

Introduction

Redefining and Broadening the Definition of Culture

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The first edition of *Cultural Issues in Play Therapy*, published in 2005, was well received by mental health professionals working with children and families. It was an attempt to help play therapists take a broader view of culture in order to attain greater cultural competence and to lead them toward further dialogue. In that text we discussed the multidimensionality of culture and used Falicov's definition of culture:

Culture is those sets of shared world views, meanings, and adaptive behaviors derived from simultaneous membership and participation in a variety of contexts, such as language; rural, urban or suburban setting; race, ethnicity, and socioeconomic status; age, gender, religion, nationality; employment, education and occupation, political ideology, stage of acculturation. (1983, pp. xiv–xv, cited in Falicov, 1998, p. 14)

In our first edition, we focused primarily on race and ethnicity and included various chapters on utilizing a cross-cultural lens when doing play therapy with children and families from specific ethnic groups. Since that edition, the world has changed dramatically due to the COVID-19 pandemic and a renewed focus on systemic racism, societal injustice, and

inequality through the actions of Black Lives Matter following the killing of George Floyd and other Black men and women by police violence. There has also been an explosion of electronic and Internet advancements resulting in readily accessible global contact and exchange of ideas between cultures, along with subsequent Internet abuses, as well as the current technological imperatives of telehealth and virtual schooling. Consequently, we realized that subcultures have emerged that play therapists are actively working with, and that we felt were important to focus on in this edition rather than just update the first volume and its more traditional view of culture. Consequently, all the chapters in this volume are new, while readers can still access, for free, the four chapters from our first edition that focused on working with Black, Hispanic, Native American, and Asian children and families (see the box at the end of the table of contents). While the focus is primarily on subcultures, in light of recent developments, chapter authors have also worked to include pertinent issues such as racism and inequality and White privilege, as well as telehealth work (due to COVID-19) to sensitize and raise issues for readers to consider and use in self-evaluation.

A “subculture” can be defined as cultural patterns that set apart some segment of a society’s population. It can be based on age, ethnicity, residence, sexual orientation, occupation, and other factors (Papelirin, 2014). Thus, a subculture is a social group within a society that has a lifestyle distinct from the culture of society as a whole. A subculture subscribes to the main norms and values of mainstream society but may also have some norms and values that are unique to it. However, some subcultures may be regarded as deviant by the wider society or by those wielding power. Consequently, subcultures can be a way that groups in society who face little opportunity to succeed within a dominant culture can take back some power (Papelirin, 2014).

In this second edition, we opted to expand our discussion to address subcultures that share a set of common beliefs, attitudes, behaviors, and preferences. We have also added a broader definition of culture so that cultural and racial considerations are addressed for the play therapist in order to enhance multicultural competence. We have chosen to deal with issues of the day, especially racial injustice. Our authors tackle difficult but timely topics and offer the reader a chance to become more aware of and sensitized to how race and culture impact our clients on a daily basis. Case examples within each chapter bring to life the challenges our clients face, but also those of the clinician in tackling sensitive and difficult to discuss topics.

In Chapter 1 we see child-centered play therapy through the lens of a multicultural and social justice framework. The authors strongly state that multiculturalism *cannot* and *should not* be separated from social justice advocacy and illustrate through a case example. Chapter 2 gets to the heart

of an often difficult-to-discuss, often overlooked but necessary topic, that of White privilege and anti-racism, in order to promote positive change within the field of child and play therapy. It is written with the goal of helping play therapists be more attuned and self-aware as they work with children and families of color. Chapter 3 raises the ethical mandate of play therapists to be culturally and racially attuned through the lens of social justice. This chapter is intended to explore the complex ways that race and culture influence the psychotherapy process with children and it provides practical ideas for implementing racially and culturally attuned play therapy. The author underscores how play therapists are agents of social justice, not just emotional and behavioral change within the therapeutic process.

Chapter 4 looks deeply into how culture impacts expressive art therapy. The author posits that at the core is the notion that reparation and recovery are enhanced within relationships and recapitulated through experiences of choice when meaningful sharing of power and decision making are present, and that these principles resonate with the action-oriented nature of expressive arts therapy and play-based work. And she further asserts that an emphasis on sensitivity to cultural preferences for treatment and the effect of worldviews on attitudes toward health and wellness is essential to trauma-informed practice.

Chapter 5 explores the subculture of children dealing with nonconforming and fluid gender and sexuality. The author presents an overview of how play therapy inherently encourages safe gender and sexuality exploration. The authors of Chapter 6 highlight the special life circumstances of immigrants who have crossed the border, the daily stressors they face, and the current escalation of danger, tension, and anxiety they experience. They further sensitize the reader to the levels of psychological stress, anxiety, fear, and cumulative trauma experienced by immigrants, described especially vividly in their case study. We see in Chapter 7 the culture of violence within the schools in the form of bullying and the racism expressed through punitive levels of school discipline toward Black and Brown children and high levels of suspensions and expulsions, creating a “school-to-prison pipeline.” Solutions and alternatives are offered.

Chapter 8 enlightens and sensitizes us to the Deaf community as a cultural and linguistic minority with its own history, art, customs, language, and social and athletic organizations, and how it differs from the larger, more dominant culture. Finally, Chapter 9 addresses how children and clinicians are consumed and inundated by technology in our digital world. The author stresses that it is imperative for play therapists to remain mindful of technological evolution and how it intersects with play therapy treatment. This is even more important now with the need for digital and virtual schooling due to the pandemic and the use of telehealth in therapy.

Readers will also find useful two appendices at the end of the volume. Appendix A offers a rich listing of resources, including books, articles,

organizations, podcasts, and websites touching on cultural and social justice issues. Appendix B, which is connected with Chapter 5, offers useful resources—organizations, books, and conferences—that focus on the subculture of the LGBTQ+ community.

Our hope is that including this range of topics amplifies the concept of cultural differences and allows us to think about flexible borders that can be bridged with understanding, information, and sensitivity. It is our goal for play therapists to feel better able to address these new cultural paradigms in their work with children and families.

CULTURAL IDENTITY

Many individuals limit their perception of culture in a rigid fashion. It is quite common for individuals to state, “I don’t really have a cultural background” when they hear their counterparts talk about their origins as German, Italian, Irish, or African. The reality is that we are all descendants of a birth country, and we can all trace our family heritage and lineage, now more than ever. In fact, there appears to be a rise in the popularity of television shows that trace the origins of famous people, as well as various viable applications (e.g., 23andMe), and programs (e.g., *National Geographic*) that encourage us to provide information or take a mouth swab to learn more about our heritage. More and more individuals have availed themselves of opportunities to seek more information about their backgrounds.

I (E. G.) have a friend who proudly discusses his farming background as a subculture, a tightly knit community with a shared sense of seasonal organization around planting, harvesting, and taking goods to market. There are anxieties inherent in farming that include storms, droughts, fires, and the emergence of natural predators. Farmers work and compete hard, and their children are usually taught ethics involving hard work, rewards, and struggles. Children in farming communities tend to spend a lot of time outdoors, helping their families with feeding and cleaning and maintaining the environment. Thus, values are instilled early on.

These children and families develop a cultural identity that can bring great pride to some, and embarrassment to others, and feelings that they may have missed out on broader childhood experiences. Nevertheless, children’s identity is formed by being exposed to very specific work ethics and goals, community, and family participation.

Cultural identity is formed in everyone, but it may be encouraged more in some children than others. Some parents have strong positive memories of their upbringing, cultural lessons they were taught by their elders, experiences in their young lives, holiday traditions, or cooking and eating special ethnic foods. Other parents may feel cut off from their own family of

origin and thus less familiar with, or interested in incorporating and passing on, cultural beliefs or values. Still others may simply not think about or discuss their own heritage often and may not have had opportunities to think about, identify, or express memories, thoughts, and associations with their cultural roots. We believe that when we are working with children and families part of the treatment strategy should include an invitation to explore culture, personal meanings, acculturation, and how culture plays a part in their current lives.

EXPLORING CULTURE ACTIVELY

Gil (2003) devised a play genogram that allowed families to use miniatures (or other objects) to show their thoughts and feelings about everyone in the family, including themselves. The following slight variation allows family members to go deeper by focusing on their cultural identity. The clinician provides the graphic of a genogram, which includes boxes for males and circles for females (McGoldrick, Gerson, & Petry, 2008), and places to indicate the relationships among family members. Thus a typical genogram includes separations and divorces, whether people live together or are married, whether children are adopted, birth order, deaths, specific problems such as drug abuse or mental illness, and even whether relationships are emotionally close or distant, and whether there has been physical abuse or other forms of family violence. Once clinicians and families have an accurate genogram with significant people included, the invitation is to “find miniatures that best show the cultural lessons you were taught by everyone in the family. When you get to yourself, find a miniature that shows your cultural identity.”

A colleague of mine (E. G.), Karen Pernet, has also devised an invitation asking children and/or families to build a sand tray that shows their cultural identity (Pernet, personal communication, 2020). The only obstacle to doing family genograms is a lack of imagination. For those therapists who do not own miniatures, this exercise can be done by asking them to go out into nature and pick things that might communicate their thoughts and feelings about family members, providing rocks and crystals, having people use collage materials, and possibly having people make an affective color code (picking a color to show each emotion) and asking children and/or their parents to color in the feelings they have toward everyone in their family including themselves. The idea we are proposing here is that redirecting people to reflect on the element of cultural identity, directly or through play, can be fruitful in therapy.

Other ways of inviting individuals to learn more about their culture is asking about special foods, special colors, music, community, family

rituals, religious practices and holidays, and having a world map in your therapy space to help locate ancestral countries and immigration patterns, and so forth. Therapists are advised to do some research to learn more about families living in the urban or rural setting where the therapy practice is, personally attending religious events and forms of entertainment within the community, and even exploring clients' political preferences. Our job is to suspend judgment, invite introspection and reflection, address culture directly rather than avoid conversation, and help our clients view their culture as accessible, as well as include a plethora of resources.

The other issue that has always been significant in working with clients, some of whom are not seeking therapy voluntarily, is to understand their family values regarding helpers by exploring who they turn to for help when in trouble, what kind of help is available and/or provided in times of hardship, and how accessible those resources are. As clinicians, we might want to team up with people considered natural helpers to our clients, whether they be pastors, priests, rabbis, ministers, church elders, or religious leaders in any religion. There might also be family elders who are regularly consulted. There may be the incorporation of prayer or meditation or music. Families have usually created and relied on specific resources that might feel more natural and user-friendly than structured psychotherapy, and learning what those are can be viewed as respectful and inclusive of family values.

The authors of this book assert that all clinical work should include some direct exploration of cultural values and functioning regarding family roles, physical discipline, affection, and the presence or absence of play or work patterns, as well as the role of family violence, drug abuse, pornography, closed family systems, and normalization of conflictual patterns of interaction. The authors also believe that professionals must do their part to become culturally sensitive and remain alert to issues of social injustice, racism, oppression, inequality, White privilege, and other social constructs that are inflicted on many families. Play therapists, like any other licensed mental health professionals, must prioritize the issue of difference or privilege from the outset. This is a pressing topic that needs a responsible clinical response, both when children or parents bring it into the session indirectly through their play behavior, storytelling, or personal interactions and, most importantly, when they may also not even choose to address it.

Below is a case example of a child and family that I (E. G.) worked with who challenged me in more ways that I can say and brought the issues of addressing culture and race to the forefront in a variety of ways. This is one of the first cases that allowed me to think through an expanded role of the therapist—a role that incorporated a more confident stance on raising or responding to the issues of race and culture and asking the family to reconsider cultural biases and prejudices.

CASE EXAMPLE

Miranda was a 6-year-old partially hearing-impaired child who was placed in foster care due to neglect. The school found out that Miranda went home to an empty house after school hours, and that she cooked dinner for herself and put herself to bed. Miranda's mother, Miraya, was a woman who had fled her country of origin to protect her daughter from her abusive husband as well as a violent neighborhood. Miranda's hearing problem was a result of a severe beating to her head. Miraya was a cook in a restaurant and worked hard to gather the money to travel to the United States. She had a distant cousin who offered her a room until she could find a place of her own. Both Miraya and her cousin worked two, sometimes three shifts at a hotel and restaurant. They were unable to pay for a babysitter, and since Miranda had often been left alone when she was much younger, Miraya thought her daughter would be okay at her current age. And by all accounts Miranda seemed fine being alone, was used to making a sandwich for herself, and watched TV or read until she was tired. However, as Miraya found out, in the United States it was against the law to have an unattended child of her age. Thus, Miraya came home one day to find a police officer and a child protective services worker ready to take her daughter to foster care.

Miranda was placed with a Korean foster family with two older girls and two parents. Miranda was then referred to therapy. The foster parents came into the intake and described a compliant, self-sufficient child. In fact, they were surprised at how resilient she was, adapting easily to her new room. Their only concern was that she didn't interact with the two older girls and she kept to herself. They described her as "quiet and respectful." I inquired about Miranda's hearing loss and parents said that as long as she was looking at them, she understood what they said, and that they noticed she could hear better in her right ear.

Individual treatment proceeded easily with this highly adaptable child. It was clear she was used to being alone and making few demands. I always sat to her right, and I agreed with foster parents that she seemed to read lips and spoke fairly well. I spoke with her in Spanish, her first language, and her English was improving as a result of her English immersion program. She seemed to like playing in solitary fashion and seemed unfamiliar with the array of toys in the play therapy office. She often asked what a specific toy was and how it was used. She said she didn't usually "have time to play," and her mother "didn't have money to buy her toys." She asked often when she would see her mother and go home again and seemed to understand that a judge would decide those things and that I was available to help her with whatever thoughts and feelings she was experiencing.

Miranda volunteered little information spontaneously; however, when we did a family play program, she inserted a huge two-headed dragon for

her father and put a weapon in its hand. When I asked about the figure, she did not hesitate to say that her father hit her on her head with a bat and that she and her mom ran away from him because he was scary. When she motioned toward the right side of her head, I asked if he had hit her on her ear. Miranda said he had, and I asked if she heard differently on the ear that was hurt from the one that wasn't. She said that was the case. I asked what that was like for her, and she said she didn't like it and that her hearing loss reminded her of him. When I asked if it was a problem either in the foster home or school, she said that sometimes friends teased her because they had to repeat things for her. She said that her teacher sat her in the front row so that she could hear everything. She also noted it was easier for her to read my lips because I knew Spanish.

Miranda did not seem to feel self-conscious about the hearing loss and was quick to point out when I did not hear her. I eventually told her that I also had a hearing loss because I had flown on an airplane when I was sick and my eardrum had burst. She was fascinated with this and sometimes tried asking something in my right and left ear to see the difference. I also mentioned to her that I got good at looking at people's lips and trying to understand what they were saying. She said she could do that too, and we played two specific games. In one game we would sit with our backs to each other and listen and repeat what the other person said. We would count how many times we had to repeat it. In the second game, she would sit next to me, on the right and then on the left, and say something, and also said something while facing me. We took turns doing these games.

I also brought in a microphone, and we practiced speaking into it and turning the volume up and down until we could hear. Somehow playing these games seemed to lighten these topics, and it seemed like a relief to her that we were speaking about them explicitly. At one point she asked if her foster parents knew that she could hear better in one ear. I suggested she ask them, which she did. She reported that they had not noticed anything and stated they had not been told (their effort to normalize the hearing loss). She seemed happy that they were not told and hadn't noticed. She stated, "I don't like everybody to know, only when I tell them." She expressed anger that her dad had hit her so badly that all her life she would have to remember him. She was very adamant that she did not like him and never wanted to see him again.

She began to have supervised visits and talked in Spanish with her mother, who seemed to ask tons of questions of Miranda about where she was, who was taking care of her, and so forth. The mother cried openly about wanting her daughter back in her care but appeared stymied when asked what changes she could make so that the child was not alone or had someone to help with caretaking when mother was working. The social worker had given Miranda's mother some resources she could access at

school, but Miraya was slow to talk to the school. She later confided to me that she thought the school was “mean to her” and acted like they thought the child was in a better home now. This might have just been the mother’s perception, or the teacher who had learned about this child being alone, might in fact have been judgmental toward Miraya. The supervisor of visits spoke enough Spanish to get by, but not enough Spanish to understand the conversations between mother and daughter. Some of what was being discussed however, was the mother’s disapproval of her daughter being with Korean parents.

The overall treatment goal with Miranda was to provide supportive psychotherapy as she coped with being separated from her mother and being in a new home environment. Eventually, I was sure I would provide some reunification services as well. As I learned about her hearing loss, I specified a goal related to assessing how she experienced this and to see if she needed specific support or resources.

Culture-Specific Work

About 3 months into therapy, I noticed some very specific behavior on Miranda’s part in which she took Asian miniature dolls and would stick them in the trash can before she started playing in the dollhouse or sand tray (her two favorite things to do). After observing this behavior a few times, I made it verbally explicit: “I notice that you take the small Asian figures and throw them in the trash can before you go on to play with other things in the room.” She nodded her head. Then I introduced the topic in the following dialogue with Miranda:

“I’m wondering what it’s like for those little Asian dolls to be in the trash can. They look so small in there.”

“It doesn’t matter. They are trash.”

“The small Asian figures are trash?”

“Yes, they are smelly, dirty people.”

“These small Asian family members [mother, father, two girls] are smelly and dirty people?”

“Yes! They are gross.”

“Hmmm, I wonder where those ideas came from?”

“My mom told me that they are tricky, not to listen to them, not to let them touch me, not to eat too much of their dirty foods.”

“So, your mom has these strong ideas about Asian families.”

“Yes, she doesn’t think I should be living with them. She thinks I should be with White people or with Spanish people.”

“So, your mom does not want you to be with a Korean family.”

“She says they are trash and should be put in trash cans and taken away.”

“So, that’s what your mom thinks. What do you think?”

"I think I want to go home with my mom. I'm scared of the tricky people."

"I see, so you're scared now, and when you come into the room you want to put them in the trash like your mom says."

"Yeah."

"I wonder where your mom got those ideas about Korean people?"

"I don't know."

"Do you think she's ever met any Korean people?"

"I don't know."

"Hmmm. So, you might know more about Korean people than your mom does right now. Your mom might just be worried for you if she imagines they might trick or hurt you."

Silence.

"Have you ever told your mom about your foster mom or dad?"

"No, she doesn't ask me . . ."

"And if you could tell her something about your foster mom, what would it be?"

"I don't know . . . she's nice."

"What does she do that's nice?"

"She asks me about school, and she makes treats for me, and she reads us books at night."

"Oh, okay, so she sounds nice."

"Yeah."

"So, it sounds like some Korean moms are nice and read books and make treats."

"My mom says they are dirty and smell—"

"Well, I'm not sure if your mom has ever spent time with Korean people, but tell me, do you notice any smells or dirtiness?"

"Some of the food smells different, but it tastes good."

"Okay, so you notice smells but from good food."

"Yeah."

"So, you have found your Korean foster family seems to be different than what your mom thinks. You have gotten to know them and she has not."

"Yeah, but I don't want to stay there."

"And I can imagine you being worried about that. You want to go home with Mom, and she wants you to come home to her."

She stopped putting the Asian miniature family in the trash after this discussion, and I often brought up how many similarities Korean and Latin families had: special foods, brown skin, their own religion and church, lots of family around them, and so forth.

My next task was to meet with Mom and have the same conversation, which did not go as easily but had the same eventual outcome. Miraya understood that she was scared her child would be given to this new family

and she was trying to create a negative narrative about them so her daughter did not get close to them. I understood her desperate attempt to keep her daughter close to her, and at the same time, I was able to communicate that she had inadvertently sent the message that all Koreans are dirty and smelly and basically “trash.” We talked about how U.S. people sometimes discriminate against Spanish-speaking people and how unfair it was. Miraya was able to identify many incidents of racism toward her. I asked her to consider how hurtful it was to her and whether she really needed to repeat this behavior toward others. She was also stunned to hear that her daughter was throwing toys in the trash, and said she had not intended for her to do that. Eventually, Miraya was able to appreciate that her daughter was in good caretaking hands, especially when a reunification plan was begun.

SUMMARY

We have expanded the definition of culture to include subcultures in which children and families may be functioning. We have tried to move beyond limiting the term “culture” to ethnicity and have instead encouraged clinicians to invite culture into the play therapy office, to craft therapeutic dialogues, assessments, and games designed to identify and process issues around cultural identity, and provide a template of more active therapeutic curiosity around issues of prejudice and racism.

Working with Miranda, two important issues emerged that were dealt with directly: her hearing loss and its impact on her self-esteem and social relationships, and issues of racism promoted by her mother. These both appeared to be issues that needed to be introduced directly in order to facilitate this client’s adaptation to her foster home and school.

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