally since she herself had to cope with cultural adaptation upon her arrival from Portugal.
This intervention strengthened our therapeutic alliance. Afterwards, Amelia successfully completed treatment.

As the ethnicity and family therapy movement gained momentum, I trained with Behnaz Jalali, an Iranian woman psychiatrist whose empathy and grace were instrumental models. All of my mentors in this excursion helped me to affirm and validate the centrality of culture, ethnicity, gender, and social class in psychotherapy. My identity as a psychotherapist continued to evolve.

Stephen Fleck, a psychoanalytically trained psychiatrist, supervised me for several years at Yale. Working with him was a crucial development in my professional life. A master clinician, Stephen had the reputation of predicting clients’ behaviors solely based on clinical presentation. I still remember his predictions about clients’ leaving their jobs, being promoted, getting married, pregnant, and divorced; while other predictions involved clients leaving therapy and even returning to treatment. I felt blessed to be around him and benefited from his wisdom. Moreover, he was a cross-culturally translocated individual--a German Jewish refugee who escaped the Nazi regimen. Stephen had the rare combination of clinical knowledge, systems approach, sociopolitical and historical contextualization, and otherhood that worked miracles for me as his apprentice. He taught me to integrate psychotherapeutic skill, with intuition and with sociopolitical understanding. At a minimum I owe him my clinical acumen.

“No matter what road I travel, I’m going home.” Shinso

I left New Haven in 1984 for Washington DC to direct the American Psychological Association’s Office of Ethnic Minority Affairs. This was yet another development in my identity as a psychotherapist. During my APA odyssey I participated in an official visit to Chile cosponsored by the American Psychological Association and the American Psychiatric Association. This fact-finding delegation investigated the mental health
effects of human right abuses. This trip significantly changed me as a psychotherapist. Our delegation met clinicians attempting to therapeutically repair the individual, familiar, and societal wounds inflicted by political repression. Their heroism, risking their lives by providing psychotherapy, was a turning point in my life. Chilean psychologist Elizabeth Lira became my teacher. She showed me how psychotherapy can address political repression and torture. In her work with Eugenia Weinstein, Elizabeth (Cienfuegos & Moneli, 1983) developed psychotherapeutic models within situations of state-sponsored terrorism. This perspective helped me advance a model of conducting psychotherapy with people of color who live under oppressive and repressive conditions (Comas-Diaz, 2000). Adding an ethnopolitical component to psychotherapy, this approach increases critical awareness, bears witness, and promotes actions towards the creation of a safe environment. Fortunately, the American Psychological Association recognized Elizabeth Lira’s work with its 2002 International Humanitarian Award (APA Monitor, 2002).

In 1986 I left national administration to establish a private practice in cosmopolitan Washington, DC. This passage led to co-founding the Transcultural Mental Health institute with my husband and colleague, Frederick M. Jacobsen. A physician specializing in neuro-psychopharmacology, Fred’s interest in culture dates from his schooling in Brazil as an American Field scholar. His interest acquired a deeper meaning after he discovered that his maternal great grandmother was Cherokee. Through our reciprocal mentoring we developed ethnocultural psychotherapy, an approach acknowledging the centrality of culture and ethnicity in behavior (APA 1995; Comas-Diaz & Jacobsen, in press). In addition to using multigenerational genograms, transitional maps, ethnocultural tales, and testimonies, this approach complements clinical interventions with cultural practices and other indigenous psychological techniques.
Paying special attention to issues of translocation and adaptation, inclusion and exclusion, power and powerlessness, and identity transformation we use ethnocultural assessment in examining several stages of identity reformulation (Jacobsen, 1988).

Culture, ethnicity, gender and social class unfolded the “enigma of my arrival.” While Julia de Burgos’ (1967) poem *Yo misma fui mi ruta* (I was my own path), taught me to chart my voyage, Antonio Machado’s (1983) composition, “Caminante no hay camino, se hace camino al andar” (There is no way, the way is made by walking) was my compass. I have journeyed with masters, teachers and peers who value global connectedness. My clients, fellow travelers from diverse areas of the world, taught me that we all are part of the same circle. In psychotherapy, as in life, the philosopher’s stone is to recognize yourself in the other.

If I have to summarize my development as a psychotherapist, I would say that it is similar to an “arpillera”. The Latin American way of expressing stories of oppression, pain, and resistance, arpillera is an artistic weaving that is both liberating and transformative. I have not separated my personal identity from that of a multicultural psychotherapist. Culture, ethnicity, gender, race, among many other diversity variables, have infused plurality into my development. Like Eva Hoffman (1989), instead of a central ethos, I was given the blessings and the terrors of multiplicity.

Accepting my ancestors’ traditions helped me to view psychotherapy both as a profession and as a calling. Thus, I embraced multiple of ways knowing, including scientific as well as intuitive approaches. History and politics taught me psychotherapy’s power to address oppression. Consequently, I envision the psychotherapist’s role both inside as well as outside the consulting room. E. T. Hall’s (1977) exhortation that we cannot be free until we allow others to be themselves, further inspired me. As a result, I spell healing and liberation with the same words.
Selected References & Recommended References

Ethnocultural psychotherapy. Washington, DC: APA.

American Psychological Association. (2002, May). Hats off to this year’s award

Martín-Baró. Cambridge, MA: Harvard University Press.


of Orthopsychiatry, 51(4), 636-645.

Women of color: Integrating ethnic and gender identities in psychotherapy (pp.

American Psychologist, 55, 1319-1325.

Puerto Rican cultural awareness program. Personnel and Guidance Journal, 60(5),
306-308.

countertransference in the therapeutic dyad. American Journal of Orthopsychiatry,
61(3), 392-402.


