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Response to Commentaries on Integrating Cognitive-Behavioral and Cognitive-Interpersonal Case Formulations: A Case Study of a Chinese American Male

Dynamic Sizing, Multidimensional Identities, & Clinical Supervision

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ABSTRACT

Chu (2007), Hwang & Wood (2007), Lytle (2007), and Mednikov (2007) provide very thoughtful and informative commentaries on my case study of TC (Liu, 2007). In this response, I focus on three primary issues: Dynamic sizing, multidimensional identities of clients, and clinical supervision. Specifically, I first underscore dynamic sizing – the ultimate essential skill of accurately differentiating between what is cultural and what is individual (Sue, 1998, 2006). Further, I highlight cultural complexities and multidimensional identities/memberships of clients, encouraging clinicians to adopt Hays' (2001) "ADDRESSING" framework for taking into account a variety of dynamic cultural factors. Lastly, I discuss the impact of clinical supervision on my professional development.

Key words: dynamic sizing; cultural complexities; multidimensional identities; clinical supervision.

I found the feedback on my case study of TC by Chu (2007), Hwang & Wood (2007), Lytle (2007), and Mednikov (2007) most supportive, helpful and thought-provoking. In response, I would like to focus on three important issues: Dynamic sizing, multidimensional identities of clients, and clinical supervision.

DYNAMIC SIZING

In discussing culture-specific values and characteristics, a major difficulty involves how to appreciate the influences of a culture without stereotyping (Sue, 2006). It has been observed that when cultural values and characteristics are discussed in the literature, there is, undeniably, often a stereotypic quality to the discussion (Sue, 2006). Chu's caution regarding "Type I" cultural error, which may lead to stereotyping (Bernal, Bonilla, & Bellido, 1995), echoes this point. In a similar vein, Hwang and Wood (2007) note that it may be inaccurate to assume that all individuals of Chinese origin derive strength and motivation from critical self-statements (e.g., "I am not good enough."). I agree with them, and appreciate the cautionary notes.

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When making cultural observations, it is always important to remind oneself that such observations should not be viewed as characterizing the entire cultural group. In sharing personal observations in the case study, my aim was to draw attention to (a) a potential cause underlying certain Chinese clients' non-response to the cognitive restructuring intervention of CBT, and (b) the cultural complexities and intricacies involved in treating individuals from different backgrounds. While cultural hypotheses should be considered and tested, it would be erroneous to over-generalize in a rigid manner.

Differentiation between "what is individual" and "what is cultural" is a crucial issue. Assertions, such as "Asians are collective rather than individualistic in orientation" (Sue, 2006, p. 239) and "The Chinese family acknowledges its individual member's value and existence through their achievements" (Lin, p. 57), may be either accurate descriptions or overgeneralizations/stereotypes. As pointed out by Chu (2007) and Hwang & Wood (2007), a culturally competent therapist must have the ultimate essential skill of "dynamic sizing" (Sue, 1998, 2006), that is, the skill of knowing when to generalize and be inclusive and when to individualize and be exclusive. The ability to appropriately categorize experiences as "individual" or "cultural" will allow the therapist to avoid overgeneralizations/stereotypes, and at the same time, not to overlook the potential impact of culture on the client's thoughts and behaviors (Sue, 2006).

MULTIDIMENSIONAL IDENTITIES OF CLIENTS

Mednikov observes that despite my common cultural background with the client, the within-group differences between us (e.g., differences in dialect, country of origin, English proficiency, and the experience of racism) were quite meaningful, and likely served to create distance between TC and myself. Moreover, Lytle notes two important dimensions that warrant more attention in the case study of TC, namely, gender issues and acculturation level. Indeed, as Lytle maintains, it is important to provide in-depth discussion on such questions as what it was like for TC to be a male child in his family; how he negotiated gender role expectations and gender role conflicts in the context of two cultures; how his experiences of racism might have influenced his self-concept as a man; how he conceptualized his father's losing the traditional patriarchal role in the family; and in what ways the financial hardship might have impacted TC.

Both Mednikov's and Lytle's valuable remarks also appear to be in line with Hays' (2001) assertion of cultural complexities and multidimensional identities/memberships. Individuals' identities are, in fact, complex, multidimensional, and interactive (Hays, 2001; Pedersen, 1990), in part because most people probably do not think of themselves in strictly unidimensional terms, such as "Asian American" or "African American" (Hays, 2001). As a way to help clinicians take into account the dynamic cultural factors, Hayes' (2001) "ADDRESSING" framework is comprehensive, and includes the following: **A**ge and generational influences, **D**evelopmental and acquired **D**isabilities, **R**eligion and spiritual orientation, **E**thnicity, **S**ocioeconomic status, **S**exual orientation, **I**ndigenous heritage, **N**ational origin, and **G**ender. Aside from helping clients to explore their identities in relation to each of the ADDRESSING influences, clinicians can also use the framework to increase their own self-awareness of their memberships in dominant groups (e.g., heterosexual, male) and/or nondominant groups (e.g., immigrants, lower SES), and the potential privileges, resources, and

limitations associated with such memberships (Hays, 2001). This approach appears to be consistent with Hwang & Wood's (2007) specific advice regarding how cultural adaptations should be made when therapists do not share the client's cultural background and first language.

CLINICAL SUPERVISION

According to Barnett, Cornish, Goodyear, & Lichtenberg (2007), clinical supervision is fundamental to the development of clinical competence. Findings indicate that effective supervisors are nonjudgmental and validating (Worthen & McNeill, 1996); and, more importantly, that they are able to create a safe environment in which supervisees can openly discuss their insecurities and concerns, and also have the freedom to experiment with different strategies (Barnett et al., 2007). In my third year of Ph.D. training, I was fortunate to meet two psychologists who fit the characterization of "effective supervisors" very well -- Dr. Mednikov (my individual supervisor at the agency in which I provided therapy to TC), and Dr. Lytle (the instructor of an "Advanced Clinical Seminar" in which I participated). Although I did not approach the case of TC from a psychodynamic perspective (Dr. Mednikov's primary theoretical orientation) or a family systems perspective (Dr. Lytle's primary theoretical orientation) per se, I appreciate very much the lessons I learned from them. For example, I particularly remember the moments when Dr. Mednikov and I sat in her office with dim light and freely processed about the possible fantasies of the therapist and client and the role that they might play in the therapy; and also the safe atmosphere in Dr. Lytle's class and her style as the group leader that encouraged personal exploration and growth. These experiences were very meaningful to me, and I believe they greatly shaped my present roles as a clinician, a supervisor, and an educator.

REFERENCES

Barnett, J. E., Cornish, J. A., Goodyear, R. K., & Lichtenberg, J. W. (2007). Commentaries on the ethical and effective practice of clinical supervision. *Professional Psychology: Research and Practice, 38 (3),* 268 – 275.

Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology, 23,* 67-82.

Chu, B. C. (2007). Considering culture one client at a time: Maximizing the cultural exchange. *Pragmatic Case Studies in Psychology* [on line], Vol. 3 (3), Article 2, pp. 34-43. Available: http://hdl.rugers.edu/1782.1/pcsp_journal.

Hays, P. A. (2001). *Addressing cultural complexities in practice: A framework for clinicians and counselors.* Washington, D.C.: American Psychological Association.

Hwang, W., & Wood, J. J. (2007). Being culturally sensitive is not the same as being culturally competent. *Pragmatic Case Studies in Psychology* [on line], Vol. 3 (3), Article 3, pp. 44-50. Available: http://hdl.rugers.edu/1782.1/pcsp_journal.

Lin, K. (2003). Negotiating Chinese values in America: A partial process of acculturation for Chinese immigrants. (Doctoral dissertation, Spalding University). *University Microfilms International* No. 3111024.

Lytle, P. (2007). Teaching clinical competence. *Pragmatic Case Studies in Psychology* [on line], Vol. 3 (3), Article 5, pp. 55-64. Available: http://hdl.rugers.edu/1782.1/pcsp_journal.

Mednikov, M. (2007). Psychodynamic-Interpersonal supervision of Liu's case of TC. *Pragmatic Case Studies in Psychology* [on line], Vol. 3 (3), Article 5, pp. 51-54. Available: http://hdl.rugers.edu/1782.1/pcsp_journal.

Pedersen, P. B. (1990). The constructs of complexity and balance in multicultural counseling theory and practice. *Journal of Counseling and Development, 68,* 550-554.

Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist, 53*, 440-448.

Sue, S. (2006). Cultural competency: From philosophy to research and practice. *Journal of Community Psychology, 34(2),* 237-245.

Worthen, V., & McNeill, B. W. (1996). A phenomenological investigation of "good" supervision events. *Journal of Counseling Psychology, 43*, 25-34.