**THE ISSUE IS**

Attaining Cultural Competence, Critical Thinking, and Intellectual Development: A Challenge for Occupational Therapists

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The need for culturally skilled occupational therapists has been documented for years (Cross, Bazron, Dennis, & Isaacs, 1989; Dinges, 1983; Facione, 1998; Ruben, 1989; Taylor, 1994). A culturally skilled therapist is one who values diversity, has a sense of his or her own culture, and uses the “dynamics of difference” (Cross et al., 1989, p. 20) to offer sensitive and appropriate systems of care for his or her clients. Health professionals, including occupational therapists, should possess skills that enable them to be culturally competent. The skills necessary for entry-level curricula may not achieve the development of culturally competent practitioners. Education of our future practitioners” (p. 7). But as Cross et al. (1989) argued, cultural competence is not developed overnight, but “is a developmental process for the individual and the system. It is not something that happens because one reads a book, or attends a workshop, or happens to be a member of a minority group” (p. 21). Thus, cultural competence only will occur when specific learning experiences are designed, supervised, and implemented to foster the necessary attitudes, knowledge, and skills.

Cultural competence is described in various ways, many closely related to issues of sensitivity toward other cultures, attitudes about other cultures, or issues of diversity (Jilaba-Rust, Kingery, Holcomb, Buckner, & Pruitt, 1994; Whiteford, 1995; Yuen & Yau, 1999). Another way of addressing the issue is to examine the behaviors that indicate cultural competence. Cross et al. (1989) stated that cultural competence occurs on a continuum where an individual moves through the following stages:

1. Cultural destructiveness
2. Cultural incapacity
3. Cultural blindness
4. Cultural precompetence
5. Cultural competence
6. Cultural proficiency

The destructiveness stage is characterized by the purposeful destruction of a culture as exemplified when persons of color are denied access to their natural healers or are purposely put at risk in medical or social experiments. Incapacity is characterized by individuals or organizations who do not intentionally seek to be culturally destructive but lack the capacity to help minority clients or communities. Such incapacity frequently occurs in health care systems, which are paternalistic in nature (i.e., believing in the supremacy of the knowledge of the dominant culture). Blindness is typified by the belief that color or culture makes no difference and that all people are the same; cultural strengths are ignored, and assimilation is encouraged. A typical assumption by therapists during the blindness stage is that lack of success in treatment is the “victim’s” fault. Therapists in any of these three stages (destructiveness, incapacity, blindness) may be considered culturally incompetent.

The precompetence stage is exemplified by the realization of agency or individual weakness in serving minorities and attempts to improve some aspect of service relative to a specific population. Two dangers exist at this stage: tokenism and a false sense of accomplishment or failure that keeps forward progress along the continuum from occurring.

At the competence stage, acceptance and respect for difference, continuing self-assessment regarding culture, attention to the dynamics of difference, and a continuous expansion of cultural knowledge and resource occur. Finally, the proficiency stage is characterized by holding culture in high esteem and promoting competency in others. The difference between the competence and proficiency stages is the extent to which the therapist or system regards cultural differences and similarities. For proficiency to be achieved, research, new approaches to care, public education, and the personal and professional development of all staff members regarding cultural competence are priorities.

Cross et al. (1989) also discussed the
need for both systems of care and individual practitioners to be culturally proficient and identify "five essential elements for becoming a culturally competent helping professional" (p. 32). These elements are (a) acknowledgment of cultural differences and awareness of their affect on the helping process; (b) recognition of the influence of the helping professional's own culture on actions and thoughts; (c) understanding of the effect of differences in communication, etiquette, and problem solving on relationships; (d) an appreciation for the fact that productive cross-cultural interventions are more likely to occur when mainstream helping professionals make a conscious effort to understand the meaning of a client's behavior within his or her cultural context; and (e) recognizing how to obtain knowledge about specific cultures for use in the helping encounter.

Intellectual Development and Critical Thinking

To use the skills necessary to "acknowledge," "recognize," "understand," and "appreciate" information, an occupational therapist must have the critical thinking skills to perform these cognitive tasks. Although numerous descriptions of critical thinking are available, the definition provided by the consensus-building process of the American Philosophical Association appears to be the most complete. Critical thinking is "purposeful, self-regulatory judgment which results in interpretation, analysis, evaluation and inference as well as explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations upon which that judgment is based" (Facione, 1998, p. 14).

Occupational therapy educators must address the cognitive skills required to be a good critical thinker in order to facilitate the development of prerequisites abilities for cultural competence. Yet this demand for cognitive skill development is a dilemma for most programs because of the intellectual developmental level of students. Perry (1970) formulated his theory of cognitive development growth with the use of male college students. A major construct of his work is that cognitive growth is related to an individual's view of authority in relation to knowledge. Thus, the higher the level of cognitive development, the less the person looks to authority for answers. Conversely, the individual at lower levels in the Perry Scheme sees authority as automatically right and uses minimal independent problem-solving abilities in seeking information or knowledge. Perry viewed cognitive development as occurring across four major stages: dualism, multiplicity, relativism, and commitment within relativism. Nine positions are associated with these five stages. Students move from one stage to another when they encounter situations or experiences that are incongruent with their current stage.

An individual in dualism, position 1, views knowledge as absolute and received from an authority. The dualist sees authority figures as "all knowing" and looks to authority and the environment for the "right" answers. In position 2, problems have one answer, but authorities may not be absolutely correct. In the multiplicity stage, the individual sees knowledge as a matter of opinion. Although students recognize problems as complex, they have difficulty judging one opinion as better than another. Positions 3 and 4 are associated with this stage. The difference between positions is the level of independence with which opinions are formulated. At position 4, opinions are developed independently.

Movement to relativism, positions 5 and 6, allows the student to think more relatively about phenomena with an acceptance of the concept of multiplicity. Very few commitments or decisions are made when an individual is in position 5; as students emerge into position 6, the uncomfortable knowledge of no right or wrong, no final theory or answers, facilitates some cognitive and moral or value commitments. The commitment to relativism stage involves integration of objectivity and taking a stand. Positions of 7, 8, and 9 are characterized by a commitment described by Perry (1970) as centering on two issues: a selection of personal style and a particular career. Perry summarized his own theory as follows:

We could suppose first that our development scheme reflects processes ascribed by Piaget to the "period of formal operations"...The movement is away from a naïve egocentrism to a differentiated awareness of the environment. Our scheme traces such a process in the simulations and accommodations that dedicate it with particular emphasis on the structural changes in a person's assumptions about the origins of knowledge. (p. 204)

Some theorists have disputed Perry's work, using arguments described in Gilligan's work and the Wellesley studies (Belenky, 1986). However, what is interesting is that there are clear similarities in the work of Perry and these female scholars. For example, according to McNeer (1991): The Wellesley study's received knowledge stage parallels Perry's dualistic stage—although the Wellesley women seemed to make the shift from dualism to multiplicity (or subjective knowledge) more cautiously than Perry's men. Procedural knowing is similar to Perry's discovery-of-critical-reasoning stage. Women who rely on procedural knowledge are systematic thinkers. For women to achieve procedural knowledge they need fairly benign authorities who can teach them the techniques for constructing answers. Obtaining and communicating knowledge provides women with an increasing sense of control over their lives in a complex world. They master a way of looking at questions and become practical, pragmatic problem solvers. By the time women become constructed knowers (Perry's positions 6–9) they have integrated reason and intuition....They are challenged by experts disagreeing and presenting alternative theories and methodologies. (pp. 10–12)

The relationship of Perry's (1970) work to that of female scholars is related to critical thinking in several ways. To complete the cognitive processes of interpretation, analysis, evaluation, and inference, which are descriptive of a critical thinker, the individual must rely on more than authority to determine the "right answer." Furthermore, purposeful, self-regulatory judgment also implies that the thinker is functioning at the multiplicity stage or beyond in order to develop opinions independently. To explain the considerations upon which a judgment is based, the thinker must be able to weigh knowledge
and evidence to support his or her opinions. This skill requires relativistic thinking.

The Relationship Between Cultural Competency and Critical Thinking

Based on these premises and theories, we propose that the attainment of cultural competence is related to critical thinking and that one will not occur without the other. Because research suggests that occupational therapy students, even with the move to postbaccalaureate programs, will still be performing between the dualistic and multiplistic levels (King, Kitchener, & Wood, 1985; Welfel, 1982), higher level thinking skills found in the multiplistic, relativistic, and commitment stages necessary for attaining cultural competence will not be present in many occupational therapy students and graduates. For example, a student functioning at the dualistic level will not comprehend how, in a given community, aspects of a variety of cultures can—and often do—coexist, a characteristic of cultural blindness. Similarly, if everything is seen as equally good and bad, it will be difficult for a student to understand how culture can positively—or negatively—affect an individual’s occupational choices. Would a student not have to be at the highest levels of critical thinking to be able to do the five things identified by Cross et al. (1989) as characteristic of a culturally competent helping professional?

Therefore, although we as occupational therapy educators purport to facilitate student growth and ability to be culturally competent practitioners, the literature on critical thinking tells us that this is not possible. Little evidence exists in the literature regarding the intentional inclusion within curriculum of course work on either critical thinking or cultural competence. Cultural sensitivity exercises appear as assignments, but competence moves beyond sensitive therapists to practitioners who are skilled and knowledgeable about their own culture and the culture of their clients. How can we, as educators, within the short amount of time occupational therapy students spend in the classroom successfully facilitate the promotion of critical thinking skills that will prepare our students to practice effectively in a multicultural, global world?

References


