

## Chapter 2

# A History of Cross-Cultural Clinical Psychology, and Its Importance to Mental Health Today

Frederick T. L. Leong, Wade E. Pickren and Lisa C. Tang

In American Samoa, a person may be said to be suffering from *ma'ipopole* or worry sickness if he/she becomes involved in a conflict that seems intractable to solution or, conversely, becomes very happy about an impending event. This worry sickness, which can take many forms, reflects the deep social interrelatedness of Samoan culture (Clement 1982).

The “cure” for *ma'ipopole* usually comes from the passage of time or when a new situation arises that demands attention, though in some cases the sufferer may talk his worry over with his pastor, family, or close friends. This simple example illustrates two truths about mental health and culture. One, we cannot assume that the nosology of mental disorders found in DSM-IV is sensitive to issues of culture, despite the inclusion of a category of “culture-bound syndromes.” (This term, culture-bound syndromes, is evidence of a deep privileging of Western norms about what constitutes mental disorder and begs the question of whether all disorders or, at least, nosologies of mental disorders, are not culture-bound.) Two, treatment of individuals suffering from mental illness may take many different forms and may not involve a therapeutic session with a professional. Yet, a historical perspective on the development of clinical psychology in North America reveals a science-based profession predicated upon universalist assumptions about both illness and treatment. To what extent this now applies in other cultures and places is an open and important question. In our age of globalization and migration, there are active efforts to export the North American approach to diagnoses and treatment worldwide.

In this chapter, we trace the development of clinical psychology in the twentieth century. We first offer a brief overview of the field, then discuss the application of the field with racial and ethnic minorities prior to the 1960s in the United States. We then offer an account and analysis of the dynamic era of encounter, challenge, and change that began to emerge by the mid-1960s. In this era, models of mental health and illness about racial and ethnic minorities were articulated by mainstream clinical and developmental psychologists. These models were challenged by a growing

---

F. T. L. Leong (✉)

Department of Psychology, Consortium for Multicultural Psychology Research,  
Michigan State University, East Lansing, MI 48824, USA  
e-mail: fleong@msu.edu

cohort of psychologists who were members of racial and ethnic minority groups. These psychologists countered with models predicated on a different view of human beings. We recount how out of these encounters and challenges, organizational, institutional, and personal transformations occurred. We review the evolution of different dominant models so that by the end of the twentieth century in North America, there were new practices and scholarship related to mental health that were based on multidimensional and multicultural notions.

## **Clinical Psychology in North America: Even the Patient was White**

As is so often the case in American psychology, the name of William James is linked to the early development of abnormal psychology and its treatment in America. Along with other first generation pioneers (1890–1920) in the medico-psychological field, James was fascinated by what he termed exceptional mental states and what they indicated about human consciousness and functioning. James was a member of the Boston School of Abnormal Psychology, which, along with other psychotherapeutic efforts, such as the Emmanuel Movement, represented an indigenous American approach to theory and treatment (Caplan 1998). The Emmanuel Movement grew out of a collaboration between clergy at Boston's Emmanuel Church and Boston physicians to provide therapy and counseling services based upon both science and religion. The movement had a brief period of success between 1906 and 1910 and laid the foundation for the later development of pastoral counseling. So when Sigmund Freud's methods of psychoanalysis began to circulate in America, there was already a tradition of direct psychological treatment; some American practitioners simply incorporated aspects of Freud's approach (Taylor 1999).

By the late 1930s, the meaning of the term "clinical psychology" had begun to move from its initial primary reference to school-based problems to its more contemporary meanings. As America entered World War II, psychologists were using helping skills in a variety of settings, including school guidance offices, homes for the mentally retarded, psychiatric settings, and psychotherapy offices (Benjamin 1997; Finch and Odoroff 1939; Napoli 1981). For the purposes of this chapter, what and where were the applications of psychology in settings where race or ethnicity was a factor?

Guthrie (1998), in his now classic study, *Even the Rat Was White*, pointed out that psychology was quite popular in Historically Black Colleges and Universities (HBCUs). Black college students typically did not have access to mainstream, predominantly White graduate programs in this era, and only a few HBCUs had graduate programs in psychology. As Guthrie pointed out, the practical needs of Black communities and schools often dictated that college graduates return home and apply their skills to these needs. So, African American graduates, with either

the BA or MA, did use psychology to address mental health, counseling, and guidance needs of Black students and Black community members. But, given that the doctoral degree was adopted very early as the standard credential of the American psychologist (not the norm in other countries then or now), these Black practitioners have been left out of the mainstream historical narrative. It was in this era that the first dominant model of cultural differences was formulated: the deficit model.

### ***The Deficit or Inferiority Model***

Supported by Darwin's (1859) work on the heritability of traits and hierarchical perspective on diversity and Gobineau's (1915) writings on the superiority of the Aryan race, both psychiatry and psychology developed in a cultural and professional context that assumed that the White male was at the apex of the evolutionary ladder by way of its' perceived dominance in culture and intelligence. Non-White races were believed to be in the relatively immature adolescent stages of development, and thus were considered to be inferior.

The assumption of inferiority initially precluded consideration of the so-called "primitive" people (non-Whites) from the insanity designation. During the early nineteenth century, insanity was viewed as resulting from the demands that civilization put on the person. Thus, insanity was thought to be rare in countries where civilization was believed to be not yet fully developed, such as China, Turkey, Spain, and Mexico (Esquirol 1938). The "primitive societies" were considered to be without culture or ethics, thereby placing no demands on their citizens. The "advanced" European civilization, in contrast, demanded organization and mental production from its citizens (Krafft-Ebing 1879). The insane were believed to be those who had a mental weakness that made the demands of civilization overwhelming for them. With the spread of colonization, it was observed that rates of mental illness, as well as infectious diseases, tended to increase among the native "primitive people." The proliferation of disease represented support for the beliefs that civilization was harmful to the "primitive man." When "madness" was detected among non-White civilizations, it was understood as reflective of cultural depravity (Raimundo Oda et al. 2005). Moreau de Tours (1843) observed that eastern Mediterranean people tended to only confine the aggressive and dangerous patients while the remaining mentally disturbed were cared for by family within their home. Moreau interpreted this culturally different behavior as evidence for insanity being a "sacred evil" among Eastern cultures.

During the turn of the century when neurological theories of human functioning gained popularity, Western science again used its science to justify racism and asserted that African Americans had smaller frontal lobes, resulting in "more developed inferior mental faculties such as smell, sight, manual ability, corporeal sense and melody, while whites, on the other hand, would have developed higher mental faculties such as self-control, ambition, ethical and aesthetic sense and reason" (Bean 1906 as summarized by Raimundo Oda et al. 2005, p. 163 ). After the

abolition of slavery in the USA, some American authors wrote that rates of mental illness among African Americans had increased due to the lack of mental preparation of these “primitive” peoples for life in a free society (Jarvis 1844, 1852). Nina-Rodrigues (1903) wrote that “civilized life would be prejudicial to Africans and their descendants, ‘a race accustomed to centuries of life in African jungles’” (Raimundo Oda et al. 2005, p. 164).

The inferiority model was expressed in the ethnocentric conceptualization of suicide, as well. In a recently completed special issue devoted to ethnicity and suicide (Leong and Leach 2007), the review of suicide among African Americans by Utsey et al. (2007) contains a disturbing but representative example of this deficit conceptualization. Utsey et al. (2007) identify the first known major work in this area by Prudhomme (1938), who characterized the “American Negro” as too ignorant to consider suicide: “The Negro of uneducated ancestry, who has become a scholar by severe study, is less liable to suicide dependent upon education than the White man whose ancestors have felt the effect of education for generations” (Prudhomme 1938, p. 373 cited in Utsey et al. 2007).

Francis Galton, a pioneer of mental testing in the late nineteenth century and Charles Darwin’s first cousin, was a believer in the heritability of intelligence (Galton 1883). He interpreted differential performance on his tests by people of color as proof of their racial inferiority. Referring to those of African descent, Galton (1870) wrote:

The number among the negroes of those whom we should call half-witted men is very large.... The mistakes the negroes make in their own matters were so childish, stupid, and simpleton-like as frequently to make me ashamed of my own species. (p. 339)

This notion of racially based differences was widely held among the early developers of intelligence tests in the United States. Henry Goddard, a psychologist trained at Clark University under G. Stanley Hall, brought the Binet-Simon test (1905) to the United States in 1908. It soon sparked research that intended to “scientifically” show intellectual differences among the races (e.g., Strong 1913). For much of the next two decades, this was the major use of intelligence tests, a period that Guthrie (1998) termed the era of psychometric racism. For example, when the Binet-Simon scales were standardized and revised (Terman 1916; Terman and Merrill 1937, 1960), deliberate attempts were made to exclude children of color from the normative sample. Terman’s views of people of color were evident in his description of two Portuguese boys with borderline intelligence:

No amount of school instruction will ever make them intelligent voters or capable citizens in the true sense of the word...their dullness seems to be racial, or at least inherent in the family stocks from which they come. The fact that one meets this type with such extraordinary frequency among Indians, Mexicans, and Negroes suggests quite forcibly that the whole question of racial differences in mental traits will have to be taken up anew and by experimental methods. The writer predicts that when this is done, there will be discovered enormously significant racial differences in general intelligence, differences that cannot be wiped out by any scheme of mental culture. (pp. 91–92 as quoted by Valencia and Suzuki 2001)

As psychologists in this era moved into a social management role, the technology of the intelligence test was used to legitimize racial hierarchies and became part of scientific racism (Jackson and Weidman 2006; Richards 1997). By the time of America's entry in to the World War I (1917), the development of American mental testing technology had advanced significantly from the failed efforts of James McKeen Cattell's program of mental testing at Columbia University in the 1890s (Sokal 1987).

The widespread use of the Stanford-Binet scales popularized the ratio "IQ" as a measurable and immutable human property. The following decades saw a rise in cross-cultural psychological research, termed "race psychology." This new psychology was primarily concerned with comparing the intellectual abilities of White children versus non-White children. In his review of race psychology research, Garth (1925) identified 45 studies of 19 racial groups and concluded "These studies taken all together seem to indicate the mental superiority of the white race" (p. 359, as quoted by Valencia and Suzuki 2001). To his credit, Garth later recanted this position of racial inequality in IQ to support an idea of racial equality that emerged by 1930 (Valencia and Suzuki 2001).

Intelligence tests proved particularly useful as tools to sort a society that was becoming increasingly heterogenous due to the mass immigration that took place in the late nineteenth and early twentieth centuries. Many of the immigrants were from southern and eastern Europe and were generally considered inferior to the dominant stock of earlier immigrants from England and northern Europe (Fass 1980). Concerns about this massive influx of immigrants played into eugenics fears of a number of leading psychologists and led to an inferiority model of non-White citizens, as detailed below. The recently freed slaves of African descent, many of whom had moved into northern states, were thought to be a threat to racial purity (Grant 1916). Intelligence tests were one way to "prove" the inferiority of these immigrants and African Americans (Fass 1980; Richards 1997).

World War I was the proving ground for such racism. Robert Yerkes, as American Psychological Association (APA) President when the United States entered World War I, viewed the war as an opportunity to advance psychology as a science by proving its usefulness to the military (Reed 1987). What ensued was a massive testing effort, in which nearly 1.7 million recruits had their mental ability tested by specially developed Army Alpha and Beta (non-verbal) tests.

Yerkes and others also used the test results to argue for innate racial differences. That is, there were significant and meaningful racial differences in mental ability. Those of northern European and Anglo-Saxon descent were the high scorers, while those who were descended from slaves of African descent were the lowest scorers. The military men who were of eastern or southern European descent were ranged in the middle. African American recruits and draftees could be further subdivided by skin color. According to psychologist Ferguson (1919), those African American recruits with a greater proportion of White blood were more likely to score higher. Yerkes (1921) incorporated Ferguson's analysis into his own major report for the National Academy of Sciences. Here is an excerpt from his report:

An interesting attempt was made at [Camp] Lee to further distinguish within the negro group on the basis of skin color. Two battalions were classified as lighter or darker on the basis of offhand inspection. Two other battalions were classified as black, brown, and yellow on the basis of skin color. The median score of the 'black' negroes in a was 39, that of the 'yellow' was 59; while that of the 'brown' negroes fell between these values. (Yerkes 1921, p. 531)

This kind of thinking about race was not problematic for most White Americans at this time. It simply reflected what seemed to be the order of nature. It justified this era as one dominated by a deficit or inferiority model of difference.

### ***Undermining the Deficit Model***

By the mid-1920s, a backlash had begun among some psychologists against the notion of racial hierarchies and racial differences in intelligence (e.g., Garth 1930; Klineberg 1928; Richards 1998). Otto Klineberg, a recent Columbia University PhD, was a key player in this reconfiguration of social psychology toward studies of race prejudice. Historians of psychology have tended to focus on the work of mainstream psychologists like Klineberg in these efforts (e.g., Samelson 1978). However, psychologists of color were also doing important work to counter the invidious notions of psychometric and scientific racism.

In the 1930s in New Mexico, psychologist George Sanchez, a Chicano, addressed the use of psychological tests with Mexican American schoolchildren. Sanchez found that tests standardized with White children were not valid for use with Chicano children. He argued that because Chicano children did not have the same cultural and language experiences as White middle-class children, the tests were inappropriate (Sanchez 1932, 1934; Padilla and Olmedo 2009).

African American psychologist, Howard Hale Long, a Harvard PhD (1933), worked in the Washington, DC, public schools for much of his career. Long argued, based on his experience, that it was not intellectual inferiority but problems of inequality in educational resources that led to inequality in test scores and lower academic achievement for African American students (Guthrie 1998; Long 1935). Among other minority psychologists who made important contributions to refuting ideas of racial inferiority were Albert S. Beckham and Herman G. Canady. Beckham, a NYU PhD (1930), addressed questions of the impact of urban environments on intelligence scores of Black children (Beckham 1933). Much of his career was spent with the Chicago Board of Education Bureau of Child Study. Through the Bureau, Beckham was able to establish guidance counseling clinics at many Chicago schools that served large minority populations. Canady succeeded Francis Sumner, the first African American to earn a doctorate in psychology, at West Virginia State College in 1928 as president. According to Guthrie (1998), Canady made West Virginia State into the most productive HBCU psychology department of its time. It was Canady who first questioned the role that racial differences between the examiner and examinee may play in obtaining accurate results on intelligence

tests. He showed the importance of establishing rapport with minority children in order to gain the most accurate assessment of intelligence (Canady 1936). He also contributed research that highlighted the difficulty in obtaining the same testing environment for Black and White participants. This necessitated, Canady argued, great care in making any comparisons between races on test results (Canady 1943). By the time America entered World War II, then, psychologists of color were successfully challenging the results of scientific and psychometric racism. It was after the war that a new environment developed and through a confluence of factors, new voices emerged that challenged the old racist notions of inferiority and then rose to the challenge of the new racism of cultural deprivation. Out of this struggle, a new positive emphasis on identity grounded in the lived experiences of racial and ethnic minority psychologists emerged.

## Postwar Challenges and Postmodern Identities

African American psychologists Canady, Beckham, Ruth Howard, and Martin David Jenkins, among others, played important roles in the 1930s and 1940s to establish psychological clinics and counseling centers to serve communities of color (Guthrie 1998). After World War II, policymakers' concerns about the mental health of Americans fuelled the rapid development of clinical psychology through the infusion of millions of dollars into new training initiatives set up by the Veterans Administration and the National Institute of Mental Health (Baker and Pickren 2007; Pickren and Schneider 2005). It has been in this postwar era that the delivery of psychological services (e.g., clinical and counseling psychology) has become dominant within American psychology.

Psychological issues related to the American urban context had begun to be explored prior to the war (e.g., Beckham 1933). After the war, some metropolitan-based psychologists began applying their science to issues of social justice (Cherry and Borshuk 1998). In New York City a bold new venture was undertaken by the African American psychologists, Mamie Phipps Clark and her husband, Kenneth Bancroft Clark.

Mamie Phipps Clark had begun her work on racial identity and preference at Howard University in 1937, not long after she and Kenneth were secretly married. The research served as the basis of her master's thesis and was elaborated in several other studies in which Kenneth Clark was her collaborator (Clark and Clark 1939, 1940). In the words of Kenneth Clark:

It was a terribly disturbing bit of research for us. I did the actual field work on it and I was disturbed by that. And Mamie did the tabulation. When we looked at the results we left those data in our files for about two years because we were so disturbed. ...[the data] demonstrated so clearly the damage to self-awareness, to self-esteem which racial rejection was doing to human beings at such an early age. (Clark in Nyman (1976), pp. 108–109)



Out of this disturbing experience, Mamie Clark decided to act. She persuaded Kenneth to work with her to open the Northside Center for Child Development. Initially using their own money to fund the Center, they were able to get private foundation support. What Mamie Clark wanted to do was “give children security” (Lal 2002). The approach at Northside Center at first used an approach that focused on the individual child and even, at times, used a psychoanalytical framework. However, that was soon discarded as being culturally irrelevant to the experience of these children and their families (Markowitz and Rosner 1996). Mamie was the Director of the Center, while Kenneth headed the research team. A major focus of the Center was the inappropriate placement of minority children in classes for the retarded. The Clarks and their staff tested the children and found that many of the children were above average in intelligence. This led to a long battle with New York Board of Education in which they fought for change in the school board policies (Pickren 2006). The problem of inappropriate placement has been fought many times since the Clarks encountered it in New York. Their work provided a model for how to address the problem. A specific example was the suit brought against the state of California in the 1970s in the case of *Larry P*. Members of the Bay Area Association of Black Psychologists (ABPsi), provided data and testified against the use of standardized intelligence test with minority children and won. It is still not permissible in the state of California to use such tests for academic placement.

While the Clarks were working through the Northside Center to effect positive social change, the Supreme Court handed down its landmark decision in May 1954, *Brown v Board of Education of Topeka Kansas*. The Court ruled that segregation in public schools by race was unconstitutional. Of course, segregation did not end just because of the ruling, nor did discrimination or the inappropriate use of psychological technologies with racial and ethnic minorities end. But, it was a momentous decision and one that gave added impetus to the growing Civil Rights movement.

The Civil Rights movement in the United States was part of a worldwide struggle against colonialism and racial and economic oppression (e.g., Fanon 1963; Sandoval 2000). By the mid-1960s, this struggle began to impinge on American psychology and the leaders of the APA (Pickren and Tomes 2002). One response was to turn to Kenneth B. Clark for leadership, which was a critical moment for change in American psychology, as Clark articulated a way to fairly address some of the pressing social problems that psychology could impact. A new challenge that emerged was the liberal notion of the minority family and minority children as suffering from cultural deprivation.

### ***The Disadvantaged and Culturally Deprived Model***

Intending to improve the condition of ethnic minorities, Reissman (1962) proposed a cultural deprivation model where poor test performance and presumed life failures among ethnic minorities were attributed to deficiencies in culture and personality. Samuda (1975) described several ways that ethnic minorities were at a disadvantage to Whites in school and in society, including a deteriorating living environment, psy-



chological problems (poor motivation, lower self-concept), malnutrition, language factors, and living within a context of “slum and ghetto values” (cited in Sue and Sue 2003). Contrary to previously held ideas of genetic transmission of inferiority in the races, the current view was that deficiency in culture and personality among non-Whites was transmitted across generations via socialization by parents who reared their children under “conditions adverse to good mental health” and the internalization of parental pathology during the adolescent years (Stein 1971, p. 255).

What these beliefs assumed was that the prototypical model of healthy culture was the White middle-class. Well-meaning psychologists sought to bring Blacks and other minorities “up” to their standards. No credit was given to the cultural strengths of minority communities; little attention was paid to the successes of ethnic minorities in raising their children successfully despite the often grinding oppression fostered by the mainstream society. A cogent response to this disrespect of the strengths and virtues of racial and ethnic minorities was given by Joseph L. White. White was one of the founders of ABPsi and was the first to use the term Black Psychology in print. Here is an excerpt from his very powerful article, “Toward a Black Psychology:”

Most psychologists take the liberal point of view which in essence states that black people are culturally deprived and psychological maladjusted because the environment in which they were reared as children lacks the necessary early experiences to prepare them for excellence in school, appropriate sex-role behavior, and, generally speaking, achievement within an Anglo middle-class frame of reference.... Possibly, if social scientists, psychologists, and educators would stop trying to compensate for the so-called weaknesses of the black child and try to develop a theory that capitalizes on his strengths, programs could be designed which from the get-go might be more productive and successful. The black family represents another arena in which the use of traditional white psychological models leads us to an essentially inappropriate and unsound analysis. Maybe people who want to make the Black a case for national action should stop talking about making the black family into a white family and instead devote their energies into removing the obvious oppression of the black community which is responsible for us catchin’ so much hell. (White 1970/1972, pp. 43–45)

It was this kind of pushback that was necessary to continue the process of change. Racial and ethnic minorities were to be defined on their own terms, with an identity that was developed in the community of origin, not imposed on them by Whites, however well-meaning.

Although well intentioned, the concept of cultural depravity continued to perpetuate the Eurocentric view of diversity as inferiority and further insulted the cultural integrity of non-White groups. The adoption of the cultural deprivation model engendered social policies and legislation that would have controversial implications for the role of ethnic minorities in the United States. These policies were aimed at rectifying the deficiencies in culture among non-White groups by attempting to indoctrinate them with White middle-class family values. Although many ethnic minorities have benefited from affirmative action programs adopted to equalize the playing field for disadvantaged minorities, the expectation in these programs was still that the culturally different had to conform to the dominant White middle-class ideals. Head Start programs were implemented to give low-income children additional educational supports to help boost their chances to do well academically.

These programs lacked cultural sensitivity and cultural competence in that no attempts were made to alter the Eurocentric educational system or accommodate the cultural values of non-White employees.

In this context, research on social class and mental health indicated that even when partialling out age, sex, race, religion, and marital status, social class remained linked to mental illness such that mental illness was more common in the lower classes than in higher classes (Hollingshead and Redlich 1958). Inequality in treatment was also found such that lower class patients were more likely to be continuous institutional residents, were less likely to see a professional, and were less likely to receive psychotherapy, presumed by the authors to be a universally effective treatment for mental health patients (Hollingshead and Redlich 1958). Rosenthal and Jacobson's (1968) research highlighted the impact of labeling and expectation on performance of school children on IQ tests. Although not fully researched until Steele and colleagues' work on stereotype threat (Steele 1997; Steele and Aronson 1995), there was increasing recognition that negative labeling of ethnic minorities could cause a self-fulfilling prophecy and limit their academic and job success.

In this era, the increased organization of minority groups since the civil rights movement and integration of ethnic minorities into positions of power within organized psychology (see Trickett et al. 1994) focused attention on the harmful effects of oppression on ethnic minorities (Grier and Cobb 1968). By 1968, there was a younger generation of African American psychologists for whom being Black was a marker of positive identity. Influenced by militant writers such as Malcolm X, these younger psychologists grew tired of waiting for APA to act on their concerns about social justice and minority communities. At the September 1968 meeting of the APA, a small group of Black psychologists formed the ABPsi. They immediately challenged the leadership of APA to begin to dismantle the legacy of racism in testing and the failure to develop appropriate psychological services or admit minority students to graduate programs in psychology (Pickren 2004; White 2004; Williams 1997; Williams 1974).

The concrete and specific demands of ABPsi along with concomitant pressure from a strong women's movement among psychologists provided a model for the organizational development of Asian Americans (Leong 1995; Leong and Okazaki 2009), Latino/as (Padilla and Olmedo 2009), and American Indians (Trimble and Clearing-Sky 2009) in psychology. By the late 1970s, with the meeting of the now famed "Dulles Conference," racial and ethnic minority psychologists had reached a critical mass of numbers and the pace of change toward a multicultural psychology was strong enough to begin the next phase of the struggle: developing culturally appropriate psychological services with concurrent training in the appropriate delivery of those services by all professional psychologists.

### ***The Culturally Different Model***

Also known as the culturally pluralistic model, the culturally different model (Katz 1985; Sue 1981) abandons the value judgments of diversity as inferiority or

deprived that plagued its predecessors and embraces the idea that cultural differences must be celebrated as naturally occurring variation among human species. The normative frame of reference for health was shifted away from the Anglo-Saxon middle-class male to a contextually bound framework. Additionally, the historically universalistic application of ethnocentric psychological theories and methods were challenged. Population specific psychologies arose out of assertions that it was impossible for White psychologists to step outside of their cultural context to adequately understand and promote the psychologies of culturally different groups:

dominant methods of psychological research, the problems selected as important to pursue, and the demographics of the data gatherers have conspired against developing a psychology of individuals that emerges from the experiences and perspectives of those who occupy different places in the social order. (Trickett et al. 1994, pp. 20–21)

Thus arose Black Psychology, Chicano Psychology, Asian American Psychology, and others that pursued to understanding of the unique psychologies of these groups within culture-specific paradigms. This culturally different model also allowed for recognition of a White cultural identity that could now be decisively researched as different from other cultural identities. Concepts of oppression, prejudice, and racism were also studied within the experience of diversity and it was recognized that ethnic minorities within the dominant culture are actually bicultural and function in multiple cultural contexts (Sue et al. 1992).

Many psychologists now accepted that the Western conception of intelligence was culture-bound and ethnocentric, with questionable external validity to culturally diverse groups. Culturally different conceptions of intelligence were also investigated from a value-free perspective (see Butcher et al. 1998). To counteract the universalistic application of intelligence tests to all cultural groups despite known biases, Berry (1974) proposed an extreme perspective that specific intellectual assessments should be developed for each cultural group to prevent cultural biases in testing (as cited in Butcher et al. 1998). Psychologists did not embark on the establishment of culture-specific intellectual assessments. However, other efforts were made to limit culturally biased psychological assessment, including the inclusion of ethnic minorities in the norming process, use of non-verbal assessments, efforts to develop culturally universal items, and use of group specific norms.

### ***The Positive Psychology Model***

Positive psychology is defined as the “science of positive subjective experience, positive individual traits, and positive institutions” (Seligman and Csikszentmihalyi 2000, p. 5). The positive psychology movement has risen in the past decade in an effort to counterbalance the deficit perspective on human functioning that took over the field of psychology in the aftermath of World War II. Positive psychology is a study of human strengths and virtues and conceptualizes mental health as consisting

of positive aspects of functioning, as opposed to the deficit perspective that leaves health to be defined as devoid of negativity.

Spearheaded by Martin Seligman, positive clinical psychology is the study of human strengths. During his presidency of the APA in 1998, Seligman launched the field of positive psychology by noting that the field of psychology had focused mainly on deficits and dysfunctions and mental disorders and ignored optimal human functioning and human strengths and assets. As a counterpart to the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association which drives much of clinical psychology's focus on human psychopathology, Seligman and his colleagues began to create a classification of human strengths. This classification was labeled the Values in Action (VIA) Classification of Strengths and published in the book *Character Strengths and Virtues* co-authored by Peterson and Seligman (2004). The following character strengths were identified in the VIA: Wisdom and Knowledge, Courage, Humanity and Love, Justice, Temperance, and Transcendence. Measures were developed to assess these character strengths and their antecedents and consequences are being explored by researchers around the country. Recent formulations of these human strengths were classified as cognitive strengths (curiosity, rationality, intelligence), emotional strengths (zest, hope, wonder), strengths of will (courage, perseverance), relational and civic strengths (kindness, humor, social responsibility), and strengths of coherence (honesty, self-control, prudence, spirituality) (Seligman and Peterson 2002).

Taking lesson from the mistakes of preceding models, the positive clinical psychology model recognizes the conception of "strength" as being culturally constructed (Lopez et al. 2002) whereby some cultural behaviors can be adaptive in one cultural context but maladaptive in another. While not progressing as fast as the global positive psychology movement, cross-cultural research in positive clinical psychology has begun to compare levels of attributes between cultures and examined them for adaptiveness. Findings indicate differential predictability of health status of a variety of factors specific to culture. For example, religiosity has been found to serve as a protective method of coping among African Americans, but not among Caucasians (Blaine and Crocker 1995; Rosen 1982 as cited in Lopez et al. 2002).

## Summary

By providing a historical review of how clinical psychology has approached the issues of culture, race and ethnicity in this country, we hope that the lessons identified in this chapter from our collective past will guide us to use a more enlightened science and practice in the decades ahead. Like many before us, we cannot escape the conclusion that good science in clinical psychology, as in any field of psychology, should be a complete science—it cannot be a science for some people, not others, and still remain science. Furthermore, good science should always be accurate and not subjected to personal and cultural biases as well as preconceptions.

## References

- Baker, R. R., & Pickren, W. E. (2007). *Psychology and the Department of Veterans Affairs: A historical analysis of training, research, practice, and advocacy*. Washington, DC: APA Books.
- Bean, R. B. (1906). Some racial peculiarities of the Negro brain. *American Journal of Anatomy*, 5, 353–415.
- Beckham, A. S. (1933). A study of the intelligence of colored adolescents of differing social-economic status in typical metropolitan areas. *Journal of Social Psychology*, 4, 70–91.
- Benjamin, L. T., Jr. (1997). Organized industrial psychology before Division 14: The ACP and the AAAP. *Journal of Applied Psychology*, 82, 459–466.
- Berry, J. W. (1974). Radical cultural relativism and concept of intelligence. In J. Berry & P. Dasen (Eds.), *Culture and cognition: Readings in cross-cultural psychology*. London: Methuen.
- Blaine, B., & Crocker, J. (1995). Religiousness, race, and psychological well-being: Exploring social psychological mediators. *Personality and Social Psychology Bulletin*, 21, 1031–1041.
- Butcher, J. N., Nezami, E., & Exner, J. (1998). Psychological assessment of people in diverse cultures. In S. S. Kazarian & D. R. Evans (Eds.), *Cultural clinical psychology: Theory, research, and practice* (pp. 61–105). New York: Oxford University Press.
- Canady, H. G. (1936). The effect of rapport on the 'IQ'. *Journal of Negro Education*, 5, 209–219.
- Canady, H. G. (1943). The problem of equating the environment of Negro-White groups for intelligence testing in comparative studies. *Journal of Social Psychology*, 17, 3–15.
- Caplan, E. (1998). *Mind games: American culture and the birth of psychotherapy*. Berkeley: University of California Press.
- Cherry, F., & Borshuk, C. (1998). Social action research and the commission on community inter-relations. *Journal of Social Issues*, 54, 119–142.
- Clark, K. B., & Clark, M. K. (1939). The development of consciousness of self and the emergence of racial identification in negro preschool children. *Journal of Social Psychology, S.P.S.S.I. Bulletin*, 10, 591–599.
- Clark, K. B., & Clark, M. K. (1940). Skin color as a factor in racial identification of Negro preschool children. *Journal of Social Psychology, S.P.S.S.I. Bulletin*, 11, 159–169.
- Clement, D. (1982). Samoan folk knowledge of mental disorder. In A. J. Marsella & G. White (Eds.), *Cultural conceptions of mental health and therapy* (pp. 193–213). Boston: Reidel.
- Darwin, C. (1859). *The origin of species by means of natural selection*. London: Murray.
- Esquirol, J. E. D. (1938). *Die Geisteskrankheiten in Beziehung zur Medizin und Staatsarzneikunde*. Berlin: Verlag der Voss'schen Buchhandlung.
- Fanon, F. (1963). *The wretched of the earth*. New York: Grove.
- Fass, P. (1980). The IQ: A cultural and historical framework. *American Journal of Education*, 88, 431–458.
- Ferguson, G. O. (1919). The intelligence of Negroes at Camp Lee, Virginia. *School and Society*, 9, 721–726.
- Finch, F. H., & Odoroff, M. E. (1939). Employment trends in applied psychology. *Journal of Consulting Psychology*, 3, 118–122.
- Galton, F. (1883). *Inquiries into the human faculty*. London: MacMillan.
- Galton, S. F. (1870). *Hereditary genius: An inquiry into its laws and consequences*. New York: Appleton.
- Garth, T. R. (1925). A review of race psychology. *Psychological Bulletin*, 22, 343–364.
- Garth, T. R. (1930). A review of race psychology. *Psychological Bulletin*, 27, 329–356.
- Gobineau, de. (1915). *Essay on the inequality of the human races*. New York: Putnam.
- Grant, M. (1916). *The passing of the great race*. New York: Scribners.
- Grier, W. H., & Cobb, P. M. (1968). *Black rage*. New York: Bantam Books.
- Guthrie, R. V. (1998). *Even the rat was white: A historical view of psychology*. Boston: Allyn & Bacon.
- Hollingshead, A. B., & Redlich, G. C. (1958). *Social class and mental illness: A community study*. New York: Wiley.

- Jackson, J. P., Jr. & Weidman, N. M. (2006). *Race, racism, and science: Social impact and interaction*. New Brunswick: Rutgers University Press.
- Jarvis, E. (1844). Insanity among the colored population of the free states I. *American Journal of Medical Science*, 7, 71–83.
- Jarvis, E. (1852). Insanity among the colored population of the free states II. *American Journal of Insanity*, 8, 268–282.
- Katz, J. (1985). The sociopolitical nature of counseling. *The Counseling Psychologist*, 13, 615–624.
- Klineberg, O. (1928). An experimental study of speed and other factors in 'racial' differences. *Archives of Psychology*, 93.
- Krafft-Ebing, R. V. (1879). *Lehrbuch der Psychiatrie auf klinischer Grundlage für practische Ärzte und Studierende*. Stuttgart: Ferdinand Enke.
- Lal, S. (2002). Giving children security: Mamie Phipps Clark and the racialization of child psychology. *American Psychologist*, 57, 20–28.
- Leong, F. T. L. (1995). History of Asian American psychology. *AAPA Monographs*, 1, 1–54.
- Leong, F. T. L., & Leach, M. M. (2007). Ethnicity and suicide in the United States: Guest editors' introduction. *Death Studies*, 31, 393–398.
- Leong, F. T. L., & Okazaki, S. (2009). History of Asian American psychology. *Cultural Diversity and Ethnic Minority Psychology*, 15, 352–362.
- Long, H. H. (1935). Some psychogenic hazards of segregated education of Negroes. *Journal of Negro Education*, 4, 336–350.
- Lopez, S. J., Prosser, E. C., Edwards, L. M., Magyar-Moe, J. L., Neufeld, J. E., & Rasmussen, H. N. (2002). Putting positive psychology in a multicultural context. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 700–714). Oxford: Oxford University Press.
- Markowitz, G., & Rosner, D. (1996). *Children, race, and power: Kenneth and Mamie Clark's northside center*. Charlottesville: University of Virginia Press.
- McReynolds, P. (1997). *Lightner Witmer: His life and times*. Washington, DC: American Psychological Association.
- Moreau de Tours, J. (1843). Recherches sur les aliénés en orient: Notes sur les établissements qui leur sont consacrés a Malte (Ile de), au Caire (Égypte), a Smyrne (Asie-Mineure), a Constantinople (Turquie). *Annales médico-psychologiques*, 1, 103–132.
- Napoli, D. S. (1981). *Architects of adjustment: The history of the psychological profession in the United States*. Port Washington: Kennikat.
- Nina-Rodrigues, R. (1903). La paranoïa chez les nègres. *Archives d'anthropologie criminelle, de criminologie et de psychologie normale et pathologique*, 118, 609–655, 689–714.
- Nyman, L. (1976). *Recollections: An oral history of the psychology department of the City College of the City University of New York*. New York: Author.
- Padilla, A. M., & Olmedo, E. (2009). Synopsis of key persons, events, and associations in the history of Latino Psychology. *Cultural Diversity and Ethnic Minority Psychology*, 15, 363–373.
- Peterson, C., & Seligman, M. (2004). *Character strengths and virtues: A handbook and classification*. New York: Oxford University Press.
- Pickren, W. E. (2004). Between the cup of principle and the lip of practice: Ethnic minorities and American psychology, 1966–1980. *History of Psychology*, 7, 45–64.
- Pickren, W. E. (2006). Social justice and psychological science in New York City, 1945–1965. Invited address to the New York Academy of Sciences, New York, NY.
- Pickren, W. E., & Schneider, S. F. (2005). *Psychology and the National Institute of Mental Health: A historical analysis of science, practice, and policy*. Washington, DC: APA Books.
- Prudhomme, C. (1938). The problem of suicide in the American Negro. *Psychoanalytic Review*, 25, 372–391.
- Pickren, W. E., & Tomes, H. (2002). The legacy of Kenneth B. Clark to the APA: The board of social and ethical responsibility in psychology. *American Psychologist*, 57, 51–59.
- Raimundo Oda, A. M. G., Banzato, C. E. M., & Dalgallarrondo, P. (2005). Some origins of cross-cultural psychiatry. *History of Psychiatry*, 16(2), 155–169.

- Reed, J. (1987). Robert M. Yerkes and the mental testing movement. In M. M. Sokal (Ed.), *Psychological testing and American society* (pp. 75–94). New Brunswick: Rutgers University Press.
- Reissman, F. (1962). *The culturally deprived child and his education*. New York: Harper and Brothers.
- Richards, G. (1997). *Race, racism, and psychology*. London: Routledge.
- Richards, G. (1998). Reconceptualizing the history of race psychology: Thomas Russell Garth (1872–1939) and how he changed his mind. *Journal of the History of the Behavioral Sciences*, 34, 15–32.
- Rosen, C. E. (1982). Ethnic differences among impoverished rural elderly in use of religion as a coping mechanism. *Journal of Rural Community Psychology*, 3, 27–34.
- Rosenthal, R., & Jacobson, L. (1968). *Pygmalion in the classroom*. New York: Holt, Rinehart, & Winston.
- Samelson, F. (1978). From race psychology to studies of prejudice. *Journal of the History of the Behavioral Sciences*, 14, 265–278.
- Samuda, R. J. (1975). From ethnocentrism to a multicultural perspective in educational testing. *Journal of Afro-American Issues*, 3, 4–18.
- Sanchez, G. I. (1932). Scores of Spanish-speaking children on repeated tests. *Journal of Genetic Psychology*, 40, 223–231.
- Sanchez, G. I. (1934). Bilingualism and mental measures. *Journal of Applied Psychology*, 18, 765–772.
- Sandoval, C. (2000). *Methodology of the oppressed*. Minneapolis: University of Minnesota Press.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist* 55, 5–14.
- Seligman, M. E. P., & Peterson, C. (2002). Positive clinical psychology. In L. G. Aspinwall & U. M. Staudinger (Eds.), *A psychology of human strengths: Perspectives on an emerging field*. Washington, DC: American Psychological Association.
- Sokal, M. M. (1987). James McKeen Cattell and mental anthropometry: Nineteenth-century science and reform and the origins of psychological testing. In M. Sokal (Ed.), *Psychological testing and American society, 1890–1930* (pp. 21–45). New Brunswick: Rutgers University Press.
- Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist*, 52, 613–629.
- Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology*, 69, 797–811.
- Stein, R. F. (1971). *Disturbed youth and ethnic family patterns*. Albany: State University of New York Press.
- Strong, A. C. (1913). Three hundred fifty white and colored children measured by the Binet-Simon measuring scale of intelligence. *Pedagogical Seminary*, 20, 485–515.
- Sue, D. W. (1981). *Counseling the culturally different: Theory and practice*. New York: Wiley.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 70, 477–486.
- Sue, D. W., & Sue, D. (2003). *Counseling the culturally-different: Theory and practice*. (4th ed.). New York: Wiley.
- Taylor, E. I. (1999). *Shadow culture: Psychology and spirituality in America*. Washington, DC: Counterpoint.
- Terman, L. (1916). *The measurement of intelligence: An explanation of and a complete guide for the use of the Stanford revision and extension of the Binet-Simon scales*. Boston: Houghton Mifflin.
- Terman, L., & Merrill, M. A. (1937). *Measuring intelligence*. Boston: Houghton Mifflin.
- Terman, L., & Merrill, M. A. (1960). *Stanford-Binet Intelligence Scale: 1960 norms edition*. Boston: Houghton Mifflin.
- Trickett, E. J., Watts, R. J., & Birman, D. (1994). Toward an overarching framework for diversity. In E. J. Trickett, R. J. Watts, & D. Birman (Eds.), *Human diversity: Perspectives on people in context*. San Francisco: Jossey-Bass.



- Trimble, J. E., & Clearing-Sky M. (2009). An historical profile of American Indians and Alaska Natives in psychology. *Cultural Diversity and Ethnic Minority Psychology, 15*, 338–351.
- Utsey, S. O., Hook, J. N., & Stanard, P. (2007). A re-examination of the cultural factors in relation to risk, resilience, and African American suicide: A review of the literature and recommendations for future research. *Death Studies, 31*, 399–416.
- Valencia, R. R., & Suzuki, L. A. (2001). *Intelligence testing and minority students: Foundations, performance factors, and assessment issues*. Thousand Oaks: Sage.
- White, J. L. (1970/1972). Toward a black psychology. In R. L. Jones (Ed.), *Black psychology* (pp. 43–50). New York: Harper & Row. [An early version appeared in the Black Scholar with a popular version in Ebony magazine, 1970.]
- White, J. L. (2004). *Oral history interview with Wade E. Pickren, Irvine, CA, October*. Washington, DC: APA Archives.
- Williams, B. H. (1997). Coming together: The founding the association of Black psychologists (Doctoral dissertation, University of Michigan, 1997). *Dissertation Abstracts International* (UMI Number: 9822882). Williams, R. (1974). A history of the association of Black psychologists: Early formation and development. *Journal of Black Psychology, 1*, 9–24.
- Yerkes, R. M. (1921). *Psychological examining in the U. S. Army. Memoirs of the National Academy of Sciences, No. 15*. Washington, DC: National Academy of Sciences.



<http://www.springer.com/978-1-4614-0423-1>

Handbook of Race and Development in Mental Health

Chang, E.; Downey, C.A. (Eds.)

2012, XXIV, 389 p., Hardcover

ISBN: 978-1-4614-0423-1