

Tilling Our Own Cultural Identity to Understand Sociocultural Evolution

Michelle S. Horner, DO

Culture. How can something so integral to our daily lives be so challenging to understand in ourselves and others? As clinicians, parents, and patients, nearly all that we say and do passes through our own cultural filter, often influencing our thoughts and actions without our active awareness. In its most sterile form, culture can be defined as “the customary beliefs, social forms, and material traits of a racial, religious, or social group; the characteristic features of everyday existence as diversions or a way of life.”¹ At the individual level, cultural identity considers the influence of race, ethnicity, religion, family history, gender identity, and other factors on social, psychological, and biological functioning and wellbeing.

Regardless of what we choose to consider within the framework of culture, our understanding of cultural identity and its impact on our patients’ mental health is constantly broadening and evolving. It is fitting, therefore, that the etymology of the word *culture* is the Latin *colere*, which translates to the English concepts of “tend, guard, cultivate, till.”² The term culture was taken figuratively from the agricultural practice of caring, cultivating, and honoring the land. In the 1500s, the word culture became synonymous with the intellect of the people; the cultivation of a people through education. As travel and relocation became more common, groups of individuals became known for their collective cultural identity, first in terms of their geographic origin, then later for other facets we consider today, such as ethnicity, race, religion, and gender and sexual identity.

In a nation with many blended cultures, cultural identity tends to be assumed by overt characteristics such as skin color, religious adornments, language, and social mannerisms. As child and adolescent psychiatrists, we are tasked with understanding the depth and impact of culture, for our patients and ourselves. The Outline for

Cultural Formulation (OCF), first published in the *DSM-IV* and advanced with the semi-structured Cultural Formulation Interview (CFI) in the *DSM-5*, provides formal methods for assessment.³ The American Academy of Child and Adolescent Psychiatry (AACAP) offers practice parameters on cultural competence,⁴ and there are numerous books, guides, and even whole journals dedicated to improving cultural integration in psychiatric care. Advancing our skills in assessment and formulation is important. This culturally themed issue of *JAACAP Connect*, however, has the primary purpose of tilling.

In gardening, tilling describes the process of breaking up the surface soil to aerate and add nutrients. It is common that untilled soil becomes too compacted, thus lessening the chance for growth. So too for us: it is important to step back and begin tilling the surface of our own cultural identity, with the greater purpose of integrating ourselves into the larger culture of understanding, tolerance, and acceptance.

This issue of *JAACAP Connect* provides in-the-trenches insight into some of the most culturally relevant issues in child and adolescent psychiatry. Patrice Janell Holmes, MD, begins by explaining intersectionality of clinician and patient culture as a means of enriching our biopsychosocial formulation with sociocultural identity. Cortlyn Brown, BA, provides a two-part article on biracial identity and working with biracial patients, and Jerome H. Taylor, MD, delves into race and recent events, including the Yale Halloween controversy of 2015. Dalia N. Balsamo, MD, helps to demystify gender identity and nonconformity, offering a reverent approach for asking about these challenging issues. In the spirit of *JAACAP Connect*, each article provides practical tips and considerations that can help us improve patient care today. Time to start tilling!

About the Author

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