Culture Emergent in Occupation

Bette R. Bonder,
Laura Martin,
Andrew W. Miracle

Culture influences occupation as well as perceptions of health, illness, and disability. Therapists are aware of the need to address culture in interventions. However, definitions of culture can be unclear, providing little guidance to therapists about how to recognize its effects in therapeutic encounters. A pragmatic definition of culture as emergent in everyday interactions of individuals encourages reconsideration of the main elements of culture, that it is learned, shared, patterned, evaluative, and persistent but changeable. Understanding of culture as emergent in interaction, including therapeutic intervention, suggests three important characteristics that therapists can cultivate to enhance clinical encounters: careful attention, active curiosity, and self-reflection and evaluation.


Introduction

Occupational therapists have long acknowledged that culture is an important aspect of occupation, and of perceptions of health, disability, and illness. The founders of the profession emphasized that therapeutic activities should be prescribed based on the individual’s personal and cultural values (Dunton, 1918). This recognition has led to many calls for cultural competence in the clinic (Barney, 1991; Dillard et al., 1992; Mirkopoulos & Evert, 1994; Wittman & Velde, 2002), a call now incorporated into standards for education of new therapists (American Occupational Therapy Association [AOTA], 1999). It is fair to say that “few occupational therapists are unaware of the importance of considering culture in the provision of occupational therapy services” (Fitzgerald, Mullavey-O’Byrne, & Clemson, 1997, p. 1).

Before cultural factors can be addressed in care, therapists must have a clear understanding of what culture is. Anthropologists, who have a primary focus on defining and describing culture, have throughout their history debated the definition of the term and still have not reached consensus (Kuper, 1999). It is therefore not surprising that therapists likewise are somewhat unclear about exactly what the construct means. Too often, race and ethnicity are used as representations of culture. For example, in their book on cultural competency, Wells and Black (2000) discuss what it is that “White American health practitioners” (p. 138) must be aware of in their practice, suggesting that White Americans constitute a single cultural group and that race is a central characteristic of cultural group identity. The equation of race or ethnicity with culture leaves therapists to puzzle about whether culture is something that applies only to those who look different from themselves or speak a different language (Pope-Davis, Prieto, Whitaker, & Pope-Davis, 1993).
Since effective therapeutic interventions address cultural factors as a way to enhance quality of life and optimal performance (Barney, 1991; Dyck & Forwell, 1997), this confusion about what constitutes culture has a potentially damaging impact on client care.

Defining Culture

In the occupational therapy literature, an array of definitions of culture can be found. One definition is “a state of manners, taste, and intellectual development at a time or place. It is the ideas, customs, arts, etc. of a given people at a given time” (Baptiste, 1988, p. 180). At approximately the same time, Levine (1987) described culture as “a ‘blueprint’ for human behavior, influencing individual thoughts, actions and collectively influencing a particular society” (p. 7). Krefting and Krefting (1991) called it “a filter or veil through which people perceive life’s experiences” (p. 108). Christiansen and Baum (1997) define culture as referring to the “values, beliefs, customs and behaviors that are passed on from one generation to the next” (p. 61). Still another definition labels culture “an abstract concept that refers to learned and shared patterns of perceiving and adapting to the world” (Fitzgerald et al., 1997, p. 1).

Anthropologists have also developed multiple definitions for culture. Since it was first created by Edward B. Tylor (1871) and other late 19th century scholars, use of the term has evolved. Not surprisingly, changes in usage have reflected the changed understandings of what it means to be human that have been in vogue at various times.

By the mid-20th century, the burgeoning influence of individual psychology began to affect scholarly approaches to culture. Sapir (1924/1949) and Wallace (1961) noted that the foundations for cultural traits resided in the minds of specific individuals; that is, while patterns of thinking and behavior might be widely shared across a society, the locus of culture is within individuals. Wallace’s theory of mazeway as the mechanism for cultural change was explicit in this regard. For Wallace, culture change begins when a single individual incorporates a new element (e.g., through invention or borrowing) or when someone synthesizes traditional elements in a new configuration. If such innovation is perceived as useful, then additional individuals in the cultural group may adopt it and thus widespread change may be underway.

Geertz (1973) describes culture as “webs of meaning” in which people live. Kuper (1999) indicates that “in its most general sense, culture is simply a way of talking about collective identities” (p. 3). Holland, Lachicotte, Skinner, and Cain (1998) suggest that culture can be conceived in several different ways: as defining and determining individual human needs; as a superficial labeling of deep-seated needs; or as a formation of motivation during development. There has been considerable debate in anthropological circles about whether culture refers to behavior, or to the artistic expression of emotion, that is, culture in the sense of the arts and literature (Kuper, 1999).

Today, anthropologists (e.g., Reyna, 2002) work to explain the relationship between the biological and the cultural. Noting the work of anthropologists such as D’Andrade (1999) and Dressler and Bindon (2000), Handwerker (2002) concludes that a “theory of culture as cognitive elements and structure now dominates ethnographic research” (p. 119). Moreover, there is a growing recognition by psychologists (e.g., Hermans & Kempen, 1998; Pepitone, 2000) that the “discipline can no longer assume an acultural or unicultural stance” (Segall, Lonner, & Berry, 1998, p. 1101). And, sociologists (e.g., Cerulo, 2001) have begun to consider culture and cognition, especially in the context of race and ethnicity.

All of these conceptualizations carry some common themes related to individuals’ actions, and their attributions of meaning and value to those actions. Two main strategies have typically been employed to create the necessary specificity in defining culture.

A Descriptive Approach

One strategy for elaborating on definitions of culture has been an approach characterized by detailed description of particular groups through “the set of characteristics that an observer might record in studying the collective life of a human group” (Kuper, 1999, p. 24). This descriptive approach is exemplified in the thorough accounts by early ethnographers of New World indigenous groups, or by such works as Eliot’s (1948) list of English cultural traits. Such descriptions involve a systematic identification of the particular characteristics and material goods of a given society. A full description of all the technological, economic, political, kinship, and religious characteristics of a people, together with the details of their socialization practices, rituals, and value systems, has been assumed to provide a description of the culture of that people. Providing a list of the major traits, patterns of behavior, and material objects the people produce or use is believed to offer a good approximation of a particular cultural group at a given moment in time. Examples of this kind of description are now widely available at Web sites focused on diversity, or on culture and health (for an example, see Cross-Cultural Health Care Program, www.xculture.org/resource/library/index/cfm).

Producing these descriptions is a demanding task. It is impossible to describe every relevant cultural fact about a
given people. Even if the task itself were manageable, such a list can tell us nothing of the choices a single member of the group has made within the range of possibilities each culture provides. This approach assumes that by describing what seem (to the describer) to be the significant traits of a culture, outsiders can gain an appreciation of what life is like, at least superficially, for the people involved. Most of the time, though, descriptive approach products simply summarize cultures with just a few key values or characteristics. The ethnographies that abound in anthropology are excellent examples of the descriptive approach (cf., Hendrickson, 1995), but require constant updating as cultural circumstances change (Hendrickson, 1996).

Such summaries can be useful. They provide snapshots of particular groups at particular points in time, and a general sense of the important values and behaviors of the group. They provide for the observer, or the therapist, a starting point from which further exploration of the values of the specific individual within the culture can begin. But they are inevitably superficial. The potential exists to create stereotypes, or to replace one stereotype with another, rather than to reach a genuine understanding of the culture as represented by its individuals. This strategy also inevitably results in a limitation of scope. As an example, Hendrickson (1995) focused her attention specifically on weaving, providing much less information about other aspects of life in the Guatemala highlands, the lives of men, for instance, or the activities of women in villages where weaving was not typical.

A Rules Approach

Another strategy for enhancing cultural understanding focuses on the rules for belief and behavior. This approach assumes culture serves as a cognitive model of reality for each of the group’s members. For example, Skinner (1989) provides a list of rules for the behavior of young girls in Naudada, a Hindu community in central Nepal. The list indicates what good daughters and good wives do. On the list is a rule indicating that good wives die before their husbands. Knowing this rule, that it is unseemly to outlive one’s husband, helps the outsider understand why the term Radi (widow) is a pejorative term in that culture. Thus, understanding a culture means knowing how the people living in that culture view reality, how they make distinctions among categories of things, and how they generally make decisions about right courses of action (Schneider, 1976). Of course, in taking this approach it is necessary to know (and to describe for others) most of the things that exist in the world of those people. In this sense, the rules approach subsumes the descriptive one, but adds a list of the rules by which the culture determines meaning, molds behavior, and incorporates new information.

Taking the approach of listing rules can be quite helpful in providing a starting place for interaction. Many guides to cultural competence for health care providers emphasize this strategy, indicating, for example, what the rules are for interaction between genders, how to address someone from a particular cultural group, or whether or not to make direct eye contact (Galanti, 1997; Wells & Black, 2000). Knowing the rules can provide the therapist with a starting point for asking appropriate questions about the preferences of the individual.

However, like descriptive accounts, rules studies are always incomplete since not everything can be included. Nor can it ever be known with certainty that the model provided by such an approach really describes reality as understood by all the people in a society or even by most of them. By imposing a static model of culture, this method also fails to accommodate the ranges of variability or the combinations of cultural influences experienced by most individuals, especially those living in culturally heterogeneous communities.

In spite of the consistent association between action and meaning and the many examples of rules-based and description-based accounts, definitions of culture remain relatively vague from the occupational therapist’s point of view. They fail to provide guidance regarding precisely how culture relates to occupation, and, therefore, how therapists might address culture in assessing clients and designing meaningful and relevant interventions. We believe that too often therapists fail to recognize that everyone in an encounter has culture (in fact, identifies with more than one culture, as will be discussed below), and that the cultural experiences of every participant in an encounter affect the nature of the interaction (cf., Bonder, Martin, & Miracle, 2002). It is equally easy to dismiss as “not really cultures” the regional differences (e.g., Appalachian) and other factors (e.g., sexual orientation, bicultural identities) that individual clients may self-describe as components of their cultural identities. For purposes of creating interventions, therapists need a pragmatic definition that can guide the kinds of questions they ask, their interpretation of responses, and their design of treatment.

The Model of Culture Emergent

A third approach to culture, the one we adopt here, is based on a pragmatic definition of culture as emergent in the everyday interactions of individuals (Bonder et al., 2002). It has been developed to elaborate on and reconceptualize factors found in traditional definitions of culture. This definition emphasizes both group patterns and individual
Moreover, individuals learn culture from a number of differing is seen in the context of transmission and socialization. notes that “although culture is a shared phenomenon, shar-
terpretation. Actions are artifacts, signs that are intended to
from cultural learning and convey the values of the group. Talk and action are “processed through the filter of inter-
culture and cultural identity emerge in interaction and are
variation to explain the multiple influences experienced by
early childhood through learning and experience within the
family and community, but we also assume that those struc-
tures and patterns are continually reevaluated. One only has
to reflect on the differences between the values and behav-
ors demonstrated by his or her parents, perhaps on the
issue of cultural diversity itself, and those represented by his
or her peers and profession to see that even patterns learned
very early in life are susceptible to modification over time
and experience.

This approach also conceptualizes culture as a cognitive
model of reality, a model that is based on the cumulative
learning experiences of the individual. However, this model
is not a unitary one shared by everyone in society, but a dif-
erentiated one located in individuals. And, since all indi-
viduals have had different experiences in life, personal mod-
els always vary at least slightly, even among individuals who
live in similar environments and have shared many similar
experiences. Inevitably, some elements of culture may be
shared with one set of individuals, while other elements
may be shared with other sets. Moreover, since individuals
continue to have new experiences throughout life, the
model reflects the fact that culture adapts and changes,
sometimes dramatically though often slowly, through the
actions of individuals. Culture emergent presupposes the
individual—not the group—as the key cultural actor, and
encourages careful examination of both the group and the
individual. Within this framework, we highlight five
important characteristics of culture, emphasizing the ways
in which the concept of culture emergent affects tradition-
al conceptualizations of culture.

Culture Is Learned

Most definitions suggest that culture is learned. It is trans-
mitted from one generation to another through the process
of enculturation, the acquisition of cultural knowledge that
allows one to function as a member of a particular group.
The learned aspect of culture sets it apart from the biologi-
cal (Kuper, 1999). It is not inherited, but must be trans-
mittted from individual to individual. Observation and dis-
course are the primary means of cultural transmission. One
learns culture through interaction with others, listening,
oberving, and assessing those interactions.

Enculturation, the acquisition of culture, occurs both
through purposeful instruction and through modeling and
observation. One learns the culture of a profession like
occupational therapy in part through direct teaching in the
course of the professional education experience. Faculty
teach not only the facts required to plan and provide inter-
vention, but also the value system of the profession,
through, for example, explication of the professional code
of ethics, the mind-set that supports client-based care, or
the importance of evidence-based practice. This initial
learning may require organization around specific rules taught by others (Holland et al., 1998).

In addition to this purposefully taught information, specific individuals such as occupational therapy students acquire information from experience, interaction, and the evaluative responses of others. This kind of learning enables the learner to form a gestalt that directs action in new situations (Holland et al., 1998). Observing and modeling more experienced therapists during fieldwork and the early years of practice is a mechanism for learning about and practicing particular kinds of professional behavior. Both the intentional teaching and the less formal modeling serve to enculturate students to the professional culture.

Culture emergent suggests that since culture is learned, it must be presumed that the learning process is ongoing, and that new behaviors, beliefs, and values emerge as individuals acquire new information and experience. Further, since culture is learned, it also is shared with those from whom it is learned and those to whom it is taught. Each interaction with another individual provides an opportunity for learning culture and for reinforcing elements already acquired. This interactive sharing and mutual reinforcement has the effect of binding the individual to others and to the group. It is the mechanism by which group identities are formed.

Culture Is Localized

Culture is created and expressed through discrete interactions with specific individuals in particular locations. It is from such interactions that one draws meaningful elements that will be shared with some but not all individuals within society. Thus, culture is situated in personally meaningful locales. It is from such interactions, in the immediate surroundings, that individuals learn meaningful elements that will be shared with some, even most, of the other persons within the group. Rosaldo (1999) suggests that “all knowledge is local” (p. 31). Even in an era of mass electronic communication around the world, information is processed based on local values, mores, and norms (Abu-Lughod, 1999; Kuper, 1999).

Professional settings offer a kind of well-defined environment for the emergence of localized knowledge. For example, knowing how the occupational therapy clinic is set up, or how the supplies are classified, or how patient visits are prioritized is largely learned from experience or observation in a particular setting. The specifics of such knowledge need not be shared with others in different parts of the organization or with therapists in other clinics, although in general every occupational therapy practitioner will need to have similar information, regardless of work setting.

However, interactions in multiple social settings also provide multiple contexts for learning culture. Thus, the concept of culture emergent suggests that every individual embodies multiple cultural components, some based on ethnicity, race, or country of origin, and others based on life experience in other contexts such as professional, geographic, religious, social, or family settings. Everyone is a bundle of cultural threads, and social context influences individual choices about displaying one or another of them. In every interaction, only part of an individual’s identity is being exhibited, making all understanding about that identity incomplete (cf., Holland et al., 1998).

This localization of culture is part of what makes it meaningful. Meaning is assigned to any particular cultural factor based in part on the perspective of the individual. Perspectives can be communicated and shared with others, and can be broadened through experience and training. Nevertheless, at any given moment, each individual is responding to a particular view of an interaction, a view that our model terms vantage. Like the position adopted by Bakhtin (1981) and drawing directly from Hill and MaLaurey (1995), this notion suggests that at another moment, a similar interaction may carry different interpretations because of a change of vantage. Vantage effects are clearly evident, for example, in the differing interpretations of a client’s behavior from the perspective of a physician and a therapist. Similarly, asking someone “how are you” in a clinical setting carries a very different connotation than asking the same question in a social situation.

Culture Is Patterned

Patterning is essential for social behavior and for the development and maintenance of societies (Fitzgerald et al., 1997). It is essential that individuals develop patterns for behavior, since patterns help minimize ambiguity and relieve us from having to renegotiate each interaction from scratch (cf., Holland et al., 1998). Patterns emerge from the repetition of specific samples of behavior and talk. Repeated patterns establish the normal and customary expectations that structure interactions.

Culture is patterned in two senses. First, it is patterned in that the components of culture are integrated, reflecting generalizable patterns within which individual actions have meaning. Culture emergent theory suggests a second form of patterning, that is, culture is patterned in the repetitive behaviors of individuals, which become so ingrained that they seem like empirical reality. Through ritual, daily routine, and habitual behaviors, individuals express their cultural identities and affiliations, as well as their individual preferences and characteristics (cf., Holland et al., 1998). For example, a woman dressing in India will have a differ-
ent routine for donning her sari than a woman donning her pantsuit in the United States. Such routinized behaviors serve not only to structure daily life, but also to help shape an evaluative system for assessing one’s own and others’ behaviors. Both women must also make somewhat less routinized decisions while dressing, including determinations about the level of formality in dress that is required by a particular situation and personal preferences about style and color. These decisions reflect a degree of individual self-expression, even though the ranges in both cases are bound by culturally governed matters of availability, convention, and values. In general, we assume that the process of repetition leads to ritualization (i.e., assignment of symbolic meaning). Ritualized and routinized behavior leads to a shaping of the individual’s “reality.” From there it is only a short step to being the “right thing.”

Culture Is Evaluative

Values are embedded in culture and are reflected in individual behavioral decisions and choices (Kuper, 1999). Values reflect the underlying organization of shared structures that facilitate social interaction. Society would not be possible without a significant level of shared values. Socialization within families and communities is one means of acquiring values. Ideally, there is considerable consensus about values within a society or a group, since commonality of evaluative perception is one of the factors that helps hold individuals together in social institutions. It is doubtful, though, that there is ever total agreement on values, even in small groups. Different cultures, different groups within a society, or different individuals within a group may agree or disagree on how to evaluate items or ideas.

Perhaps the most salient example of this difference in evaluation is one that is mentioned repeatedly in the occupational therapy literature. Occupational therapy is based on a set of values that holds independence to be an essential goal for individual well-being (Kinebanian & Stomph, 1992). However, in a number of cultures, independence is much less highly valued, with interdependence, or, in situations of illness or disability, dependence, being both expected and accepted (cf., Jang, 1995). Kinebanian and Stomph (1992) give the example of a Hindu man with hemiplegia who, although able to accomplish many tasks for himself, declined to do so, indicating that he was waiting for God to improve his physical status.

The idea of culture emergent emphasizes that individuals are shaped by their culture. However, it also emphasizes that socialization is not the same for all members of a given group. Individuals are continuously evaluating the applicability and relative weight of values in terms of personal relevance. Sometimes, contradictory values may exist, and decisions about which one to acknowledge are contingent on context. Spencer, Kretting, and Mattingly (1993) report that when one of the researchers was introduced as an occupational therapist, patients with traumatic brain injury identified their problems as double vision, instability in walking, and difficulty swallowing. When the same researcher was introduced as an anthropologist, patients identified their problems as loneliness, financial difficulties, and unhappiness about being labeled as retarded. In this case, patients’ expectations about the culture of the researcher, either in terms of what they thought was expected of them or in terms of what they thought the researcher could help them with, imposed a screen in terms of what they identified as problematic. Gender, age, innate skills, and social position are among the variables affecting an individual’s socialization experiences (Holland et al., 1998). These factors in turn affect the acquisition of values.

One’s values, the concepts of what is desirable or abhorrent, change over the life course. Children, adolescents, young adults, middle-aged individuals, and elderly individuals may have differing value orientations as a result not only of differing needs and personal experience, but also because of what their interaction with the cultures around them has taught them. This variation is reflected in, and reflects, another important characteristic of culture emergent. While elements of culture are persistent, culture is also constantly evolving.

Culture Has Continuity With Change

Generally, culture is more or less stable through time. This consistency is an important characteristic of culture, essential if it is indeed to provide the values and beliefs that guide or pattern behavior. However, cultures are far from static (Sewell, 1999). They are constantly evolving (Sahlins & Service, 1960), and would, in fact, disappear if they did not. This is not to suggest that cultural difference is disappearing. Even in the face of global communication, differences persist, perhaps even sharpening (Clifford, 1986). This ability of cultures to incorporate new ideas, to borrow from other cultures, to assimilate new information, is a strength that enables cultures to persist.

One source of cultural change is the introduction of new technologies. As part of our research on the meaning of occupation for weavers in the highlands of Guatemala (Bonder & Martin, 2001), we found that weavers in small villages in the Guatemala highlands have begun to use the Internet to market their textiles as a way to maintain a traditional art that might otherwise disappear. By opening new markets selling on the Internet, they increased the revenue generated by this age-old activity, thereby sustaining themselves as well as the tradition.
Similarly, the cultural knowledge of an individual changes over the life course as new objects, situations, and interactions are encountered (Tedlock & Mannheim, 1995). The theory of culture emergent is particularly focused on this element of culture. Individual experiences serve to shape a unique person. However, across a society, many individuals may experience forces for change almost simultaneously and respond in similar ways. The progress of digital technology in the United States and elsewhere offers us many examples of such forces for change and their relationships not only to life activities (e.g., job tasks) but to identity (e.g., technophobes versus technophiles) and values (e.g., role of Internet in discussions of plagiarism and reevaluations of intellectual property rights). Within larger cultural groups, smaller groups change at their own pace, often in response to trends elsewhere in the system. So, for example, demographic changes at a societal level produce organization change at an institutional level (cf., Martin & Bonder, 2003). The concept of emergence helps explain why this is so and helps manage it.

Usually, cultural groups are continuous over time. Except in cases of wholesale extermination through contact-induced disease or forcible conquest, cultural change seldom means replacement, especially for individuals. Though new cultural components are added to an individual’s knowledge base, preexisting components are not excised. For example, old ideas about technology may be supplanted. They cease to exist only when they are no longer learned by a new generation. Occupational therapists rarely work with their clients on shoeing horses or making soap or using typewriters. However, these used to be common cultural skills, and are still viable among some groups.

Culture changes in two ways. First, at the societal level, the collective patterns may change when many individuals alter their behavior over a short period of time, as a result of changes in the external context. For example, when environmental circumstances change, or when one group comes in contact with another on a widespread basis, cultural change is nearly inevitable and often invisible (Kuper, 1999). Second, the cultural knowledge of an individual continues to change over the life course as the person encounters new elements in the personal environment and incorporates them into life and interactions.

Implications for Practice

The idea of culture emergent has consequences for therapeutic intervention in occupational therapy as well as in other health care encounters. It suggests a particular view of culture that has the potential to guide therapists’ interactions.

Culture and Occupation

Culture is an important influence on occupational patterns, and occupational choices reflect cultural beliefs. A client’s choice of activity level, engagement in particular occupations, and perceptions about the value of particular occupational outcomes are all influenced by his or her cultural beliefs. Kluckhohn and Strodtbeck (1961) suggest that every culture has a conception of human activity that conveys values that may be expressed through orientations on “being,” “being-in-becoming,” or “doing.” In Western culture, the “being” orientation is somewhat devalued (Rowles, 1991), while other cultures value that orientation more highly than the Western orientation toward “doing” (Jang, 1995). Some Far Eastern cultures emphasize harmony with nature, acceptance of fate, and personal reflection as being more central than active doing of occupations. If the therapist values the Western “doing” culture, there may be a conflict with a client who values a “being” perspective more highly.

Examples of cultural influences on occupation are ubiquitous. For instance, gender roles in some cultures are rigidly defined, such that women and men may have relatively restricted choice of productive (work) roles. In our observations in Maya communities in the highlands of Guatemala, women typically look after the home, weave using backstrap looms, and provide child care. Men work in the fields or take jobs in town. Women rarely run for public office or hold leadership positions in the church. However, individual personality and personal experience definitely influence these roles. Some women become influential in village politics through activities with women’s weaving cooperatives, or through church activities linked to their husbands’ roles in the church (Bonder, 2001). As educational opportunities, political activism, and social support for expanded women’s roles increase, individual women will exercise new choices, and, over time, may alter the description of “typical” Maya women’s work (Bonder & Martin, 2001).

Cultural constructions of occupation also influence the experience of disability. When disability interferes with accomplishment of occupations strongly linked to cultural values, life-satisfaction can be compromised. We spoke with a Maya woman who could no longer weave because of arthritis and who felt a great sense of personal loss. However, for her, modifying the activity was not acceptable because of the rigidity of her definition of its structure in her culture. The idea of sitting on the a chair instead of the floor was not consistent with her view of how weaving occurred, even though in other villages nearby, weavers had all begun to sit on low stools. Alternatively, another Maya woman whose disability interfered with her weaving was
able to substitute other activities that promoted a sense of self-worth for her (Bonder, 2001).

In clinical encounters, therapists must carefully explore the cultural construction of specific occupations and occupational patterns. Without such exploration, a process that characterizes the critical thinking that is vital to effective practice (Wittman & Velde, 2002), important aspects of occupation will be overlooked. In exploring culture, however, it is vital to recognize the emergent nature of culture in the individual. Knowledge of cultural facts is useful only as a means of generating preliminary hypotheses that must be tested for the specific client. It is also essential to recall that the therapist, too, has culture. The values and beliefs that accompany that culture also influence the interaction, and must be given careful attention. It is not possible for the therapist to be an entirely objective observer of a situation (Bakhtin, cited in Willeman, 1994).

**Framing Encounters**

Sue (2000) suggests that effective intercultural clinical interaction has three primary characteristics. The first of these is *scientific-mindedness*. Sue refers here to the recognition that clinical encounters are based on forming hypotheses based on prior knowledge, with the expectation that these hypotheses must be tested in the specific encounter. Experience with individuals from a particular culture may well lead to a set of assumptions about all individuals from that culture. However, as Mattingly (1998) notes, therapists who carry those assumptions into intervention without examining their applicability to the specific client may well fail in their efforts. One must also cultivate what Sue has labeled *dynamic sizing skills*. The clinician must recognize when cultural generalizations apply to a particular situation and when individual factors predominate. In order to do so effectively, the clinician needs at least some *culture-specific expertise*, knowledge about the general characteristics of cultural groups.

Thus, therapeutic encounters become something of a dance between the individual and the cultural. The therapist must recognize the limitations of cultural generalities, but, at the same time, possess a fund of knowledge from which to begin. As an example, a therapist planning treatment for a Maya immigrant woman who has had a stroke will find it helpful to know that in Maya culture women do the cooking, and that typical meals include vegetables, beans, and tortillas. Tortillas are the staff of life for Mayans, carrying much ritual, mythological, and symbolic content. It is also helpful to know that the tortillas are made through a process involving soaking of the corn, grinding it into meal, mixing the dough, shaping it by clapping the dough between the hands, and cooking on a stone over a flame. However, if the Maya woman is a second- or third-generation resident of the United States, she may make her tortillas using purchased cornmeal, on a griddle over an electric burner, and may even shape the tortillas using a tortilla press. In fact, she might prefer to serve peanut butter and jelly sandwiches made with purchased white bread. Different movements and procedures are required for the different kinds of cooking, and treatment must be molded accordingly.

**Intervention Strategies**

Understanding of culture as emergent in intervention suggests three important characteristics that therapists can cultivate to enhance clinical encounters. The first of these is attending carefully to the interactional moment (Tedlock & Mannheim, 1995). Because culture emerges in interaction, each interaction is a new situation. Previous information about specific cultures, about the diagnosis of the client, and about other relevant factors must be understood in the context of the immediate situation. Therefore, attention to word choice, facial expression, body posture, voice tone, gestures, and other clues to the feelings and attitudes of the individual can be identified only through careful attention. The symbols that convey information about a culture are public and observable (Sewell, 1999), assuming one is attending carefully.

Active curiosity about the meaning of these clues is the second characteristic that therapists can bring to clinical encounters. It is impossible to know all there is to know about every labeled cultural group. Hispanics, for example, or Blacks. And as we have established, even knowing those facts would not provide adequate information in a particular encounter. Asking questions to help interpret observations can provide vital information to assist in understanding of the individual and framing of intervention.

Finally, therapists can engage in self-reflection and evaluation of interactions in order to improve subsequent encounters (Rosaldo, 1999). It is impossible always to notice the important clues, to ask the right questions, and to draw the right inferences. Nor are therapists neutral observers (Kuper, 1999). Reflection about choices made in one encounter can assist therapists to improve the next interaction. Their own culture, like that of their clients, is unavoidable (Greenfield, 2000), emergent in their clinical encounters, and, thus, subject to change. Self-reflection and evaluation can ensure that the change enhances future therapeutic interactions.

**Conclusions**

It is well-established that culture affects occupation, and that occupational therapists must acknowledge its impact...
on daily life and on intervention strategies. Failure to do so can prevent establishment of rapport, decrease trust, and lead to communication difficulties, all of which can reduce effectiveness of intervention (Krefting, 1991). However, culture is difficult to define, and even more difficult to quantify. Efforts to group people on the basis of a set of cultural facts, as is done in much diversity training practice, are unlikely to be effective because these efforts fail to recognize the subtle but profound interplay of personal, experiential, and cultural factors in individual lives. Further, this approach fails to take into account the constant change that is part of individual lives.

The task of cultural understanding “involves observing what occurs between people in the intersubjective realm. These exchanges take place in the clear light of public interactions, they do not entail the mysteries of empathy or require extraordinary capacities for going inside people’s heads or, worse, their souls” (Rosaldo, 1999, p. 30). Rather, the therapist, like a good ethnographer, “constructs data in a dialogue with informants, who are themselves interpreters” (Kuper, 1999, p. 214). Incorporation of the concept of culture emergent, that is, a definition of culture as a part of identity that emerges in individual interactional moments in specific locales, has the potential to enable clinicians to enhance clinical care by acknowledging the profound impact of culture, the unique nature of each individual, and the strategies that can lead to enhanced understanding and therapeutic collaboration.

References


linguistics, studies and monographs, 82 (pp. 277–329). Berlin, Germany: Mouton de Gruyter.