

GUEST EDITORIAL

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In the next decade, institutions dealing with troubled youth will include a disproportionate number of minorities. While the average American is now over thirty and U.S. population growth is near zero, America's minority population continues to grow, and their median age is well below thirty. So, although programs for troubled youth will focus on a decreasing population, the minority proportion and number will increase.

Minority youth are often urban, have a single, low-income parent, and live daily with social and physical deprivation. The pressures on their families are much greater than those on "average" American families. They are more likely to come from broken homes. Twice as likely to have an unemployed parent. Twice as likely to live below the poverty level. And they are three times as likely as white teenagers to be unemployed. It is no wonder that they have more behavioral problems.

To suggest that these youth can freely transcend this environment if they really want to, or that they alone are to blame for their conflict with the dominant society, is both cynical and cruel. Worse, it narrows the approaches for helping them to punishment as deterrence, isolation from society to prevent their transgressions against "good" citizens, and rehabilitation after they are already in trouble.

It is extremely difficult to quantify and observe values and beliefs. Thus, normality rests overwhelmingly on behavior. Those not behaving according to the norms of white, middle class, mainstream America often are perceived as engaging in pathological or abnormal behavior. Yet, truly pathological behavior is socially and psychologically destructive, not merely different from the dominant group.

As child care professionals, how often do we view behavior which is simply culturally different from the mainstream as abnormal? Does the average child care worker know who the nonmainstream child is – his culture, values, beliefs, and so forth? Unconsciously are we considering culturally *different* behavior as *abnormal*, or even worse, *pathological*? Is the child getting "better" by behaving like a mainstream child? Are we controlling, manipulating, and shaping minority behavior to fit our own conception of the mainstream world without regard to the price the child has to pay to become normal by giving up his or her own culture?

If so, we are engaging in cultural oppression or trying to bring about cultural homogenization – all in the name of caring and helping.

Since a child may end up in a center because of nonmainstream behavior, and “normality” depends on his behaving in a mainstream manner, therapy becomes nothing more than getting the child to fit the dominant American mold. And this is all done “for the good of the child.” The process is not one of throwing his culture into the “melting pot” of a pluralistic child care institution. Rather, it is one of being forced to fit into a cookie-cutter mold with a white, Protestant, male, Anglo-Saxon shape.

Moreover, the nonmainstream child goes through genuine culture shock when he enters the institution’s culture. The assumptions regarding normality are mainstream, and most of the staff are mainstream. The proportion of child care workers and other professionals who are minorities who deal with troubled youth is certainly less than ten percent, and the number appears to be decreasing. Less than one percent of all professionals in the field of mental health are Hispanic. Thus, the child gets little support from others, especially the staff, because they are culturally different and they themselves have never experienced culture shock.

The nonmainstream child experiences pain upon entering the child care facility – the pain of being unable to communicate effectively. The pain of lost cultural cues that make life predictable and provide psychological security. The pain of struggling to maintain an identity in the face of overwhelming powers which not only fail to acknowledge his cultural identity but demand that he give up the identity and take on another.

Without role models to relate to or others who can empathize with his feelings, the child often irrationally vents his frustration with aggression. Little attention is paid to who the child is, only what he does. And the child is indeed trapped, with no control over his environment. He feels helpless and the situation is hopeless.

The staff does not understand why the child is behaving as he does. Instead of attributing his behavior to the situation, they often give trait attributions. “He’s got a chip on his shoulder.” “Hispanic kids are always moody and into being macho.” Or, “Black kids stick together and won’t mix with the other kids.” Sometimes the trait attributions are even more negative: “He’s lazy.” “He’s hostile.” Or, “He’s really severely disturbed.”

The staff may fail to understand his behavior as a normal reaction to cross-cultural adjustment that occurs whenever anyone enters a new culture. In turn, they may react to the child’s reaction. The child’s behavior is not “acting out” due to some internal psychological problem.

It is caused by the cross-cultural situation. As the staff tries to control the behavior which is merely symptomatic of culture shock, a conflict cycle results, terminating with a power struggle. And, of course, the institution will win the power struggle.

The problem is on both sides: the child is unaware of what's going on and few staff know what's going on inside the child. The culturally different and unaware staff often simply react to the child's behavior and interpret it based upon their own experience and culture. They end up paying attention only to what the child does. Not why. Seldom do they pay attention to who he is, and what impact his culture has on his behavior. There is unfortunately little likelihood that the staff will understand cross-cultural adjustment, the breakdown of communication, the child's identity crisis, or the dynamics of culture shock, and the conflict cycle that has been created.

Child care workers must understand the impact of culture on behavior and the dynamics of cross-cultural adjustment and communication to better serve the nonmainstream child. It may be as important to study anthropology and cross-cultural communication as psychology to be an effective child care worker.

Culture is like an iceberg; only the tip is exposed. Behavior – or external culture – is the smallest part. To truly understand the child, we must go below the water level of awareness and find out what is inside the child's mind. Internal culture including values, beliefs and world view determines external culture, or what the child does. Unless we can understand the internal culture, we will mistakenly evaluate behavior based on our own narrow cultural experiences.

We must question our assumption about normality. Are we forcing the child to fit the "cookie cutter mold" of the mainstream society? Might we be doing more harm than good? Is problem behavior really a manifestation of culture shock? Are we only reacting to that behavior instead of trying to understand what the child is experiencing?

Rather than merely observing and trying to change the child's behavior, we must try to understand the child's culture. Who *is* the child? Can we explain what he *does* in terms of who he *is*? Can we use his cultural identity in a positive way to build his sense of self-esteem and, in turn, be more therapeutically helpful? When we reject his culture, we reject the whole child. We communicate to the child that he is somehow deficient or somewhat of an underdeveloped mainstream child. The unspoken ideal is to be whitelike, yet the nonmainstream child is not, and never will be, white.

If a child care worker views the child as deficient, he will pick up the message, even if it is not verbally expressed. Nonmainstream children are exceedingly sensitive to nonverbal messages and are most likely to

pick up the message that he is inferior. This, in turn, may create a self-fulfilling prophecy – the child will meet our expectations.

I am not advocating sympathy or identification. Sympathy may be appropriate in many instances, but it is not very helpful and gives no understanding of the child's world. Identification assumes the child care worker can be like the child. At times, this may also be appropriate. But, it will not help us understand the child nor meet the child's needs. Instead, we must develop *cultural empathy* – try to understand the way the child views and feels about the world. Only then can we truly understand the child's behavior and free ourselves from our own cultural biases.

Cultures are not good or bad, they are simply different. Consequently, children from different cultures have different values, beliefs, and behaviors. To understand their behavior we must place it in the context of their culture. In the process, inevitably we will begin to understand our own culture and its impact on our values, beliefs, and behaviors. Self-awareness of our own internal culture is a fortunate by-product of awareness of the culture of others. At this point, not only will we be more helpful to troubled minority youth, we will be able to free ourselves from the culture we were born into and perhaps even transcend it.