

TABLE 1 – Cultural Differences in Various Cultural Groups Encountered in the United States

	African-American	Native-American	Hispanic	Asian
Cultural Features Specific to Communication and Rehabilitation	<ul style="list-style-type: none"> - Indirect eye contact during listening indicates attention and respect; direct eye contact during speaking portrays respect. - Asking personal questions of a new acquaintance may be improper and intrusive. Individual may respond through silence. Direct questions may be viewed as harassment. - Interruptions during conversation are permissible and tolerated. Assertiveness gains the conversational floor as opposed to turn-taking rules. - Accusations are often refuted by silence and not verbal denial. - Communication style is often intense, energetic, and demonstrative in public. - Conversations between individuals are private, and intrusions are considered rude. - Narrative styles are more topic-associating than topic-centered. - Call-and-response patterns (choral response by one person or persons to an utterance given by a single person) are evident in communication. - Language exchanges may be characterized by wit and sarcasm. 	<ul style="list-style-type: none"> - There are hundreds of distinct and separate tribal groups, each with distinct languages and cultures. <p><i>General differences may include:</i></p> <ul style="list-style-type: none"> - Greetings are not always used when entering or leaving in order not to disrupt or intrude. - A bowed head is a sign of respect. - Slower, more fluid rate of speech is normal. - Learning is encouraged through quiet and passive observation. - Children are encouraged to think a question over before answering. - Silence is a rule-governed practice used to express respect, thoughtfulness, question consideration, and unfamiliarity of a situation. - Personal questions may be considered prying. - It is considered rude to tell someone something he or she already knows or to answer a question in which the answer is obvious. - It is rude to correct or interrupt a peer. - Narratives circle around a central point. - Relationship of body, mind, and spirit is central to perceptions of wellness and disability. - Traditional medicine seen as a necessary supplement to rehabilitative therapy. - Culture is collective in nature where decisions are made and supported by a group of people, including extended family. 	<ul style="list-style-type: none"> - Indirect eye contact is often a sign of attentiveness and respect; sustained eye contact may be viewed as challenge to authority. - Close distance between speakers in conversation is common. - Touching is often observed and acceptable in conversation. - Children are not expected or encouraged to participate in adult conversations. - Children are not expected to be independent. - Hissing to get attention is acceptable. - Families may use folk medicine or spiritualists to seek healing for illnesses/disabilities. 	<ul style="list-style-type: none"> - Direct eye contact is avoided, especially with a superior. - Repeated head nodding is used in conversation. - Children are expected to be seen and not heard. - Learning occurs through memorization and observation. - Giggling may indicate shyness and not humor. - Praise is received with embarrassment and is not usually given outside the family. - Feelings and affection are not openly expressed. - It is not common to shake hands with persons of the opposite sex. - A slap on the back is insulting. - Finger beckoning is not used to call adults. - Formal introductions by a third party are preferred to self-introductions. - Social status is important and is established on the basis of age, marital status, and employment. Direct questions of these facts are appropriate to establish proper social order. - Professionals are regarded as high-status authorities.

Sources: Adapted from Battle, D. E. (1998). *Communication disorders in multicultural populations* (2nd ed.). Boston: Butterworth-Heinemann.; Paul, R. (1995). *Language disorders from infancy through adolescence: Assessment & intervention*. St. Louis, MO: Mosby-Year Book, Inc.; Shipley, K. G., & McAfee, J. G. (1998). *Assessment in speech-language pathology: A resource manual* (2nd ed.). San Diego: Singular Publishing Group, Inc. **Table compiled by Ana Paula G. Mummy, MS, CCC-SLP.**