Multiculturalism in Therapeutic Recreation: Terminology Clarification and Practical Suggestions

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Therapeutic recreation (TR) specialists are provided with information on multicultural awareness. Suggestions are given for increasing sensitivity to differences among cultural groups in a pluralistic society. Attention is directed to the vocabulary of multiculturalism. Terms used often in writings on diversity are defined and explained: “race,” “ethnicity,” “minority,” “culture,” “acculturation,” “diversity,” “cultural diversity,” and “stigma.” TR specialists are advised to follow the revised APA guidelines by identifying and acknowledging the cultural diversity of participants described in their writings. In addition, specific, practical suggestions are given for providing culturally sensitive TR services. TR professionals are encouraged to (a) examine biases, (b) learn about the community, (c) examine language, (d) think about families, and (e) learn about individuals from diverse groups.

KEY WORDS: Therapeutic Recreation, Multiculturalism, Diversity, Terminology

"E pluribus unum": From many, one

In the past, America’s national motto, “e pluribus unum,” was interpreted to mean that immigrants would adopt one language, one custom, one tradition. Today however, Americans aspire to become a single nation representing a model of cultural pluralism.
Homogeneity (being all the same) has been rejected in favor of a heterogeneous whole described as “pluralism: a condition of society in which numerous distinct ethnic, religious, or cultural groups coexist within one nation” (Soukhanov et al., 1992, p. 1394).

If therapeutic recreation (TR) professionals are to provide services equitably in a pluralistic society, we must be at the forefront of awareness of cultural diversity (Lee & Skalko, 1996). We can no longer focus on ‘traditional White, male, middle-class, able-bodied, heterosexual perspectives” (Henderson, 1995, p. 2). Rather, as Malkin and her colleagues wrote:

“. . . therapists will need to program activities in order to serve the needs of a diverse client population. Awareness of . . . development, gender differences, and cultural diversity issues will be crucial . . . (and has) implications for curriculum and continuing education for recreational therapy and other allied health professions. (Malkin, Voss, Teaff, & Benshoff, 1994, p. 47–48)

A review of recent professional journals and textbooks in TR yielded few references to ethnic, racial, religious, or other cultural diversity. Further, references which do occur often assume that the reader understands the vocabulary of multicultural diversity, which may not be the case for many professionals.

The purpose of this paper is to provide information to TR professionals on multicultural issues. First, terminology pertinent to multicultural understanding is defined and explained. Second, considerations for acknowledging diversity and communicating this diversity in writing are presented. Finally, specific suggestions are given for TR specialists to communicate sensitivity to the diversity of their participants.

Understanding the Vocabulary of Multiculturalism

“Minority,” “diversity,” “culture:” these terms and others have become catch-phrases of the 1990’s—yet when asked, many people admit that they cannot give a precise definition of terms they use. Indeed, the terms often become pejorative when used in political rhetoric or as sound bites in broadcast media coverage. Just as TR professionals have been careful to distinguish between the terms “handicap” and “disability,” so too should we be accurate with the vocabulary of multiculturalism. This section will first define and explain the terms “race,” “ethnicity,” and “minority.” Following that will be discussion of “culture,” “acculturation,” “diversity,” “cultural diversity,” and “stigma.” These terms have been selected because they appear most often in writing related to multiculturalism.

Race

“Race” is the term used to describe a group of people having genetically transmitted physical characteristics (Soukhanov et al., 1992, p. 1488). Such characteristics might include skin, eye, and hair color, facial features, height and body type. When referring to race, TR professionals are encouraged to comply with recommendations in the American Psychological Association’s [APA] Publication Manual (4th edition) (APA, 1994b, pp. 46–60). While acknowledging that preferences for terms change over time, the APA presently requires that racial and ethnic groups be designated by capitalized proper nouns (White, Black), without hyphens (Asian American).

Often, TR professionals are required to identify the racial, ethnic, and/or religious membership of a client on an assessment form. In such an event, Dattilo and Smith’s (1990) suggestion to use sensitive terminology for individuals with disabilities may be a helpful reference for identifying memberships. They wrote, “In all situations, profes-
sionals must listen to their constituents to determine the terms and phrases they most prefer and attempt to understand their reasons for these choices" (Dattilo & Smith, 1990, p. 15). If a preference is not forthcoming, professionals are encouraged to ask what designation the person uses and to avoid terms that the person considers negative (APA, 1994b).

Historically, individuals who have more than one racial background were identified by such terms as “eurasian,” “half-breeds,” “mixed,” or “mulatto” (Root, 1990). At present, the preferred terms are either “biracial” or “multiracial” (e.g., having one parent who is Asian and White, and the other parent Native Hawaiian). As the number of individuals who are multiracial increases, TR professionals will have a greater chance of providing services to people who have more than one racial background. According to Root (1990), being multiracial is complicated by a “hierarchy of color” based on two underlying assumptions: first, that White is considered superior to all other races; and second, that the privileges and power accorded to Whites are desired by those who are of other races. The hierarchy of color further dictates a social status system based on ethnic features and skin tone. Traditionally, an individual has been considered to belong to the racial group of the darker skinned or ethnic minority (sic) parent (Root, 1990). A child who has a White parent and an Asian parent is usually identified as Asian, whereas a child with a Black parent and an Asian parent would be considered Black. These biracial classifications have been not only assumed but in many cases were written into law (Root, 1990).

According to Root (1990), multiracial individuals may have unique problems with identity. For example, they may not racially identify with the way they look, and may not automatically be accepted by the racial group with which they do identify. They may actively reject the heritage of one of their parents, or may choose to identify with a different racial group than do their siblings. And they may change their racial identity over the course of their lifetime. Actress Victoria Rowell (1995) described her experiences:

"During adolescence, I denied my White side and accepted only the Black. It wasn’t until my early 20’s that I accepted my entire self, Finally I realized that I represented unity . . . I don’t classify my daughter as solely White or solely Black. I classify her as a person who is learning her identity. I’m doing for her what I’ve done for myself for most of my life. On forms where you have to check whether you’re Black or White, I check both boxes. Then I draw a smiley face between the two of them. Why do some people find that so confusing? (Rowell, 1995, p. 166)"

**Ethnicity**

The words “race” and “ethnicity” are sometimes used interchangeably when in fact, they are different. While race is genetically transmitted, ethnicity is socially transmitted. The term “ethnicity” “refers to an individual’s membership in a group sharing a common ancestral heritage . . . (including) the biological, cultural, social, and psychological domains of life” (Buriel, 1987, p. 134). Of these, the psychological dimension of ethnicity is the most important since individuals can accept or deny their ethnicity (Buriel, 1987). For example, imagine a family in which the mother is from Haiti and the father from Cuba. The children in this family might identify with their Haitian ethnicity growing up, but be equally comfortable as adults if they choose to be part of an ethnic Cuban community. To self-identify, then, is to be willing to be perceived and treated as a member of the group, (e.g., Polish American, Gypsy, Cajun). Again, whenever possible,
TR professionals should ask an individual how they self-identify (Dattilo & Smith, 1990).

Minority

People of different groups are sometimes referred to as minorities. "Minority" literally means smaller or fewer in number (Soukhanov et al., 1992, p. 1151); the Navajo Nation is a minority group because there are fewer of them than of the larger society. The categories of people most often referred to as minorities are those of certain racial (e.g., Polynesian), religious (e.g., Quaker), economic (e.g., homeless), political (e.g., Libertarian), sexual orientation (e.g., lesbian), and disability identities (e.g., HIV-positive). The term "minority" is problematic because a person can be a member of a minority group in one setting but when in another setting be a member of the majority. The term "minority" is currently less-preferred than terms or phrases that are more precise. For example, the phrase "people of color" has:

. . . been revived for use in formal contexts to refer to members or groups of non-European origin (e.g., Black people, Asians, Pacific Islanders, and Native Americans) . . . Many people prefer 'people of color' as a rough substitute for 'minorities' because these groups are not in fact the minority in many parts of America. (Soukhanov et al., 1992, p. 375)

Culture

Culture, according to Berger (1995), has multiple definitions that vary according to one's discipline. For example, anthropologists may define culture in a different way than would a sociologist or historian. Most definitions share the following: culture is a pattern of beliefs, values, and behaviors that is socially transmitted from generation to generation through the spoken and written word, the use of certain objects, customs, and traditions (Berger, 1995). Geertz (1983) summarized this as whatever one needs to know or believe in order to operate in a way acceptable to the members of a particular society. Thus "culture," by definition, is learned behavior. Further, culture exists not in the artifacts or festivals themselves, but in our minds and hearts: how we think and feel (Geertz, 1983).

Every human being has cultural identity; most of us have multiple cultural memberships. Most people readily identify race (or races, for those who are multiracial), nationality, ethnicity, and religion as cultural groups. Other examples include gender, lifestyle/sexual orientation, social class, education, whether or not we have a disability, and in what region of the country, part of a city, or rural area we live. Within a culture there are often subcultures that share the beliefs of the greater culture but are also unified by specific differences. Many TR professionals will recognize the existence of diverse subcultures such as summer camp culture, sorority/fraternity culture, street culture, drug culture, prison culture, psychiatric hospital culture, and nursing home culture.

Ruth Sidransky (1990) described her multicultural childhood in her autobiography, In Silence. Sidransky spent her youth in the Bronx, NY as a hearing child of Deaf, Russian Jewish parents. Her multiple cultural identities were tightly interwoven: her Judaism was influenced by the fact that her family was working-class, while her experiences in public school were influenced by her belonging to Deaf culture at home. Within the Deaf community, it was recognized that she and her brother were part of the hearing world, therefore bilingual and bicultural.

In the past, race and culture have often been ignored by professionals who provide services to individuals with severe disabilities (Harry, et al., 1995). Harry and colleagues provided many examples of people
who were assessed only in terms of their disability, with no consideration for their language, customs, values, or traditions. The disability became the "master status" (c.f., Goffman, 1959; 1963) and other important definitions were lost. Sidransky (1990) described her first weeks in public school in 1935. Because she used no spoken language at home, her verbal skills were deficient. The teacher initially assumed she was mentally retarded so placed her in a special education program. Once her unique identity as a hearing child raised in the Deaf culture was understood, the school could better meet her educational needs and reassigned her classroom.

For more information on culture, see the American Psychiatric Association's [APA] Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), a reference used frequently by professionals in the allied health professions. For the first time, this 1994 edition includes information on culture in the description of each mental disorder, as well as listing culture-bound syndromes that are described in specific societies. The editors explained, "It is hoped that these new features will increase sensitivity to variations in how mental disorders may be expressed in different cultures and will reduce the possible effect of unintended bias stemming from the clinician's own cultural background" (APA, 1994a, p. xxv).

TR professionals are cautioned to be precise when using the words "culture," "uncultured," and "popular culture." The term "culture" is sometimes used to refer only to intellectual and artistic activity, specifically, the fine and performing arts: opera, ballet, classical literature, and music. People who do not know of, or are not fond of, these arts are sometimes called "uncultured," but this is not accurate: as explained in preceding sections, every human being has a cultural identity. The term "popular culture" refers to television, radio, serial novels, popular music, and so on, and is generally used to distinguish it as different or less worthy than "culture," meaning fine arts and performing arts (Berger, 1995).

Acculturation

Three terms are frequently used when discussing the process of entering another culture (usually a "host" or "dominant" culture); "acculturation," "assimilation," and "accommodation." "Acculturation" is the process by which individuals "absorb, learn, acquire, and integrate the overt and covert cultural characteristics of the host culture" (Valdés, Barón, & Ponce, 1987, p. 204). (Assimilation, "the process whereby a minority group gradually adopts the customs and attitudes of the prevailing culture" [Soukhanov et al., 1992, p. 112] is a synonym for acculturation.) "Overt" cultural characteristics might include clothing choices, eating habits, entertainment choices, and language usage, including local slang. These overt traits are usually easily adopted and prove functional for the individual. "Covert" characteristics which are more subtle and more difficult to adopt include attitudes, beliefs, affective reactions, and values (Valdés et al., 1987). Therefore, cultural differences can be both visible and invisible to the casual observer.

Acculturation has occurred and continues to occur at varying rates for different immigrant groups and for specific individuals. Factors affecting acculturation include such conditions as the degree of acceptance by the dominant culture, the amount of social support by the ethnic community, and the degree to which the individual is personally motivated to become integrated into the host culture (Valdés et al., 1987). "Accommodation," the third term used to describe entering a new culture, implies that groups accept what fits comfortably or meets a need, while resisting aspects of the culture that cause discomfort. Furthermore, some families may maintain their traditional dress, language, and values indefinitely, while others may adopt new customs immediately. When meeting an individual from a racial or ethnic
group other than one’s own, it is helpful for TR professionals to consider that the person may have come to this country very recently or may be a second or third generation American.

Diversity and Cultural Diversity

“Diversity” is defined as “difference . . . variety” (Soukhanov et al., 1992, p. 543) and is simply the recognition that two or more things have different characteristics or elements. Therefore, “‘Cultural diversity’ refers to the differences among cultures and the influences and implications of these differences that must be recognized if cross cultural understanding is to be accomplished and mutual respect for those cultural differences engendered” (Henderson, 1995, p. 2). This position is not without critics: there are those who believe that we should simply teach that all human beings are basically the same and no group should be singled out for special examination (Henderson, 1995). To focus on studies specifically associated with people who are women, African American, aging, gay or lesbian, or who have a disability—according to this school of thought—is to create division, rather than unity. Conversely, proponents of diversity studies argue, we are not all the same and our differences should be celebrated, not marginalized (confined to a lower status or to the edges of society).

Stigma

Individuals who belong to certain racial, religious, or other groups may perceive “stigma;” an attitude by others that the individual is marked, tainted, or discounted. Goffman (1963) described three categories of stigma: abominations of the body, blemishes of individual character, and tribal stigma. Those who have the first category, abominations of the body, include individuals with visible disabilities, individuals of races other than the majority, and those who have tattoos, scars, or other identifying marks. The second category, blemishes of character, are assigned to those who have a history of addiction, alcoholism, homosexuality, imprisonment, radical political behavior, suicidal attempts, or unemployment (Goffman, 1963). The final category, tribal stigma, includes attributes that can be passed down through the family, such as race, nationality, and religion. The twentieth century has many examples of individuals being stigmatized when other people realized that these individuals were Jewish, Catholic, Protestant, Islamic, held other religious beliefs, or had national roots in South Africa, Libya, Lebanon, or Northern Ireland.

According to Goffman, we discriminate against individuals who are stigmatized because “we believe the person with a stigma is not quite human” (Goffman, 1963, p. 5). Having recognized one characteristic, such as race, we then ascribe other attributes and imperfections to the person, a situation known as the “spread phenomenon” (Tripp & Sherrill, 1991). Unthinkingly, one may stereotype the African American woman as a welfare mother, the Hispanic man as an illegal alien, or assume that the Asian student excels in mathematics. In response, the stigmatized person may battle feelings of shame, inferiority, and confused identity.

Recognizing Diversity when Writing

There have been few articles published in the Therapeutic Recreation Journal that make specific reference to the cultural identities of recipients of TR services. To demonstrate greater sensitivity in the future, and to comply with recommendations in the American Psychological Association’s [APA] Publication Manual (4th edition) (APA, 1994b, pp. 46–60), writers are encouraged to acknowledge cultural identity of participants. Rather than reporting “ninety adolescents were given a survey,” writers can describe the individuals and recognize their active participation:

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Ninety adolescents completed a leisure education survey. All were students in their senior year who attended the same high-school located in semi-rural area in the Southwestern United States. The sample included 35 students who identified themselves as White (20 women and 15 men), 40 Black students (15 women and 25 men), 10 American Indians (3 Hopi women, 2 Navajo women, 1 Hopi man, and 4 Navajo men), 4 Asian students (4 Korean women and 1 Cambodian man), and one man who identified as Black-Mexican.

The distinguishing feature of this description is that the participants were asked to self-identify, and their responses were completely reported. While this level of specificity may seem unwieldy at first, the long-term benefit will be two-fold. First, it will acknowledge the diversity of participants receiving TR services. Secondly, it fulfills the goal of efficacy research; “to determine whether a particular treatment protocol was effective with a certain population” (Coyle, Kinney, & Shank, 1993, p. 222). TR practitioners who read about effective interventions may wish to know the degree to which individuals reported in the literature resemble their own program participants. Descriptions of participants which provide this level of detail should assist TR specialists in interpreting the literature. When in doubt, the APA advises, “it is better to be more specific than less, because it is easier to aggregate data than to disaggregate them” (APA, 1994b, p. 47).

As TR professionals build a comprehensive body of knowledge, Compton’s (1989) advice seems important in that professionals “build on previous experiments, clinical trials, or a line of inquiry” (p. 428). In-depth descriptions of TR participants, programmers and practitioners should help to demonstrate sensitivity to individual differences while facilitating possible replication. TR professionals who recognize, acknowledge, and are sensitive to the diversity of their participants should be prepared to effectively enhance the quality of life of the people they serve.

Working in Multicultural Settings

The next section of this paper is intended to give specific, practical suggestions for implementing more culturally sensitive TR practice. The suggestions given will encourage moving away from global considerations of bias to specific case-by-case respect for individual client differences. Although these suggestions are by no means complete, they are intended to assist professionals to provide services in a multicultural environment.

Examine Biases

Attitudinal biases are both the most difficult to identify and the most difficult to overcome (Dattilo, 1994). As professionals in TR who are committed to providing inclusive services, it can be beneficial to scrutinize personal beliefs about and attitudes toward people. Among other things, stereotypes “keep us from knowing the individual, cut us off from fresh ideas, limit the person’s opportunities” (Bete, 1994, p. 7) and can lead to the individual adopting the stereotype as true. For example, a child may think, “Kids of my race are supposed to like rap music and basketball but I don’t—I wonder if something is wrong with me?” To begin examining personal biases, questions such as the following could be asked: (a) What do I believe about people who are incarcerated?, (b) What do I believe about people who have learning disabilities?, (c) What do I believe about men who belong to fraternities?, (d) What do I believe about single women who choose to bear children?, or (e) What do I believe about people who are HIV-positive? Another exercise to examine personal bias is adapted from the APA Publication Manual (1994b, p. 46): When you discuss a group
or groups, try substituting your own group, instead. Likewise, imagine that you are a member of the group that you are discussing—how would it feel to hear your characterizations?

Learn About the Community

Some agencies which established effective TR programs in the past may continue delivering services while the communities surrounding them have changed. For example, a senior program may experience dwindling attendance because the program does not meet the needs of the Spanish-speaking elders who have settled nearby. In another example, recreation departments may be offering afternoon arts and crafts programs despite the fact that the average family in their service area now consists of teens and young adults. Changing demographics, economic, and other factors contribute to a community “personality” that will influence TR programming.

Recognizing and responding to the religious patterns of the surrounding community may enhance TR services. For example, if individuals in the community attend Synagogue or church on Saturday, programs offered on Sunday may be well-received. In addition, it may be helpful for TR departments to recognize and perhaps help celebrate the religious holidays of participants, including Ramadan, Rosh Hashannah, or Tet. In many communities, there is an unwritten rule that Monday is reserved for Family Home Evening, or that Wednesday night is kept open for mid-week religious services and choir practice. Sensitivity to these traditions may result in better attendance for TR programs. TR professionals who participate in community festivals and cultural celebrations can discover valuable opportunities for reintegration outings and other real-life experiences.

In addition to examining program offerings, it may be helpful to ask peers or an advisory board for assistance. TR professionals may benefit from assembling an expert panel of community members who represent the diverse racial, ethnic, and other cultural groups in the area. Such an advisory board can provide suggestions related to community needs, outreach, publicity, service provision, follow-up, and in-service training. Fellow professionals or advisory boards help examine agency offerings by determining if (a) advertisements are in languages and formats (large print, Braille, cassette tape) used by individuals in your service area, (b) publicity materials are reflective of the cultural groups targeted for services, or (c) staff or volunteers are available to assist clients who use languages other than English.

Examine Your Language

Sensitive language has been misunderstood by many in our society who perceive that it is only used in an attempt to be “politically correct.” The primary intent of using sensitive language is to refer to all individuals in a manner that will build mutual respect and understanding. It can be helpful to be alert to language and images that may be offensive to ethnic or cultural groups. For instance, naming teams the “Redskins,” “Cannibals,” or “Hillbillies” may embarrass and offend some participants. TR professionals can further demonstrate sensitivity by asking clients to sit “cross-legged,” rather than “Indian style,” by advertising a “no-host” meal rather than “Dutch treat,” and referring to the “Lunar New Year” rather than “Chinese New Year.”

Language, like culture, is not static but dynamic and changing. For example, in the past fifty years there has been an evolution of acceptable terms for those of African heritage: from colored, to Negro, to Black, to Afro-American, to African American (Dattilo & Smith, 1990). Another group of people presently struggling with a satisfactory label are those who have origins in Spain. According to Legon (1995), the Census Bureau used seven classifications for the 1990 census: Chicano, Spanish, Mexican-American,
Mexican, Cuban, Puerto Rican, and "other." Notably missing were the terms "Hispanic," and "Latino." The Census Bureau created the word "Hispanic" in the 1970's to emphasize the common denominator of language. The 1992 American Heritage Dictionary described the term as "widely used in both official and unofficial contexts and entirely acceptable" (Soukhanov et al., 1992, p. 856). However, because the term is of English origin and ignores the Indian heritage of people in the West and Southwest, it is rejected by many people (Legon, 1995).

The term "Chicano" was used by some Mexican Americans during the civil rights movement of the late 1960's as a symbol of ethnic and political pride. Since other Mexican Americans reject it as derogatory and offensive, it is safer to avoid the term unless an individual expresses a preference for it. The term "Latino," which is Spanish in origin (Buriel, 1987), is considered less formal than "Hispanic" and emphasizes an individual's Latin American ethnic descent (Soukhanov et al., 1992, p. 1018). It too has been rejected by many who "do not like the word because Portuguese-speaking Brazilians are included" in Latin America (Legon, 1995). Whenever possible, it is preferred to identify people specifically and sensitively, for example, Cuban American, Mexican American, Puerto Rican (APA, 1994b). Since preferred terminology can change rapidly, TR professionals who wish to remain on the cutting-edge of best practice will be prepared to adapt with equal rapidity.

Think About Families

According to Shaw (1992, p. 13), "Home-based activities and family-oriented activities outside the home are the most common forms of leisure activity." A question arises, however, as to how "family" is defined. The "traditional family"—a father who worked outside the home, a mother who stayed at home with the children—is now the exception, rather than the rule (Coontz, 1996). Instead, "families" have become increasingly diverse. Social and economic conditions of American society have increasingly led to created, blended, and multigenerational families (Burton, 1992). In addition, immigrants to North America may bring with them the living arrangements that were typical in their mother country, including the division of household tasks by gender, arranging marriage for young adult children, and the allocation of family resources (Burr & Mutchler, 1993).

It can be helpful for TR professionals to be sensitive when asking people about their home, spouse, partner, parents, or family. For example, individuals who refer to themselves as "single" may, in fact, be involved in discrete gay or lesbian relationships, however there is little reliable data to indicate just how many same-sex relationships there may be in the U.S. (Kimmel, 1992). Furthermore, such partnerships frequently function very much as do heterosexual couples: they may raise natural or adopted children, may maintain solid relationships with their biological families, and may create a network of friends and others who serve as social support. Another example of family diversity is the "skipped-generation families:" the 3.3 million children in the U.S. (1991 figures) who are now living in the custody of one or more of their grandparents (Jendrek, 1994). To use inclusive language when speaking to individuals about residence-related issues can be helpful to TR professionals. Children, for example, may live in a homeless shelter, with one or more of their adult siblings, or in a foster home for a variety of reasons. Factors affecting families can be helpful to consider before planning a Father-Daughter Banquet, Father-Son Sleepover, or similar events. Instead of saying "your parents," it may be more appropriate to refer to "the people who raised you," or "the people with whom you live." Likewise, "the place you live" is more inclusive than "your house," "your trailer," or "your room at the shelter" (see also Kunstler, 1991).
Learn About Individuals

Differences in daily living patterns may influence TR service delivery. Known as “Activities of Daily Living,” the patterns include (a) bathing, (b) dressing, (c) eating, (d) grooming, (e) mobility, and (f) toileting (Teague, McGhee, & Hawkins, 1996). To illustrate, consider the implications of differences in dressing and eating. Examining your agency dress code by asking the following questions may be beneficial: Does the code require that people (a) wear tennis shoes and remove headgear when in the gymnasium, (b) exercise in sweatpants or shorts, (c) cover the midriff, (d) remove all jewelry, or (e) wear a swimsuit in the recreational or therapy pool? Such rules, while very typical in TR and general recreation settings, may be perceived as insensitive by some participants. For example, some women will wear only skirts or dresses in accordance with their religious customs (e.g., Pentecostal), while other women will wear only a midriff-revealing sari in accordance with their cultural customs (e.g., women from India or Pakistan). Likewise, many religions require that both men and women keep their heads covered at all times (e.g., Orthodox Jews). Some people believe that the removal of a protective medal, symbol, or amulet (e.g., a Saint Christopher, cross, or medicine pouch) worn around the neck or wrist will subject the owner to bad luck or to an accident (Stahl, 1991).

Some cultures prohibit men and women from using a swimming pool (including a therapy pool) at the same time (e.g., Moslem). Finally, some people do not have the luxury of multiple clothing changes and can only participate in their street shoes and pants. TR professionals seek ways to accommodate individual attire preferences by providing alternatives or adaptations as needed. Some settings supply hospital “scrubs” for individuals to use when in the gymnasium or the swimming pool. Jewelry can be taped down to the skin for safety and to prevent its loss. Swimming pool time can be adjusted to protect the dignity of all who wish to participate. As with other situations in TR, the key to success is sensitivity and flexibility.

Many TR programs utilize food to serve as refreshments or to prepare during cooking programs. In addition to considering the medical need for low-fat, high-fiber, or diabetic diets, consideration can be given to religious food restrictions, regional food preferences, and cultural differences associated with food preferences, preparation, and serving (Capitman, Hernandez-Gallegos, & Yee, 1991). To illustrate, some cultures believe that a proper balance of “hot” and “cold” food and beverages is needed in order to restore good health (Evans & Cunningham, 1996). Individuals may also believe that herbal teas and homemade liniments should supplement Western medical treatment. Since these alternative treatments may actually be detrimental, information about their use should be shared with the treatment team or other individuals as appropriate. In addition, food restrictions may be related to religious beliefs. For example, people who (a) belong to the Church of Jesus Christ of Latter Day Saints (the Mormons), avoid coffee, tea, cola beverages, and or other products containing stimulants such as caffeine, (b) are Catholic may eat a self-restricted diet during the forty days of Lent each year, (c) are Seventh Day Adventist, eat a meat-free vegetarian diet, and (d) are Jewish or Moslem may eat a pork-free diet.

The aforementioned suggestions were provided to encourage TR specialists to develop an appreciation for the diversity associated with the people they serve and to encourage respect for individual differences. The suggestions are intended to be a starting point for sensitivity with the recognition that many additional considerations are needed when working in a multicultural society. As we seek to improve our services to diverse clients, so too should we promote recruitment of diverse students into academic preparation programs, TR and related human ser-
Summary and Conclusions

The purpose of this article was to provide information to TR professionals on multicultural issues. When discussing diversity, TR professionals are encouraged to begin with shared vocabulary. The terms most often associated with multiculturalism were defined and discussed in the first section of this article. It is hoped that these terms will be incorporated into writing done by TR specialists, whether in documentation of treatment, in agency correspondence, or in writing for publication. Specific suggestions for working in multicultural settings were given in the latter portion of the paper. Proper use of multicultural vocabulary, sensitivity to culturally based differences, and outreach to previously neglected groups may expand and enrich TR services.

Therapeutic recreation professionals who grew up in the United States probably remember hearing that our nation’s founders envisioned a “melting pot” ideal. Immigrants to our shores were encouraged—sometimes even forced—to “cast . . . off, to the extent possible, one’s ethnic or minority identity” (Berger, 1995, p. 140) including various customs, traditions, and languages in order to become assimilated with the homogeneous mass, the so-called “melting pot.” However, as the twentieth century closes, the emphasis is on maintaining subcultural identities and embracing the value of difference. The earlier “melting pot” metaphor has been replaced by the more multicultural metaphors of a “mosaic” (Kraus, 1994, p. 88), a “salad bowl” (Bete, 1994, p. 1) or “beef stew” (Berger, 1995, p. 140) “in which the essential elements in the stew maintain their discrete identities yet are part of something that includes, and is flavored by, all.”

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