In this chapter we describe and evaluate the Berkeley Culture, Ethnicity, and Mental Health (CEMH) Project, a graduate student initiated effort to increase pluralistic thinking, train culturally responsive psychologists, recruit excellent scholars of color for future faculty positions, and provide role models and mentorship for Berkeley’s ethnic minority students. The idea grew out of a series of regular meetings between a few minority graduate students (Juanita Dimas, Sybil Madison, and Joe Harris) and the director of the Clinical Psychology Program at the University of California, Berkeley (Robert W. Levenson). These meetings were devoted to examining ways that the Clinical Psychology Program could better meet the needs of students of color. As a result of these meetings, Dr. Levenson and this core group of graduate students enlisted the help of four additional graduate students of color (Nnamdi Pole, Jeanne Tsai, Teron Park, and Richard Renfro) and formed a steering committee to plan the CEMH Project in the fall of 1993.
The steering committee conceived and implemented a comprehensive educational package made up of four interwoven modules: (a) a graduate seminar, (b) two undergraduate discussion sections, (c) a colloquium series, and (d) five colloquium-linked professional development dinners, all of which ran in parallel over the course of one semester. These components addressed issues relevant to the mental health of Asian Americans, African Americans, American Indians, and Latinos and featured presentations by some of the most eminent scholars in the area of minority mental health. The curriculum was organized around five content areas: (a) history of the field, (b) research, (c) intervention, (d) assessment, and (e) training.

In this chapter, we describe the project from the perspective of the students who participated in it, based on anonymous, narrative evaluations that were obtained at regular intervals throughout by Nnamdi Pole and Jennifer J. Treuting, a European American graduate student participant. These comments are reproduced here with permission. One advantage of obtaining feedback multiple times over the semester rather than only at the usual end-of-semester evaluation is that we were able to capture the participants' emotional reactions as they unfolded over time. In fact, we found that reactions changed dramatically over the course of the semester, which provides an important lesson for those who may wish to implement such a course in their own academic setting. Initial negative reactions to this emotionally charged material may not necessarily predict how the students will feel about such a course in retrospect.

**GRADUATE SEMINAR**

Like many others, the Berkeley psychology department lacked a full-time, in-house faculty member with an active program of scholarly work in minority mental health. This was particularly ironic because of Berkeley's strong tradition of recruiting of graduate students of color and a history that

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1. Although a very similar project was initiated in our department by Professor Stephen Glickman and a group of graduate students almost a decade earlier (Abernethy et al., 1988), amazingly, the present project was designed without any knowledge of the previous course.

2. Six noted ethnocultural scholars were featured: Stanley Sue (University of California, Los Angeles), Claude Steele (Stanford University), Maribel Taussig (University of Southern California), Eduardo Duran (Family and Child Guidance Center, Oakland, CA), Sergio Aguilera-Gaxiola (California State University, Fresno), and Joe White (University of California, Irvine).

3. We acknowledge the generous financial support of the following funding sources at the University of California at Berkeley: Department of Psychology ($5,000), Graduate Division ($2,500), Instructional Mini-Grant from the Office of Educational Development ($1,000), the Affirmative Action Office ($2,000), and the Wright Institute ($1,000). The project cost $11,500 during the first semester. These monies paid for airfare, lodging, and honoraria for the various scholars; professional development dinners; salary for the graduate course lecturer; and course development expenses for the undergraduate seminars.
included having one of the first training grants from the National Institute of Mental Health devoted to minority mental health. One of the first tasks of the steering committee was to search for an outside instructor who had experience teaching such a course, familiarity with the relevant literature, and dedication to the overall mission of the project. They were delighted to find Dr. Veronique Thompson, who agreed not only to teach the graduate seminar but also to design one that covered the five content areas, complemented the colloquium series, and provided a safe context in which to explore feelings arising from the course material. Her seminar was a 3-hr, once-weekly class. On the days when visiting scholars were on campus, their colloquium presentations were substituted for the first half of the graduate seminar. Twenty-one graduate students enrolled in the seminar, representing all years of the clinical graduate program, both genders, and several ethnic backgrounds: African Americans (21%), Asian Americans (21%), Latinos (16%), and European Americans (42%).

The first meeting of the seminar was devoted to providing an overview of the course and defining basic terms in ethnocultural psychology (e.g., third world psychology, people of color, multiculturalism, and pluralism). Almost immediately, this material met with a palpable resistance. Many of the minority students vigorously challenged the instructor’s use of these terms. The European American students, although notably silent, were nonetheless emotionally stirred by the discussion as evidenced by their feedback (obtained shortly after the first class):

- “I felt frustrated and annoyed . . . the climate was hostile (the assumption was that one should know the terminology and that ignorance was politically incorrect).”
- “I wanted to walk out.”
- “I felt as though my opinions and comments were less valued because I am not of color—I felt threatened and contemplated dropping the course.”
- “I felt frustrated at the focus on terminology—I felt as if White students didn’t have a valued place in the discussion.”

The first class meeting was perhaps best summarized by one student: “It is going to be more complicated than I thought.”

During the next several weeks, the graduate students participated in an exercise designed to encourage exploration of how race and culture had influenced their senses of identity. With all students gathered in a large group, the instructor raised a series of questions about ethnocultural heritage. The first order of business was for the students to “define themselves ethnoculturally.” The students were challenged by the complexity of trying to agree on the scope of the terms ethnicity and culture. Did gender or sexual orientation belong in this discussion? Did subcultures within the larger European Ameri-
can culture (e.g., Irish, Jewish) count? The actual variety of cultural and ethnic identities presented far exceeded what one might have guessed from a cursory glance around the room. It became readily apparent that although these issues were seldom explicitly discussed, they were of central importance to each person’s sense of self.

The exercise continued in small groups, usually four or five students, exploring even more personal issues and addressing questions such as the following (Boyd-Franklin, 1989; Massachusetts School of Professional Psychology, 1991; Thompson, 1994):

- Who in your family influenced your sense of ethnic identity?
- What characteristics of your ethnic group(s) do you like best and least?
- How are gender roles defined in your culture?
- What are the dominant religions of the culture?
- What role do religion and spirituality play in the everyday lives of the members of the culture?
- Describe a time in your life where you felt different from others and where this difference led you to feel excluded.
- When you were growing up, how many racial, ethnic, and religious groups were represented in your neighborhood and school?
- Which group(s) did your friends and your family’s friends come from?
- How old were you when you first got to know someone of a different racial or ethnic background than your own? Who was/were the person(s) in your life? How did she/he/they fit as well as challenge any stereotypes you had learned?
- As a child and adolescent, how were you encouraged to or discouraged from playing or socializing with or dating people from different backgrounds (race, ethnicity, religion, class, etc.)?
- What ethnic group(s), other than your own, do you think that you understand best?
- What cultural group(s) do you think you will have the easiest and most difficult time working with clinically?
- What issues divide members within your ethnic group?
- What incorrect assumptions do people make about your group?
- If you were about to leave this country forever, what object, symbolic of your cultural identity, would you take with you to a new homeland?

Discussions were sometimes touching and fairly revealing, at other times comical, and for many people, one of the most personally significant
experiences of the course, as evidenced by retrospective accounts given at the end of the semester:

- "These were the best classes. They made the entire class worthwhile."
- "It was very useful and succeeded in removing more of the tension previously present."

By the time this group process exercise was over, the tone of the class had shifted from being uncomfortably heavy and tense to feeling cautiously safe. Having gotten over a major initial struggle, students appeared more enthusiastic and more trusting. When asked during midsemester how their feelings had changed, many students mentioned the change in atmosphere.

As the weeks passed, the class time shifted from experiential to didactic work. Dr. Thompson began each class with a brief lecture before leading the students in lively discussions of the assigned readings. The students read articles on ethnic minority perspectives on research (e.g., Betancourt & Lopez, 1993; S. Sue, Ito, & Bradshaw, 1982), assessment (e.g., Dana, 1993; Lopez & Hernandez, 1986; Okazaki & Sue, 1995; Westermeyer, 1987), intervention (e.g., Atkinson, Casas, & Abreu, 1992; Greene, 1985; Homma-True, Greene, Lopez, & Trimble, 1993), and training (e.g., Brown, 1993; Mio & Morris, 1990; D. W. Sue, 1991; see the Appendix for complete list of topics and readings). As a result of these readings and discussions, the importance of achieving multicultural competence became more apparent. Students also began to understand one reason that these issues are so often neglected in the academic setting: This is difficult work! In casual conversations on leaving class, students often described how the seeming intractability of these issues left them feeling emotionally drained and professionally challenged.

COLLOQUIUM SERIES

Because the colloquium series was designed to be the backbone of the CEMH Project, the steering committee went to great lengths to ensure that it was treated as a special event by (a) inviting undergraduate participants to what was typically a graduate student and faculty event (thereby increasing the enthusiasm level and audience size); (b) videotaping each talk (thereby emphasizing the rareness of this opportunity); and (c) assigning a steering committee member to invite the speaker, organize travel logistics, and serve as the local host and introduce the speaker (thereby highlighting the prominent role played by the graduate students in the CEMH Project). Speakers were selected on the basis of their expertise in at least one of our five major content areas and their membership in one of our four targeted minority groups. Each speaker delivered a 60-min colloquium presentation followed
by a 30-min question-and-answer period. After a short break, the graduate seminar students had an additional hour of discussion with the speaker in a small-group format.

The talks taught several key lessons, including the following:

- challenging the application of traditional psychiatric diagnoses and treatments to members of ethnic minority groups, especially when their apparent symptoms are better explained by racism, discrimination, or stereotyping—as in diagnosing “depression” when the appropriate diagnosis is “oppression” (e.g., Duran, 1990);
- identifying barriers to the delivery of mental health services to ethnic minority clients, such as inadequate cultural sensitivity of services offered to Chinese Americans (S. Sue & Zane, 1987);
- inspiring students to conduct research on politically controversial yet socially important topics, such as the effects of stereotyping and stereotype threat on the performance of women and African Americans (e.g., Steele & Aronson, 1995);
- understanding the importance of considering language match in the assessment of populations for whom English is not the primary language (Taussig, Mack, & Henderson, 1996; Vega, Kolody, Aguilar-Gaxiola, & Alderete, 1998); and
- considering the influence of Black enslavement on the current mental health status of African Americans (White, 1991).

Students responded favorably to every speaker, although there were tense moments. For example, fresh from the painful discussions of the first week, some students objected to a speaker’s exclusion of European Americans as “ethnic.” He gently explained that there were “no perfect terms,” which not only satisfied the students but also helped relieve some of the tensions from the previous discussion. The speakers also contributed greatly to the important goal of providing multicultural role models. Students came to recognize that they could learn much from presenters who differed in ethnicity, gender, presentation style, professional background, and areas of interest.

Feedback from the students about the presenters was consistently favorable:

- “I was impressed by his ability to address a very charged issue without alienating anyone or seeming angry.”
- “I could only dream of touching people the way he touched me.”
- “[The speaker] seemed too angry initially. However, I found
him extremely inspirational and honest . . . . He challenged us to think in non-traditional ways."

UNDERGRADUATE DISCUSSION SECTIONS

As mentioned earlier, undergraduates were an integral part of the project. Twenty-one students were selected by members of the steering committee from a large group of applicants, with the following resulting ethnic breakdown: African Americans (5%), Asian Americans (37%), Latinos (37%), and European Americans (11%). The remaining 10% defined themselves in complex multiracial ways. The undergraduate students were assigned to one of two discussion sections that were taught by pairs of graduate students who were concurrently taking the graduate seminar. The discussion sections were conducted as process groups, devoted to exploring personal feelings related to race and racism. They also served as a place to clarify questions raised in the colloquium talks. Before attending the colloquium talks, the undergraduates read articles by each speaker (e.g., Duran, 1990; Steele & Aronson, 1995; S. Sue, 1983) and prepared questions based on their readings for both seminar and postcolloquium discussions.

Whereas the story of the graduate course was complex, the story of the undergraduate seminars was one of unqualified success. They seemed to bypass the growing pains that the graduate students went through, perhaps because these sections were composed almost entirely of students of color. The general feeling was that "we're all in this together," and the students reported that everyone involved seemed to feel safe. These were typical undergraduate reactions to the project:

I can unhesitatingly say that the class gave me what all classes should give their students. By this I mean that the class provided intellectual stimulation that will last beyond my time in school. The issues discussed challenged and expanded how I view the world. Not only did I learn from some great speakers, but also from my fellow students in discussions where everyone had something valuable to contribute.

It was one of the most interesting and invigorating classes that I have ever taken . . . . the course has affected me so much that I wish to pursue something like this as a career.

PROFESSIONAL DEVELOPMENT DINNERS

Graduate and undergraduate students who wished to have further contact with and mentoring from the guest speakers attended professional development dinners in which more personal questions about career paths and ethnoculturally related obstacles were discussed. Speakers talked about
the compromises they had made, the fears they had experienced, and the race-related challenges they had faced and continue to face. In addition, speakers gave invaluable advice to students about pursuing lives as clinical psychologists and offered predictions about what was to come in the next decade of work on culture, ethnicity, and mental health.

**FINAL EVALUATIONS OF THE PROJECT**

In addition to gathering the narrative accounts that have been excerpted here, we had both the graduate and undergraduate participants provide overall quantitative ratings of the three modules at the end of the project. Evaluations were made on a scale that ranged from 1 (very poor) to 7 (excellent). The graduate seminar received an average rating of 6.1, the colloquium series received an average rating of 6.6, and the undergraduate section received an average rating of 6.9. Seminars at Berkeley typically receive ratings closer to 5.5.

We were delighted by this positive response to the CEMH Project. We believe that the project made good progress toward the goals of increasing pluralistic thinking in psychological work, training culturally responsive psychologists, and exposing the department to first-rate ethnocultural clinicians and scholars. Overall, it was an important first step in the enormous task of preparing psychologists for an increasingly multicultural society in the 21st century. Thanks to funding from the university, the project has continued for two more iterations over the past 6 years. Overall, it has had a lasting legacy. The empowerment that has resulted for students of color in the clinical graduate program has been palpable, and it has spilled over to include the European American graduate students as well.

It is clear, however, that there is more work to be done. For the faculty, it became increasingly apparent that even although many of them conduct research and teaching in which cultural variation plays an important role, this is not the same as having a colleague whose central focus is on issues related to minority status and minority mental health. The dialogue stimulated by the CEMH Project clarified for many the importance of having more...
ethnic minority faculty. Unfortunately, this realization came simultaneously with changing policies in California against affirmative action, and progress in this particular area has been slow.

On a more positive note, in the years since this project was initiated, the topics of culture and minority status have become increasingly interwoven into the discourse of the Berkeley psychology department as a whole and of the clinical area in particular. Culture has played a major role in a colloquium series in either the clinical or the social-personality area almost every year for the past five years. The Institute for Personality and Social Research declared culture as one of its focal areas of interest, and recently sponsored a training grant proposal to the National Institute of Mental Health devoted to fostering research on the bidirectional influences between culture and psychological processes. A number of departmental faculty have sought and obtained extramural research funding for projects in which culture plays a central role. The clinical interns also recently dedicated a series of their case conference meetings to cultural competency training. They began with the evocative documentary The Color of Fear (Wah, 1994) and continued with a process-oriented workshop led by an outside facilitator. As expected, the process was powerful and at times quite difficult. Not surprisingly, however, the students reported that the experience was invaluable in fostering their growth as clinicians.

We have articulated a model for giving culture and ethnicity a central voice in mental health training that we believe is transportable to other university departments that do not have the resources “in house” to do justice to these issues. Both hardships and rewards accompany such an undertaking. Despite the challenges, the endeavor has been well worth the effort. In the continuing striving to institutionalize ethnocultural scholarship in our department, the first priority is to advocate for the hiring of a faculty member with a primary interest in studying ethnic minority issues. Eventually, this person will teach the graduate and undergraduate courses related to these issues. The second priority is to push for an integration of an ethnocultural perspective into our core curriculum. When this goal is reached, special funding for the kind of grassroots effort described here will no longer be necessary.
APPENDIX

Course Topics and Readings

I. Culture, Ethnicity and Mental Health: An Overview of the Issues: No assigned readings.


IV. Ethnocultural Issues and Psychological Assessment: Dana (1993, pp. 110–139); Jones and Thorne (1987); Lopez and Hernandez (1986); Pavkov, Lewis, and Lyons (1989); Westermeyer (1987).

V. Ethnocultural Issues and Psychological Intervention: Atkinson et al. (1992); Greene (1985); Homma-True et al. (1993); La Fromboise and Dixon (1981); Rogler, Malgady, Costantino, and Blumenthal (1987); Trimble (1991); Tsui and Schultz (1985); Zane, Sue, Hu, and Kwon (1991).


REFERENCES


