

MULTICULTURALISM: What's the big deal?

by Luis F. Riquelme

It is quite scary to think that in 1999 there are still many colleagues in New York State who yet do not understand the impact of multiculturalism in our practices as communicologists. For many of us, it only takes a look out the window to realize how culturally and linguistically diverse our surroundings are: for others, a simple look into their waiting rooms may suffice.

I believe it is important to first define what I mean by multiculturalism. Whenever speaking of diversity, multiculturalism or cultural/linguistic diversity, many people think only of the U.S. Census designated "racial/ethnic minorities": African-Americans, Hispanic/Latino-Americans, Native American Indians and Asian/Pacific Islander-Americans. While these groups, until recently, were numerically minorities in the United States, I believe multiculturalism has a much broader definition. Thinking inclusively, all racial/ethnic cultures should be taken into account (think about the richness of racial/ethnic cultural groups around us, in addition to those mentioned above – Irish, Dutch, Polish, etc.): all lifestyles (gay, lesbian, bisexual, transgender) should be taken into account; all religions should be taken into account; all family practices should be taken into account; all work settings should be taken into account. In summary, we all come from a variety of cultures: racial/ethnic, lifestyle, home, and work, to name a few. It is easy for us to think about the "culture of our homes" and accept that as a given, but do you remember the first day of classes in graduate school? Wasn't that a new cultural environment? It certainly was for me! And what do we do in these situations? We tend to first observe, then carefully participate, until eventually we become part of the larger group – to different degrees. Well, this certainly sounds like what many immigrants to the United States go through. Doesn't it? Using more accepted terminology, this is the process of assimilation (totally embracing the host culture) and acculturation (integrating the host culture with the native culture to varying degrees). We all present with differing degrees of acculturation in our variety of environments.

For multiple reasons, there are many amongst us who feel threatened by the recent increase in numbers of racial/ethnic minorities in this country. I believe it is all based on fear of the unknown. If we reach out and learn about other cultures, be they racial/ethnic, lifestyles, religious, etc. I guarantee you, we will feel less anxiety and further understand "where others are coming from". We must stop assuming that everyone receives a United States 101 course upon arrival to this country, while waiting for their luggage at the airport. We must stop assuming that everyone agrees that middle-America culture is the appropriate manner of behavior, dress, attitude etc. We must stop assuming that we are all alike. That "melting pot" concept does not apply to us anymore.

We need to think of our country and our State as a "salad bowl" A salad where we are all different, share some basic commonalities, and are able to co-habitate. This would be the ideal world, the ideal country, the ideal State.

Now, if we are to think clinically, as professionals in audiology, speech-language pathology or speech & hearing sciences, then we need to look at ourselves and our competencies in being “culturally sensitive” to our clients/patients. Not only do we need to think about our socioclinical interactions (e.g., assuming that a child has a mother and a father, and not two fathers, two mothers, or a single mother), but also think about our direct clinical competencies in this area. Understanding diversity is only the beginning. We must stop assuming our way is the right way. Let’s open our arms and embrace diversity. Let’s start to feel more comfortable with asking the right questions, and exploring other cultures. I am a clinician from a Hispanic background; this does not qualify me to be an expert in Asian-American cultures; therefore, if I see an Asian-American client/patient in my practice, I may very well need to ask specific questions (depending on their communication or swallowing disorder). This is what we need to explore. We are well trained in conducting clinical interviews – so, let’s go one step further, let’s develop the skills to conduct “culturally sensitive clinical interviews”. We are also trained to evaluate and treat communication and swallowing disorders – so let’s go one step further and limit our bias in diagnosing and treating patients from other cultures. These are the first steps in creating an accepting and rewarding clinical environment. These are also the first steps in opening our minds to further learning about others, how to best evaluate them and how to best provide appropriate treatment.

Think about it: cultural and linguistic diversity is here to stay. The most recent United States demographics alone tell us that. The numbers in New York State tell us that. Let’s embrace it and celebrate it....Together!

Comments/Thoughts! Contact me at: luisslp@aol.com