

A brand new, fully updated edition of the most widely-used, frequently-cited, and critically acclaimed multicultural text in the mental health field

This fully revised, 8th edition of the market-leading textbook on multicultural counseling comprehensively covers the most recent research and theoretical formulations that introduce and analyze emerging important multicultural topical developments. It examines the concept of “cultural humility” as part of the major characteristics of cultural competence in counselor education and practice; roles of white allies in multicultural counseling and in social justice counseling; and the concept of “minority stress” and its implications in work with marginalized populations. The book also reviews and introduces the most recent research on LGBTQ issues, and looks at major research developments in the manifestation, dynamics, and impact of microaggressions.

Chapters in *Counseling the Culturally Diverse, 8th Edition* have been rewritten so that instructors can use them sequentially or in any order that best suits their course goals. Each begins with an outline of objectives, followed by a real life counseling case vignette, narrative, or contemporary incident that introduces the major themes of the chapter. In-depth discussions of the theory, research, and practice in multicultural counseling follow.

- Completely updated with all new research, critical incidents, and case examples
- Chapters feature an integrative section on “Implications for Clinical Practice,” ending “Summary,” and numerous “Reflection and Discussion Questions”
- Presented in a Vital Source Enhanced format that contains chapter-correlated counseling videos/analysis of cross-racial dyads to facilitate teaching and learning
- Supplemented with an instructor’s website that offers a power point deck, exam questions, sample syllabi, and links to other learning resources
- Written with two new coauthors who bring fresh and first-hand innovative approaches to CCD

Counseling the Culturally Diverse, 8th Edition is appropriate for scholars and practitioners who work in the mental health field related to race, ethnicity, culture, and other sociodemographic variables. It is also relevant to social workers and psychiatrists, and for graduate courses in counseling and clinical psychology related to working with culturally diverse populations.

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THEORY AND PRACTICE

Derald Wing Sue

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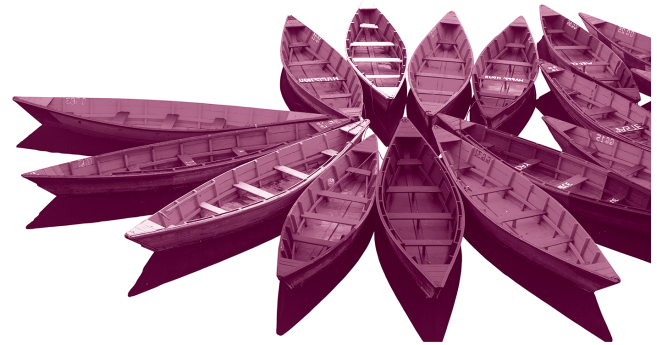
Counseling the Culturally Diverse



EIGHTH EDITION

Counseling the Culturally Diverse

Theory and Practice



Derald Wing Sue | David Sue | Helen A. Neville | Laura Smith

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This edition first published 2019.
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Edition History

John Wiley and Sons, Inc. (7e, 2015)

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Registered Office

John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA

Editorial Office

111 River Street, Hoboken, NJ 07030, USA

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Library of Congress Cataloging-in-Publication Data

Names: Sue, Derald Wing, author.

Title: *Counseling the culturally diverse : theory and practice* / Derald Wing Sue [and three others].

Description: Eighth edition. | Hoboken, NJ : John Wiley & Sons, Inc., 2019. | Includes bibliographical references and index. |

Identifiers: LCCN 2018042673 (print) | LCCN 2018044428 (ebook) | ISBN 9781119448235 (Adobe PDF) | ISBN 9781119448280 (ePub) | ISBN 9781119448242 (paperback)

Subjects: LCSH: Cross-cultural counseling.

Classification: LCC BF636.7.C76 (ebook) | LCC BF636.7.C76 S85 2019 (print) | DDC 158.3--dc23

LC record available at <https://lcn.loc.gov/2018042673>

Cover Design: Wiley

Cover Image: © Anthony Carpinelli / EyeEm / Getty Images

Set in 12/15pt Adobe Garamond by SPi Global, Pondicherry, India

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

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Preface

For nearly four decades, *Counseling the Culturally Diverse: Theory and Practice* (CCD) has been the cutting-edge text in multicultural counseling and mental health, used in an overwhelming majority of graduate training programs in counseling and clinical psychology. It now forms part of the multicultural knowledge base of licensing and certification exams at both the master's and the doctoral levels. In essence, it has become a “classic” in the field, and continues to lead the profession in the research, theory, and practice of multicultural counseling and therapy (MCT). *CCD* upholds the highest standards of scholarship and is the most frequently cited text in multicultural psychology and ethnic minority mental health.

With the addition of two new co-authors, Dr. Helen Neville and Dr. Laura Smith, to the eighth edition, instructors will note a fresh, new, and exciting perspective to the content of *CCD*, and their scholarly input guarantees it will continue to rank as the most up-to-date text in the field. Both have been foremost leaders in multicultural psychology, and their voices become obvious in this revised edition.

CHANGES TO CCD

Much new research has been conducted in multicultural counseling, cultural competence, social justice advocacy, new roles of the helping professional, White allyship, and culture-specific interventions over the past few years. In essence, the topical areas covered in each chapter continue to be anchors for multicultural counseling coverage. As a result, while the chapters remain similar, each has undergone major revisions; some are quite extensive in the updating of references, introduction of new research and concepts, and discussion of future directions in counseling, therapy, and mental health.

We maintain our two-part division of the book, with 12 separate chapters in Section One: The Multiple Dimensions of Multicultural Counseling and Therapy, and 13 population-specific chapters in Section Two: Multicultural Counseling and Specific Populations. We introduce Section Two by providing a chapter, “Culturally Competent Assessment” (Chapter 13), that outlines the many variables that influence assessment, diagnosis, and case conceptualization—which, hopefully, guide the reader's understanding of each specific population presented. All have been thoroughly updated using common topical headings (when possible) that allow better cross-comparisons between and among the groups.

EFFICIENT UP-TO-DATE COVERAGE

We have heard from textbook adopters that the breadth and depth of coverage has made it very difficult for instructors and students to digest the amount of material in a single course. Although reviewers suggested that *CCD* be shortened, they did not recommend eliminating topics, but rather condensing, summarizing, streamlining, or eliminating certain subtopics. We have tried our best to do so without violating the integrity of the content. Each of the major chapters (1 through 12) has been shortened by

an average of 10%, but the special population chapters have maintained their original length. This latter decision was based on our belief that further shortening would result in the chapters having a “checklist” quality. Further, we are also aware that most instructors do not assign all special population chapters, but rather pick and choose the ones most relevant to their classes.

Despite shortening major sections of the text, new advances and important changes in multicultural counseling suggest additional areas that need to be addressed. These include building on the previous groundbreaking edition, which has become the most widely used, frequently cited, and critically acclaimed multicultural text in the mental health field, and updating concepts to be consistent with *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* categories and principles, the multicultural guidelines of the American Psychological Association, the American Counseling Association’s (ACA) multicultural and social justice competencies, and Council for Accreditation of Counseling & Related Educational Programs (CACREP) standards.

We also include the most recent research and theoretical formulations that introduce and analyze emerging important multicultural topics. These include the concept of “cultural humility” as a domain of cultural competence; the important roles of White allies in the struggle for equal rights; the emerging call for social justice counseling; the important concept of “minority stress” and its implications in work with marginalized populations; greater focus on developmental psychology that speaks to raising and educating children about race, gender, and sexual orientation; reviewing and introducing the most recent research on lesbian, gay, bisexual, transgender, and queer (LGBTQ) issues; major research developments in the manifestation, dynamics, and impact of microaggressions; and many others.

PEDAGOGICAL STRENGTHS

One of the main goals of the eighth edition has been to better engage students in the material and allow them to actually become active participants in digesting multicultural counseling concepts. We have increased our focus on pedagogy by providing instructors with exercises and activities to facilitate experiential learning for students. We open every chapter with broad *chapter objectives*, followed by more specific—and oftentimes controversial—*reflection and discussion questions* interspersed throughout, which allow for more concentrated and detailed discussion by students on identifiable topical areas.

Further, every chapter opens with a *clinical vignette*, *longer narrative*, or *situational example* that previews the major concepts and issues discussed within. Many of these are new and serve to anchor the multicultural issues to follow. They add life and meaning to the chapter concepts and research. The *chapter focus questions* serve as prompts to address the opening “course objectives,” but instructors and trainers can also use them as discussion questions throughout the course or workshop. As in the previous edition, we have retained the “Implications for Clinical Practice” and “Summary” sections at the end of every chapter.

There are two other major resources available for instructor use:

1. A series of brief simulated multicultural counseling videos that can be used in the classroom or viewed online. Each video relates to issues presented in one of the first 13 chapters. They are excellent training aids that allow students to witness multicultural blunders by counselors, identify cultural and sociopolitical themes in the counseling process, discuss and analyze what can go wrong in a session, and suggest culturally appropriate intervention strategies.

Following each video, Dr. Derald Wing Sue and Dr. Joel M. Filmore discuss and analyze each session in the context of the themes of the chapter. Instructors have many ways to use the videos to stimulate classroom discussion and understanding.

2. In keeping with the importance of applying research and theory to work with client and client systems, we encourage instructors to use *Case Studies in Multicultural Counseling and Therapy*, edited by Sue, Gallardo, and Neville (2014), alongside *CCD*.

APPRECIATION

There is an African American proverb that states, “We stand on the head and shoulders of many who have gone on before us.” Certainly, this book would not have been possible without their wisdom, commitment, and sacrifice. We thank them for their inspiration, courage, and dedication, and hope they will look down on us and be pleased with our work. We would like to acknowledge all the dedicated multicultural pioneers in the field who have journeyed with us along the path of multiculturalism before it became fashionable. We also wish to thank the staff of John Wiley & Sons for the enormous time and effort they have placed in obtaining, evaluating, and providing us with the necessary data and feedback to produce this edition of *CCD*. Their help was no small undertaking, and we feel fortunate in having Wiley as our publisher.

Working on this eighth edition continues to be a labor of love. It would not have been possible, however, without the love and support of our families, who provided the patience and nourishment that sustained us throughout our work on the text. Derald Wing Sue wishes to express his love for his wife, Paulina, his son, Derald Paul, his daughter, Marissa Catherine, and his grandchildren, Caroline, Juliette, and Niam. Helen A. Neville wishes to express her deepest love and appreciation for her life partner, Sundiata K. Cha-Jua, her daughters, and the memory of her parents. Laura Smith expresses love and appreciation for the support of her partner, Sean Kelleher, as well as her extended family. David Sue wishes to express his love and appreciation to his wife and children.

We hope that *Counseling the Culturally Diverse: Theory and Practice*, eighth edition, will stand on “the truth” and continue to be the standard bearer of multicultural counseling and therapy texts in the field.

Derald Wing Sue
David Sue
Helen A. Neville
Laura Smith

REFERENCE

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About the Authors

Derald Wing Sue is Professor of Psychology and Education in the Department of Counseling and Clinical Psychology at Teachers College, Columbia University. He served as president of the Society for the Psychological Study of Culture, Ethnicity and Race, the Society of Counseling Psychology, and the Asian American Psychological Association. Dr. Sue continues to be a consulting editor for numerous publications. He is author of more than 160 publications, including 21 books, and is well known for his work on racism/antiracism, cultural competence, multicultural counseling and therapy, and social justice advocacy. Three of his books, *Counseling the Culturally Diverse: Theory and Practice*, *Microaggressions in Everyday Life*, and *Overcoming our Racism: The Journey to Liberation* (John Wiley & Sons), are considered classics in the field. Dr. Sue's most recent research on racial, gender, and sexual orientation microaggressions has provided a major breakthrough in understanding how everyday slights, insults, and invalidations toward marginalized groups create psychological harm to their mental and physical health and create disparities for them in education, employment, and health care. His most recent book, *Race Talk and the Conspiracy of Silence: Understanding and Facilitating Difficult Dialogues on Race* promises to add to the nationwide debate on racial dialogues. A national survey has identified Derald Wing Sue as "the most influential multicultural scholar in the United States," and his works are among the most frequently cited.

David Sue is Professor Emeritus of Psychology at Western Washington University, where he has served as the director of both the Psychology Counseling Clinic and the Mental Health Counseling program. He is also an associate of the Center for Cross-Cultural Research at Western Washington University. He and his wife, Diane M. Sue, have coauthored the books *Foundations of Counseling and Psychotherapy: Evidence-Based Practices for a Diverse Society*, *Understanding Abnormal Psychology* (12th edition), and *Essentials of Abnormal Psychology* (2nd edition). He is coauthor of *Counseling the Culturally Diverse: Theory and Practice*. He received his PhD in Clinical Psychology from Washington State University. His writing and research interests revolve around multicultural issues in individual and group counseling and the integration of multicultural therapy with evidence-based practice. He enjoys hiking, snowshoeing, traveling, and spending time with his family.

Helen A. Neville is Professor of Educational Psychology and African American Studies at the University of Illinois at Urbana-Champaign. Before coming to Illinois in 2001, she was on the faculty in Psychology, Educational and Counseling Psychology, and Black Studies at the University of Missouri-Columbia, where she cofounded and codirected the Center for Multicultural Research, Training, and Consultation. Dr. Neville has held leadership positions on campus and nationally. She was a Provost Fellow and participated in the CIC/Big 10 Academic Alliance Academic Leadership Academy. Currently, she serves as president for the Society for the Psychological Study of Culture, Ethnicity, and Race (2018), which is a division of the American Psychological Association (APA). She has co-edited five books and (co)authored nearly 90 journal articles and book chapters in the areas of race, racism, racial identity, and diversity issues related to well-being. Dr. Neville has been recognized for her research and

mentoring efforts, including receiving the Association of Black Psychologists' Distinguished Psychologist of the Year Award, the APA Minority Fellowship Award, Dalmás Taylor Award for Outstanding Research Contribution, APA Graduate Students Kenneth and Mamie Clark Award, the APA Division 45 Charles and Shirley Thomas Award for mentoring/contributions to African American students/community, and the Winter Roundtable Janet E. Helms Mentoring Award.

Laura Smith is Professor of Psychology and Education and Director of Clinical Training in the Counseling Psychology Program at Teachers College, Columbia University. Laura was formerly the Training Director of Pace University's American Psychological Association (APA)-accredited predoctoral internship program and later the founding Director of the Rosemary Furman Counseling Center at Barnard College. She was subsequently Director of Psychological Services at the West Farms Center in the Bronx, where she provided services, training, and programming within a multifaceted community-based organization. Laura's research interests include social inclusion/exclusion and emotional well-being, the influence of classism and racism in psychological theory and practice, whiteness and white antiracism, and participatory action research (PAR) in schools and communities. She is the author of the book *Psychology, Poverty, and the End of Social Exclusion* and the former Chair of the APA Committee on Socioeconomic Status, and she was awarded the 2017 APA Distinguished Leadership Award on behalf of that committee.



SECTION ONE



The Multiple Dimensions of Multicultural Counseling and Therapy

Becoming culturally competent in working with diverse populations is a complex interaction of many dimensions that involve broad theoretical, conceptual, research, and practice issues. This section is divided into four parts (each part contains a number of chapters) that describe, explain, and analyze necessary conditions that mental health practitioners must address on issues related to multicultural counseling and therapy, cultural competence, and sociopolitical influences that cut across specific populations.

- Part I: The Affective and Conceptual Dimensions of Multicultural Counseling and Therapy
- Part II: The Impact and Social Justice Implications of Counseling and Psychotherapy
- Part III: The Practice Dimensions of Multicultural Counseling and Therapy
- Part IV: Racial, Ethnic, Cultural (REC) Attitudes in Multicultural Counseling and Therapy

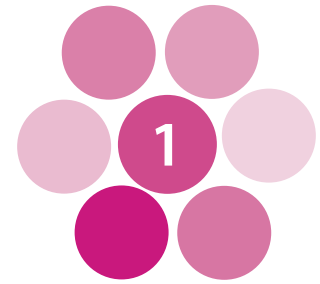


PART I

The Affective and Conceptual Dimensions of Multicultural Counseling and Therapy

- Chapter 1** Obstacles to Developing Cultural Competence and Cultural Humility: Understanding Resistance to Multicultural Training
- Chapter 2** Multicultural Counseling and Therapy (MCT)
- Chapter 3** Multicultural Counseling Competence for Counselors and Therapists of Marginalized Groups





Obstacles to Developing Cultural Competence and Cultural Humility

Understanding Resistance to Multicultural Training

Chapter Objectives

1. Acknowledge and understand personal resistance to multicultural training.
2. Identify how emotional reactions to topics of prejudice, discrimination, and oppression can act as obstacles to developing *cultural competence* and *cultural humility*.
3. Understand *worldview* differences between majority and socially devalued group members in U.S. society.
4. Make sense of why majority group members often react differently from marginalized group members when issues of racism, sexism, or heterosexism are discussed.
5. Be cognizant of how *worldviews* may influence the ability to understand, empathize, and work effectively with diverse clients.
6. Realize that becoming an effective multicultural counselor is a lifelong journey.

Counseling the Culturally Diverse: Theory and Practice, Eighth Edition. Derald Wing Sue, David Sue, Helen A. Neville, and Laura Smith.

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Companion website: www.wiley.com/go/sue/ccd8e

Reading and digesting the content of this book may prove difficult and filled with powerful feelings for many of you. Students who have taken a course on multicultural counseling and therapy (MCT) or multicultural mental health issues have almost universally felt both positive and negative feelings that affect their ability to learn about diversity issues. It is important not to allow those emotions to go unacknowledged, or to avoid exploring the psychological meanings they may have for you. As you begin your journey to becoming a culturally competent or *culturally responsive* counselor/mental health professional, the road will be filled with obstacles to self-exploration, to understanding yourself as a racial/cultural being, and to understanding the *worldview* of those who differ from you in race, gender, ethnicity, sexual orientation, and other sociodemographic characteristics.

The subject matter in this book and course requires you to explore your biases and prejudices, a task that often evokes defensiveness and resistance. It is important to recognize personal resistance to the material, to explore its meanings, and to learn about yourself and others. Sometimes what is revealed about you may prove disturbing, but having the courage to continue is necessary to becoming a culturally competent counselor or therapist. This chapter is specifically written to help readers understand and overcome their emotive reactions to the substance of the text, and the course you are about to take. Let us begin by sharing reactions from four past students to reading *Counseling the Culturally Diverse: Theory and Practice* (CCD) and discuss their meaning for them, and the implications for mental health practice.

REACTIONS TO READING COUNSELING THE CULTURALLY DIVERSE

Reaction #1

White Female Student: *“How dare you and your fellow caustic co-author express such vitriol against my people? You two are racists, but of a different color . . . I can’t believe you two are counselors. Your book does nothing but to weaken our nationalism, our sense of unity and solidarity. If you don’t like it here, leave my country. You are both spoiled hate-mongers who take advantage of our educational system by convincing others to use such a propagandistic book! Shame on you. Your book doesn’t make me want to be more multicultural, but take ungrateful people like you and export them out of this great land of mine.”* (Name withheld)

Analysis: This response reveals immense anger at the content of CCD, and especially at the authors, whom she labels “hate-mongers” and “racists.” It is obvious that she feels the book is biased and propagandistic. The language of her words seems to indicate defensiveness on her part as she easily dismisses the material covered. More important, there is an implicit suggestion in the use of “people like you” and “land of mine” that conveys a perception that only certain groups can be considered “American” and that others are “foreigners.” This is similar to statements often made to people of color: “If you don’t like it here, go back to China, Africa, or Latin America.” Likewise, the implication is that this land does not belong to persons of color who are U.S. Citizens, but only to White Americans.

Reaction #2

White Male Student: *“I am a student in the field of Professional Counseling and feel compelled to write you because your text is required reading in our program. I am offended that you seem to think that the United States is the only perpetrator of prejudice and horrific acts. Excuse me sir, but racism and oppression are part of every society in the world ad infinitum, not just the United States. I do not appreciate reading*

biased material that does not take into account all forms of prejudice including those from minorities. You obviously have a bone to grind with White people. Minorities are equally racist. Why do you take such pleasure in attacking whites when we have done so much to help you people?” (Anonymous)

Analysis: Similar to the first response, the male student is also angry and offended about the content. There is a strong feeling of defensiveness, however, that emanates from his narrative. It appears he feels unjustly accused of being bigoted and that we are implying that only U.S. society and not others are racist. To make himself feel less guilty, he emphasizes that “every society” oppresses “minority” constituents and it is not Whites alone who are prejudiced. These are actually accurate statements, but they mask the defensiveness of the student, and have the goal of exonerating him and other Whites for being prejudiced. If he can get other groups to admit they too are racist, then he feels less guilt and responsibility for his own beliefs and actions.

Reaction #3

Latina Student: *“I am currently embarking on the journey of becoming a Marriage and Family Therapist at a California State University. I just want to thank you for writing Counseling the Culturally Diverse. This book has spoken to me and given me so much knowledge that is beyond words to express. Finally, there is someone willing to tell it like it is. You have truly made an impact in my life because, being an ethnic minority, I could empathize with many of the concepts that were illustrated. Although some White classmates had difficulty with it, you truly validated much of my experiences. It reaffirmed how I see the world, and it felt good to know that I am not crazy! Once again thanks for writing the book.”* (Name withheld)

Analysis: The reaction from the Latina student is diametrically opposite to that of her White counterparts. She reacts positively to the material, finds the content helpful in explaining her experiential reality, feels validated and reaffirmed, and realizes that she is “not crazy.” In other words, she finds the content of the book truthful and empathetic to her situation. The important question to ask is, “Why does she react so differently from the two White students?” After all, the content of the book remains the same, but the perceptions appear worlds apart.

Reaction #4

African American Male Student: *“When I first took this course (multicultural counseling) I did not have much hope that it would be different from all the others in our program, White and Eurocentric. I felt it would be the typical cosmetic and superficial coverage of minority issues. Boy was I wrong. I like that you did not ‘tip toe’ around the subject. Your book Counseling the Culturally Diverse was so forceful and honest that it made me feel liberated ... I felt like I had a voice, and it allowed me to truly express my anger and frustration. Some of the white students were upset and I could see them squirming in their seats when the professor discussed the book. I felt like saying ‘good, it’s about time Whites suffer like we have. I have no sympathy for you. It’s about time they learned to listen.’ Thank you, thank you, and thank you for having the courage to write such an honest book.”* (Name withheld)

Analysis: Like the Latina student, the African American male finds the book compelling, honest, and truthful. He describes how it makes him feel liberated, provides him with a voice to describe his experiences, and taps into and allows him to express his anger and frustration, and he thanks the authors for writing *CCD*. He implies that most courses on multicultural psychology are taught from a EuroAmerican perspective, but the book content “tells it like it is.” Additionally, the student seems to take pleasure in observing the discomfort of White students, expresses little sympathy for

their struggle in the class, and enjoys seeing them being placed on the defensive. (We will return to the meaning of this last point shortly.)

Reading *CCD* is very likely to elicit strong emotions among readers. These four reactions, two by White students and two by readers of color, reveal the range of emotions and reactions likely to be expressed in classes that use the text. For nearly four decades, we have received literally hundreds of emails, letters, and phone calls from students, trainees, professors, and mental health professionals reacting strongly to the content and substance of *CCD*. Many of the readers praise the book for its honest portrayal of multicultural issues in mental health practice. Indeed, it has become the most widely used and cited text in multicultural psychology, considered a classic in the field (Ponterotto, Fingerhut, & McGuinness, 2013; Ponterotto & Sabnani, 1989), and now forms the knowledge base of licensing and certification exams for counseling and mental health professionals.

Despite the scholarly status that *CCD* has achieved, some readers (generally those from the majority group) find the substance of the book difficult to digest and have reacted very strongly to the content. According to instructors of MCT classes, the powerful feelings aroused in some students prevent them from being open to diversity issues, and from making classroom discussions on the topic a learning opportunity. Instead, conversations on diversity become “shouting matches” or become monologues rather than dialogues. These instructors indicate that the content of the book challenges many White students about their racial, gender, and sexual orientation realities, and that the book’s writing style (passionate, direct, and hard-hitting) also arouses deep feelings of defensiveness, anger, anxiety, guilt, sadness, hopelessness, and a multitude of other strong emotions in many. Unless properly processed and understood, these emotions act as roadblocks to exploring issues of race, gender, and sexual orientation. Learning about multicultural psychology is much more than an intellectual exercise devoid of emotions.

It would be a mistake, however, to conclude from these examples that White students and students of color respond uniformly in one way. As we will explore in future chapters, many White students react positively to the book and some students of color report negative reactions. But, in general, there are major *worldview* differences and reactions to the material between the groups. For example, many socially marginalized group members find solace in the book; they describe a deep sense of validation, release, elation, joy, and even feelings of liberation as they read the text. What accounts for these two very different reactions?

For practicing professionals and trainees in the helping professions, understanding the differing *worldviews* of our racially, ethnically, and culturally diverse clients is tantamount to effective multicultural counseling. But understanding our own reactions to issues of diversity, *multiculturalism*, oppression, race, gender, and sexual orientation is equally important to our development as counselors/therapists (Collins, Arthur, & Brown, 2013; Todd & Abrams, 2011). As we will shortly see, that understanding can be quite anxiety-provoking, especially when we are asked to confront our own biases, prejudices, and stereotypes. The old adage “counselor or therapist, know thyself” is the basic building block to *cultural competence* and *cultural humility* in the helping professions. Let us take a few moments here to dissect the reactions of the four readers in our opening narratives and attempt to make meaning of them. This is a task that we encourage you to personally take throughout your educational journey as well. Likewise, as a counselor or therapist working with culturally diverse clients, understanding differences in *worldviews* is an important first step to becoming culturally competent.

EMOTIONAL SELF-REVELATIONS AND FEARS: MAJORITY GROUP MEMBERS

It is clear that the two White students are experiencing strong feelings in reaction to the content of *CCD*. As you will shortly see, the book's subject matter (a) deals with prejudice, bias, stereotyping, discrimination, and bigotry; (b) makes a strong case that counseling and psychotherapy may serve as instruments of cultural oppression rather than therapeutic liberation (Sue, 2015; Wendt, Gone, & Nagata, 2015); (c) indicates that well-intentioned mental health professionals are not immune from inheriting the racial, gender, and other biases of the larger society; and (d) suggests therapists and trainees may be unconsciously biased toward clients from marginalized groups (Ratts & Pedersen, 2014).

Although supported by the research literature and by clinical observations and reports, these assertions can be quite disturbing to members of the majority group. If you are a majority group member and beginning the journey to developing *cultural competence* and *cultural humility*, it is possible that you may share similar reactions to those of the students. Both White students, for example, are reacting with anger and resentment; they believe that the authors are unjustly accusing U.S. society and White Americans of racism, and claim the authors are themselves “racist” but of a different color. They have become defensive and are actively resisting and rejecting the content of the book. If these feelings persist throughout the course unabated, they will act as barriers to learning and further self-exploration. But what do these negative reactions mean to the students? Why are they so upset? Dr. Mark Kiselica (Sue & Sue, 2013, pp. 8–9), a White psychologist and now provost of a college in New York, writes about his own negative emotional reactions to reading the book during his graduate training. His personal and emotional reactions to the book provide us with some clues.

I was shaken to my core the first time I read Counseling the Culturally Different (now Counseling the Culturally Diverse) ... At the time, I was a doctoral candidate at The Pennsylvania State University's counseling psychology program, and I had been reading Sue's book in preparation for my comprehensive examinations, which I was scheduled to take toward the end of the spring semester...

I wish I could tell you that I had acquired Sue's book because I was genuinely interested in learning about multicultural counseling ... I am embarrassed to say, however, that that was not the case. I had purchased Sue's book purely out of necessity, figuring out that I had better read the book because I was likely to be asked a major question about cross-cultural counseling on the comps. During the early and middle 1980s, taking a course in multicultural counseling was not a requirement in many graduate counseling programs, including mine, and I had decided not to take my department's pertinent course as an elective. I saw myself as a culturally sensitive person, and I concluded that the course wouldn't have much to offer me. Nevertheless, I understood that ... the professor, who taught the course, would likely submit a question to the pool of materials being used to construct the comps. So, I prudently went to the university bookstore and purchased a copy ... because that was the text ... used for his course.

I didn't get very far with my highlighting and note-taking before I started to react to Sue's book with great anger and disgust. Early on in the text, Sue blasted the mental health system for its historical mistreatment of people who were considered to be ethnic minorities in the United States. He especially took on White mental health professionals, charging them with

a legacy of ethnocentric and racist beliefs and practices that had harmed people of color and made them leery of counselors, psychologists, and psychiatrists. It seemed that Sue didn't have a single good thing to say about White America. I was ticked off at him, and I resented that I had to read his book. However, I knew I had better complete his text and know the subject matter covered in it if I wanted to succeed on the examinations. So, out of necessity, I read on and struggled with the feelings that Sue's words stirred in me.

Developing culturally competence and cultural humility in counseling/mental health practice demands that nested or embedded emotions associated with race, culture, gender, and other social identity differences be openly experienced and discussed. It is these intense feelings that often block our ability to hear the voices of those most oppressed and disempowered (Sue, 2011). How we, as helping professionals, deal with these strong feelings can either enhance or impede a deeper understanding of ourselves as racial, ethnic, and cultural beings and our understanding of the *worldviews* of culturally diverse clients. Because Mark did not allow his defensiveness and anger to get the best of him, he was able to achieve insights into his own biases and false assumptions about people of color. The following passage reveals the internal struggle that he courageously fought and the disturbing realization of his own racism.

I tried to make sense of my emotions—to ascertain why I was drawn back to Sue's book again and again in spite of my initial rejection of it. I know it may sound crazy, but I read certain sections of Sue's book repeatedly and then reflected on what was happening inside of me ... I began to discover important lessons about myself, significant insights prompted by reading Sue's book that would shape the direction of my future ... I now realized that Sue was right! The system had been destructive toward people of color, and although my ancestors and I had not directly been a part of that oppressive system, I had unknowingly contributed to it. I began to think about how I had viewed people of color throughout my life, and I had to admit to myself that I had unconsciously bought into the racist stereotypes about African Americans and Latinos. Yes, I had laughed at and told racist jokes. Yes, I had used the "N" word when referring to African Americans. Yes, I had been a racist.

Sue's book forced me to remove my blinders. He helped me to see that I was both a product and an architect of a racist culture. (Sue & Sue, 2013, pp. 9–10)

Years after first reading the book, Mark Kiselica (1999) talks about his racial awakening and identifies some of the major fears many well-intentioned Whites struggle with as they begin studying racism, sexism, or heterosexism on a personal level. This passage, perhaps, identifies the major psychological obstacle that confronts many Whites as they process the content and meaning of the book.

You see, the subjects I [White psychologist] am about to discuss—ethnocentrism and racism, including my own racism—are topics that most Whites tend to avoid. We shy away from discussing these issues for many reasons: We are racked with guilt over the way people of color have been treated in our nation; we fear that we will be accused of mistreating others; we particularly fear being called the "R" word—racist—so we grow uneasy whenever issues of race emerge; and we tend to back away, change the subject, respond defensively, assert our innocence and our "color blindness," denying that we could possibly be ethnocentric or racist. (p. 14)

It is important to note Mark's open admission to racist thoughts, feelings, and behaviors. As a White psychologist, he offers insights into the reasons why many White trainees fear open dialogues on race; they may ultimately reveal unpleasant secrets about themselves. In his own racial awakening, he realizes that discussing race and racism is so difficult for many Whites because they are racked with guilt about how people of color have been treated in the United States and are fearful that they will be accused of being a racist and be blamed for the oppression of others. Rejecting and avoiding racial topics are major strategies used to hold on to one's self-image as a good, moral, and decent human being who is innocent of racial bias and discrimination.

Mark's honesty in confronting his own racism is refreshing, and his insights are invaluable to those who wish to develop culturally competence and become allies in the struggle for equal rights (Chao, Wei, Spanierman, Longo, & Northart, 2015; Spanierman & Smith, 2017). He is a rarity in academic circles, even rarer because he was willing to put his words on paper for the whole world to read as a means to help others understand the meaning of racism on a human level. Mark's courageous and open exploration of his initial reactions to *CCD* indicates what we have come to learn is a common, intensely emotional experience for many readers.

EMOTIONAL INVALIDATION VERSUS AFFIRMATION: MARGINALIZED GROUP MEMBERS

It is clear that the same subject matter in *CCD* often arouses a different emotional response from marginalized group members; for the two students of color, for example, they felt heard, liberated, and validated. They describe the book content as "honest" and "truthful," indicating that their lived experiences had finally been validated rather than silenced or ignored. One of the more interesting comments is made by the Latina student: "it felt good to know that I am not crazy." What did she mean by that? Many people of color describe how their thoughts and feelings about race and racism are often ignored, dismissed, negated, or seen as having no basis in fact by majority group members. They are told that they are misreading things, overly sensitive, unduly suspicious, or even paranoid when they bring up issues of bias and discrimination; in other words, they are "crazy" to think or feel that way.

As can be seen from the students of color, many marginalized group members react equally strongly as their White counterparts when issues of oppression are raised, especially when their stories of discrimination and pain are minimized or neglected. Their reality of racism, sexism, and homophobia, they contend, is relatively unknown or ignored by those in power because of the discomfort that pervades such topics. Worse yet, many well-intentioned majority persons seem disinclined to hear the personal stories of suffering, humiliation, and pain that accrue to persons of color and other marginalized groups in our society (Sue, 2015). The following quote gives some idea of what it is like for a Black man to live his life day in and day out in a society filled with both covert and overt racist acts that often are invisible to well-intentioned White Americans.

I don't think white people, generally, understand the full meaning of racist discriminatory behaviors directed toward Americans of African descent. They seem to see each act of discrimination or any act of violence as an "isolated" event. As a result, most white Americans cannot understand the strong reaction manifested by blacks when such events occur ... They forget that in most cases, we live lives of quiet desperation generated by a litany of daily

large and small events that, whether or not by design, remind us of our “place” in American society. [Whites] ignore the personal context of the stimulus. That is, they deny the historical impact that a negative act may have on an individual. “Nigger” to a white may simply be an epithet that should be ignored. To most blacks, the term brings into sharp and current focus all kinds of acts of racism—murder, rape, torture, denial of constitutional rights, insults, limited opportunity structure, economic problems, unequal justice under the law and a myriad of . . . other racist and discriminatory acts that occur daily in the lives of most Americans of African descent. (Feagin & Sikes, 1994, pp. 23–24)

The lived experience of people of color is generally invisible to most White Americans, as this quotation portrays. As we will discuss in Chapter 6, racial, gender, and sexual orientation *microaggressions* are experienced frequently by people of color, women, and lesbian, gay, bisexual, transgender, and queer (LGBTQ) persons in their day-to-day interactions with well-intentioned members of the dominant society (Nadal, Griffin, Wong, Davidoff, & Davis, 2017; Velez, Moradi, & DeBlare, 2015). *Microaggressions* are the everyday slights, put-downs, invalidations, and insults directed to socially devalued group members by well-intentioned people who often are unaware that they have engaged in such biased and harmful behaviors. A lifetime of *microaggressions* can have a major harmful impact on the psychological well-being of victims. Note the following narratives provided by American Indians as they describe day-to-day experiences with *microaggressions* that serve to undermine their humanity through exposure to racial hostility and assumptions of inferiority.

I know my dad has a lot of white friends, and they get comfortable with him and they say really insulting things. They call us wagon burners, dirty Indians. And, it's, it's, it's when they get, when they start getting out of line 'cause my dad wouldn't say anything. I would, start saying stuff and then they'd come back to my dad and be like “oh, what's wrong with your son? Can't he take a joke?” Well it's not funny when, when someone insults you to your face and then they just expect you to laugh at it like they do. (name withheld)

. . . so I filled out the little form and I took it up to the girl behind the glass and said “I've got this thing for the parking permit” [at the local university] And she looked at it and looked at me, and she said “So are you delivering this for Dr. X?” and I said “No, actually I am Dr. X.” And she got really red and embarrassed, you know, but I don't really know what was in her mind. You know, maybe I just don't look professorial or something like that. (Senter & Ling, 2017, pp. 266, 269)

Here, it is important to note the emotional toll of having to listen to racially hostile name calling among “so-called” friends or to have to continually prove your legitimacy as a professional. These narratives are part of a larger study on racial microaggressions against American Indians (Senter & Ling, 2017). People retold stories of being assumed to be poor, addicted to alcohol or drugs, lazy, and dirty. Narrators described costs associated with microaggressions including being followed, receiving poor service, and getting overcharged. Over time, these experiences left people with hurt and anger; some people coped by distancing themselves from non-Natives or trying to hide. But, people of color are also strong. Like so many others who experience racial microaggressions, many used these moments as an opportunity to educate others.

Given the fact that the majority of people of color have experienced microaggressions in their lifetime, covering these topics in class can serve to validate their lived realities. Dr. Le Ondra Clark, now an African American psychologist in California, describes her experiences of being one of the few Black students in a graduate program and the feeling of affirmation that flooded her when taking a multicultural counseling course and using *CCD* as the textbook.

I, a native of Southern California, arrived at the University of Wisconsin, Madison, and was eager to learn. I remember the harsh reality I experienced as I confronted the Midwest culture. I felt like I stood out, and I learned quickly that I did. As I walked around the campus and surrounding area, I remember counting on one hand the number of racial and ethnic minorities I saw. I was not completely surprised about this, as I had done some research and was aware that there would be a lack of racial and ethnic diversity on and around campus. However, I was baffled by the paucity of exposure that the 25 members of my master's cohort had to racial and ethnic minority individuals. I assumed that because I was traveling across the country to attend this top-ranked program focused on social justice, everyone else must have been as well. I was wrong...

*I did not begin to feel comfortable until I attended the Multicultural Counseling course later that week. Students were assigned a number of textbooks as part of this course, including *CCD* ... I never imagined a textbook would bring me so much comfort. I vividly remember reading each chapter and vigorously taking notes in the margins. I also remember the energy I felt as I wrote about my reactions to the readings each week. I felt like the book legitimized the experiences of racial and ethnic minorities and helped me understand what I was encountering in my Midwest surroundings. It became a platform from which I could explain my own experience as a racial and ethnic minority from Southern California who was transplanted to the Midwest. The personal stories, concepts, and theories illustrated in *CCD* resonated with me and ultimately helped me overcome my feelings of isolation. *CCD* provided me with the language to engage in intellectual discourse about race, ethnicity, social class, privilege, and disparities. I remember the awareness that swept over the class as we progressed through the textbook ... I felt that they were beginning to view things through my cultural lens, and I through theirs. We were gaining greater understanding of how our differing cultural realities had shaped us and would impact the work we conducted as therapists. (Sue & Sue, 2013, pp. 17–18)*

Le Ondra's story voices a continuing saga of how persons of color and many marginalized individuals must function in an ethnocentric society that unintentionally invalidates their experiences and enforces silence upon them. She talks about how the text provided a language for her to explain her experiences and how she resonated with its content and meaning. To her, the content of the book tapped into her experiential reality and expressed a *worldview* that is too often ignored or not even discussed in graduate-level programs. Le Ondra found comfort and solace in the book, and she has been fortunate in finding significant others in her life that have validated her thoughts, feelings, and aspirations and allowed her to pursue a social justice direction in counseling. As a person of color, Le Ondra has been able to overcome great odds and to obtain her doctorate in the field without losing her sense of integrity or racial/cultural identity.

A Word of Caution

There is a word of caution that needs to be directed toward students of marginalized groups as they read *CCD* and find it affirming and validating. In teaching the course, we have often encountered students of color who become very contentious and highly outspoken toward White classmates. A good example is provided in the reaction of the African American student in the fourth scenario. It is clear that the student seems to take delight in seeing his White classmates “squirm” and be uncomfortable. In this respect, he may be taking out his own anger and frustration upon White classmates, and his concern has less to do with helping them understand than having them feel some of the pain and hurt he has felt over the years. It is important to express and understand one’s anger (it can be healing), but becoming verbally abusive toward another is counterproductive to building rapport and mutual respect. As people of color, for example, we must realize that our enemies are not White Americans, but White supremacy! And, by extension, our enemy is not White Western society, but racism and ethnocentrism.

Second, because the book discusses multicultural issues, some students of color come to believe that multicultural training is only for White students; the implicit assumption is that they know the material already and are the experts on the subject. Since many students of color have not explored their beliefs about other groups, and sometimes their own, such a perspective prevents self-exploration and constitutes a form of resistance. As will be seen in Chapter 3, people of color, for example, are not immune from prejudice, bias, and discrimination. Further, such a belief prevents the exploration of interracial and interethnic misunderstandings and biases. Multicultural training is more than White–African American, White–Latinx American, White–Asian American, White–Native American, and so on. It is also about African American–Asian American, Asian American–Native American, and Latinx–Native American relationships; and it includes multiple combinations of other social identity differences, like gender, sexual orientation, disability, religious orientation, and so forth. Race, culture, ethnicity, gender, and sexual orientation/identity are about everyone; it is not just a “minority thing.”

REFLECTION AND DISCUSSION QUESTIONS

Look at the opening quotes by the four students, then answer these questions.

1. In what ways are the reactions of the White students different from those of the students of color? Why do you think this is so?
2. Which of the four reactions can you relate to best? Which reaction can you empathize least with? Why?
3. As you continue reading the material in this text, you are likely to experience strong and powerful reactions and emotions. Being able to understand the meaning of your feelings is the first step to *cultural competence*. Ask yourself, why am I reacting this way? What does it say about my *worldview*, my experiential reality, and my ability to relate to people who differ from me in race, gender, and sexual orientation?
4. As a counselor working with clients who are racially or ethnically different from yourself, would you be able to truly relate to their *worldviews*?
5. What do you think “understanding yourself as a racial, ethnic, cultural being” means?

RECOGNIZING AND UNDERSTANDING RESISTANCE TO MULTICULTURAL TRAINING

As a counselor or therapist working with clients, you will often encounter psychological resistance or, more accurately, client behaviors that obstruct the therapeutic process or sabotage positive change (Ridley & Thompson, 1999). Clients may change the topic when recalling unpleasant memories, externalize blame for their own failings, fail to acknowledge strong feelings of anger toward loved ones, or be chronically late for counseling appointments. All of these client behaviors are examples of resistance or avoidance of acknowledging and confronting unpleasant personal revelations. Often-times, these represent unconscious maneuvers to avoid fearful personal insights, to avoid personal responsibility, and to avoid painful feelings. In most cases, resistance masks deeper meanings outside the client's awareness; tardiness for appointments is unacknowledged anger toward therapists, and changing topics in a session is an unconscious deflection of attention away from frightening personal revelations. In many respects, multicultural training can be likened to "therapy" in that trainees are analogous to clients, and trainers are comparable to therapists helping clients with insights about themselves and others.

As we shall see in Chapter 2, the goal of multicultural training is *cultural competence*. It requires trainees to become aware of their own *worldviews*, their assumptions of human behavior, their misinformation and lack of knowledge, and, most importantly, their biases and prejudices. Sometimes, this journey is a painful one, and trainees will resist moving forward. For trainers or instructors, the job is to help trainees in their self-exploration as racial/cultural beings, and the meaning this has for their future roles as multicultural counselors. For trainees, being able to recognize, understand, and overcome resistance to multicultural training is important in becoming a culturally competent counselor or therapist.

In the next few sections, we focus upon identifying how resistance manifests itself in training and propose reasons why many well-intentioned trainees find multicultural training disconcerting and difficult to undertake. By so doing, we are hopeful that trainees will attend to their own reactions when reading the text or when participating in classroom dialogues on the subject. Ask yourself the following questions as you continue reading in the next sections and throughout the book.

REFLECTION AND DISCUSSION QUESTIONS

1. What type of reactions or emotions am I feeling as I study the material on multicultural counseling? Am I feeling defensive, angry, anxious, guilty, or helpless? Am I feeling affirmed, valued or engaged? Where are these feelings coming from? Why am I feeling this way, and what does it possibly mean?
2. In what ways may these emotions affect my ability to understand the *worldview* of clients who differ from me, and how might that affect my work?
3. Does having a different point of view mean I am resisting the multicultural material? List all those reasons that support your stance. List all those reasons that do not support it.
4. How applicable are the resistances outlined in the following sections to me?

In work with resistance to diversity training, research reveals how it is likely to be manifested in three forms: *cognitive resistance*, *emotional resistance*, and *behavioral resistance* (Sue, 2015). Recognizing the manifestation and hidden meanings of resistance is one of the first priorities of multicultural training for both trainees and trainers. For trainees, it is finding the courage to confront their own fears and apprehensions, to work through the powerful emotions they are likely to experience, to explore what these feelings mean for them as racial/cultural beings, to achieve new insights about themselves, and to develop multicultural skills and behaviors in their personal lives and as mental health professionals. For trainers, it means understanding the nature of trainee resistance, creating a safe but challenging environment for self-exploration, and using intervention strategies that facilitate difficult dialogues on race, gender, sexual orientation, and other topics in the area of diversity.

Cognitive Resistance—Denial

To date, my biggest discovery is that I didn't really believe that people were being discriminated against because of their race. I could hear them say it, but in my head, I kept running a parallel reason from the White perspective. A Chinese lady says that her party had to wait longer while Whites kept getting seated in front of them. I say, other people had made reservations. A black man says that the receptionist was rude, and made him wait longer because he's Black. I say she had a bad day, and the person he was there to see was busy. A Puerto Rican couple says that the second they drove into Modesto ... a cop started tailing them, and continued to do so until they reached their hotel, which they opted to drive right on by because they didn't feel safe. I say, there's nothing to be afraid of in Modesto. It's a nice little town. And surely the cop wasn't following you because you're Puerto Rican. I bet your hotel was on his way to the station. I know that for every story in which something bad happens to someone because of their race, I can counter it with a White interpretation. And while I was listening with a sympathetic ear, I silently continued to offer up alternative explanations, benign explanations that kept my world in equilibrium. (Rabow, Venieris, & Dhillon, 2014, p. 189)

This student account reveals a pattern of entertaining alternative explanations to the stories told by persons of color about their experiences of prejudice and discrimination. Although the author describes “listening sympathetically,” it was clear that he or she silently did not believe that these were instances of racism; other more plausible and “benign” explanations could account for the events. This is not an atypical response for many White trainees when they listen to stories of discrimination from classmates of color (Sue, 2015; Young, 2003). Because of a strong belief that racism is a thing of the past, that we live in a post-racial society, and that equal access and opportunity are open to everyone, people of color are seen as exaggerating or misperceiving situations. When stories of prejudice and discrimination are told, it directly challenges these cherished beliefs. The student’s quote indicates as much when he says that his “benign explanations” preserves his racial reality (“kept my world in equilibrium”).

The fact that the student chose not to voice his thoughts is actually an impediment to learning and understanding. In many classrooms, teachers have noted how silence is used by some White students to mask or conceal their true thoughts and feelings about multicultural issues (van Dijk, 1992; Sue, 2010; Sue, Torino, Capodilupo, Rivera, & Lin, 2010). Denial through disbelief, unwillingness to consider

alternative scenarios, distortion, fabrication, and rationalizations are all mechanisms frequently used by some trainees during racial conversations to prevent them from thinking about or discussing topics of race and racism in an honest manner (van Dijk, 1992; Feagin, 2001; Sue, Rivera, Capodilupo, Lin, & Torino, 2010). In our teaching in multicultural classes, we have observed many types of denials that work against honest diversity discussions. There are denials that students are prejudiced, that racism still exists, that they are responsible for the oppression of others, that Whites occupy an advantaged and privileged position, that they hold power over people of color, and even denial that they are White (Feagin & Vera, 2002; McIntosh, 2002; Sue, 2010; Tatum, 1992; Todd & Abrams, 2011). This latter point (Whiteness and White privilege) is an especially “hot topic” that will be thoroughly discussed in Chapter 12. As a trainee in this course, you will be presented with opportunities to discuss these topics in greater detail, and explore what these denials may mean about you and your classmates. We hope you will actively participate in such discussions, rather than passively dealing with the material.

Emotional Resistance

Emotional resistance is perhaps the major obstacle to multicultural understanding, because it blocks a trainee’s ability to acknowledge, understand, and make meaning out of strong and powerful feelings associated with multicultural or diversity topics. The manifestation and dynamics of *emotional resistance* are aptly described by Sara Winter (1977, p. 24), a White female psychologist. She also provides some insights as to why this occurs: it serves to protect people from having to examine their own prejudices and biases.

*When someone pushes racism into my awareness, I feel **guilty** (that I could be doing so much more); **angry** (I don’t like to feel like I’m wrong); **defensive** (I already have two Black friends ... I worry more about racism than most whites do—isn’t that enough); **turned off** (I have other priorities in my life with guilt about that thought); **helpless** (the problem is so big—what can I do?). I HATE TO FEEL THIS WAY. That is why I minimize race issues and let them fade from my awareness whenever possible.*

The Meaning of Anxiety and Fear

Anxiety is the primary subjective emotion encountered by White trainees exposed to multicultural content and its implications. In one study, it was found that when racial dialogues occurred, nearly all students described fears of verbal participation because they could be misunderstood, or be perceived as racist (Sue, Rivera, et al., 2010). Others went further in describing having to confront the realization that they held stereotypes, biases, and prejudices toward people of color. This insight was very disturbing and anxiety-provoking to them because it directly challenged their self-image as good, moral, and decent human beings who did not discriminate. Facing this potential awareness creates high levels of anxiety, and often results in maneuvers among students to avoid confronting their meanings.

I have a fear of speaking as a member of the dominant group ... My feelings of fear stem from not wanting to be labeled as being a racist. I think that fear also stems from the inner fear that I do not want to know what happens to people of color every day. I may not directly be a racist, but not reacting or speaking up to try to change things is a result of my guilt ... This is a frightening prospect because I do not want to see the possibility that I have been a racist. Awareness is scary. (Rabow et al., 2014, p. 192)

In the preceding quote, the student talks about “fear” being a powerful force in preventing him or her from wanting to learn about the plight of people of color. The strong emotions of guilt and fear, and possibly “being racist,” are too frightening to consider. For many students, these feelings block them from exploring and attempting to understand the life experience of people of color. In one major study, for example, silence or not participating in diversity discussions, denials of personal and societal racism, and physically leaving the situation were notable avoidant ploys used by students. The apprehensions they felt affected them physically as well (Sue, Rivera, et al., 2010; Sue, Torino, et al., 2010). Some students described physiological reactions of anxiety like a pounding heart, dry mouth, tense muscles, and perspiration. One student stated, “I tried hard to say something thoughtful and it’s hard for me to say, and my heart was pounding when I said it.” Others described feeling intimidated in the discussions, stammering when trying to say something, being overly concerned about offending others, experiencing a strong sense of confusion as to what was going on, censoring thoughts or statements that could be misunderstood, feeling reluctant in expressing their thoughts, being overwhelmed by the mix of emotions they felt, and hearing constriction in their own voices.

These thoughts, feelings, and concerns blocked participants from fully participating in learning and discussing diversity issues, because they became so concerned about themselves (turning inward) that they could not freely be open and listen to the messages being communicated by socially devalued group members. Indeed, their whole goal seemed to be to ward off the messages and meanings being communicated to them, which challenged their *worldviews*, and themselves as racial beings, and highlighted their potential roles as oppressors.

For those who are able to listen to stories about racial and other forms of oppression, some allow their anxiety and fear to immobilize them: “I think sometimes I’m afraid to say things because I don’t want to offend people, and so I just decide ... to sit and be quiet” (Linder, 2015, p. 545). One’s fear of appearing racist or offensive thus undermines learning because one remains silent in discussion and allows others to do the difficult work of self-exploration; oftentimes, the brunt of the work is then unduly put on the shoulders of the people of color or other marginalized group members in the class.

The Meaning of Defensiveness and Anger

Although defensiveness and anger are two different emotions, studies seem to indicate a high relationship between the two (Apfelbaum, Sommers, & Norton, 2008; Sue, Torino, et al., 2010; Zou & Dickter, 2013). One represents a protective stance and the other an attempt to strike back at the perpetrator (in many cases, statements by people of color). In the opening quotes for this chapter, note that both White students became angry at the authors and accused them of being racist and propagandistic. In absorbing diversity content, many White students describe feeling defensive (unfairly accused of being biased or racist, blamed for past racial injustices, and responsible for the current state of race relations). “I’m tired of hearing ‘White people this ... White people that’ ... why are we always blamed for everything?”

When the text discusses bias and bigotry, or when classmates of color bring up the issue, for example, some White students seem to interpret this as a personal accusation, and rather than reach out to understand the content, respond in a defensive and protective posture. In many cases, even statements of racial facts and statistics, such as definitions of racism, disparities in income and education, segregation of neighborhoods, hate crime figures, and so forth, arouse defensiveness in many White students. Their defense response to a racial dialogue is seen as protection against (a) criticism (“You just don’t get it!”),

(b) revealing personal shortcomings (“You are racist!”), or (c) perceived threat to their self-image and ego (“I’m not a racist—I’m a good person.”). Because of this stance, we have observed that many White students who feel attacked may engage in behaviors or argumentative ploys that present denials and counterpoints because they view the racial dialogue as a win–lose proposition. Warding off the legitimacy of the points raised by people of color and maintaining their tightly guarded color-blind racial perspective becomes the primary goals, rather than listening and attempting to understand the material or point of view.

When White students feel wrongly accused, they may respond with anger and engage in a counterattack when a racial topic arises. It appears that anger stems from three sources: (a) feeling unfairly accused, (b) being told the substance or stance they take is wrong, and (c) confronting information suggesting they have benefited from racial privilege. Many White students may feel offended and perceive the allegations as a provocation or an attack that requires retaliation. Anger may be aroused when students feel offended (“How dare you imply that about me?”), wronged (“I am deeply hurt you see me that way”), misunderstood (“You make it seem like I didn’t work hard for everything I have”), or that their good standing is denied (“Don’t associate me with racists!”). Defensiveness is designed to uphold one’s own stance. Sometimes, we see students in class searching the Internet for information to refute data documenting racial disparities or a story about someone’s experiences with discrimination. Anger, on the other hand, turns its attention to attacking the threatening behavior of others. Given the choice of the fight-or-flight response, some White students’ anger turns to rage; they make a choice to take action in stopping the threatening accusations (Spanierman & Cabrera, 2015). The strategy used is to discredit the substance of an argument and/or to derogate the communicator, often through a personal attack (“He or she is just an angry Black man or woman”). Sometimes, White rage lies beneath the surface as students seethe in silence, and sometimes it leads to hostile actions, like making official complaints about the teacher for covering the material in class. In many respects, anger, rage, and defensiveness may become so aroused that one loses control of one’s self-monitoring capacities and the ability to accurately assess the external environment. These latter two abilities are extremely important for effective multicultural counseling.

The Meaning of Guilt, Regret, and Remorse

When discussing diversity issues, many White trainees admit to feeling guilty, although most tend to say that they “are made to feel guilty” by people of color, especially when unjustly accused (Sue, 2003). This statement actually suggests a distancing strategy in localizing guilt as external to oneself rather than as rightfully residing and being felt internally. Guilt as an emotion occurs when we believe we have violated an internal moral code, and have compromised our own standards of conduct. The question becomes, why should White trainees feel guilty when topics of race, racism, or Whiteness are discussed? If indeed they are not racist, not responsible for the racial sins of the past, and not responsible for current injustices, then why should they feel guilt and how could they be made to feel guilty?

Some have coined the term “White guilt” to refer to the individual and collective feelings of culpability experienced by some Whites for the racist treatment of people of color, both historically and currently (Goodman, 2001; Spanierman, Todd, & Anderson, 2009; Tatum, 1992). In diversity discussions, many White trainees find guilt extremely uncomfortable, because it means that they have violated a moral standard and are disinclined to acknowledge their violation. What is that moral standard?

Being a good, moral, and decent human being who does not discriminate, being a *nonracist*, living a life that speaks to equality and justice, and being a humane person who treats everyone with respect and dignity are the positive standards that are being breached. Compromising these moral standards and beliefs and acting in ways that violate them bring on bad feelings of guilt and remorse.

Behavioral Resistance

White racial guilt involves realizing one's potential culpability over past deeds; guilt is compounded by the knowledge that continued inaction on one's part allows for the perpetuation of racism in oneself and others. Thus, taking action is a means to alleviate feelings of guilt. The emotions of helplessness and hopelessness make themselves felt in two different arenas: one is internal (personal change) and the other is external (system change). In becoming aware of their racial/cultural identity, for example, White students at this juncture of development may begin to ask two primary questions.

First, "How does one change?" What needs to be changed? How does one become a *nonracist* **or an unbiased person**? How does one break the shackles of social conditioning that have taught one that some groups are more worthy than others, and that other groups are less worthy? Many trainees often make these comments: "I don't know where to begin." "If I am not aware of my racism, how do I become aware of it?" "Tell me what I must do to rid myself of these prejudices." "Should I attend more workshops?" "I feel so confused, helpless, impotent, and paralyzed."

Second, "What must I do to eradicate racism in the broader society?" While self-change requires becoming a *nonracist* person, societal change requires becoming an *antiracist* one. Impacting an ethnocentric mental health delivery system falls into this category. This role means becoming an advocate and actively intervening when injustice makes its presence felt at the individual level (for example, objecting to a racist joke or confronting friends, neighbors, or colleagues about their prejudices) and at the institutional level (for example, opposing biased mental health practices, supporting civil rights issues, making sure a multicultural curriculum is being taught in schools, or openly supporting social justice groups).

The helplessness that is felt by White students in diversity studies, unless adequately deconstructed, can easily provide an excuse or rationalization for inaction. "What good would it do?" "I'm only one person, how can I make any difference?" "The problem is so big, whatever I do will only be a drop in the bucket." Feeling helpless and hopeless is legitimate unless it is used as an excuse to escape responsibility for taking any form of action. Helplessness is modifiable when students are provided options and strategies that can be used to increase their awareness and personal growth, and when they are provided with the tools to dismantle racism in our society. Hopefully, this course and the readings will provide you with suggestions of where to begin, especially in mental health practice.

Hopelessness is a feeling of despair and of giving up, a self-belief that no action will matter and no solution will work. Helplessness and hopelessness associated with the need for change and action can be paralytic. The excuse for inaction, and thus the avoidance of racial exploration, resides not simply in not knowing what to do, but in some very basic fears eloquently expressed by Tatum (2002).

Fear is a powerful emotion, one that immobilizes, traps words in our throats, and stills our tongues. Like a deer on the highway, frozen in the panic induced by the lights of an oncoming car, when we are afraid it seems that we cannot think, we cannot speak, we cannot move ... What do we fear? Isolation from friends and family, ostracism for speaking of things that generate discomfort, rejection by those who may be offended by what we have

to say, the loss of privilege or status for speaking in support of those who have been marginalized by society, physical harm caused by the irrational wrath of those who disagree with your stance? (pp. 115–116)

In other words, helplessness and hopelessness are emotions that can provide cover for not taking action. They allow many of us to not change for fear that our actions will result in the negative consequences previously outlined. Becoming a multiculturally competent counselor or therapist requires change.

CULTURAL COMPETENCE AND EMOTIONS

There are many other powerful emotions often experienced by students during the journey to developing *cultural competence*. They include sadness, disappointment, humiliation, blame, invalidation, and so on. These feelings, along with those already discussed, can make their appearance in dialogues on *multiculturalism* or diversity.

The unpleasantness of some emotions and their potentially disturbing meanings makes for avoidance of honest multicultural dialogues and hence a blockage of the learning process. Rather than seeing emotions as a hindrance and barrier to mutual understanding, and rather than shutting them down, allowing them to bubble to the surface actually frees the mind and body to achieve understanding and insight. The cathartic relationship between memories, fears, stereotypic images, and the emotional release of feelings is captured in the following passage, which describes the racial awakening of Reese, a White male social justice advocate.

I remember when I was first introduced to [intergroup dialogue] ... I thought it was the most bullshit pedagogy ... And, I fought it so hard ... I don't know why I would ever sign up for another course ... I really thought it was stupid ... [L]ike the taking in a circle with the whole dialogue pedagogy was a huge hang-up ... [Later, reading about Friere] was a really important moment in my life when I think about development. (Ford, 2017, p. 124)

Years after his work as an intergroup dialogue facilitator, Reese reflected that the experience had a “big impact” on his development and influenced his “perspectives.” He also recognized that his journey was influenced by his varying levels of racial awareness as a White male along the way.

We are aware that the content of this chapter has probably already pushed hot emotional buttons in many of you. For trainees in the dominant group, we ask the following questions: Are you willing to look at yourself, to examine your assumptions, your attitudes, your conscious and unconscious behaviors, the privileges you enjoy as a dominant group member, and how you may have unintentionally treated others in less than a respectful manner? For socially marginalized group members, we ask whether you are willing to confront your own biases and prejudices toward dominant group members, be honest in acknowledging your own biases toward other socially devalued group members, and work to build bridges of mutual understanding and respect for all groups.

Trainees who bravely undertake the journey to developing *cultural competence* and *cultural humility* eventually realize that change is a lifelong process, and that it does not simply occur in a workshop, classroom, or singular event. It is a monumental task, but the rewards are many when we are successful. A whole body of literature supports the belief that encountering diverse points of view, being able

to engage in honest diversity conversations, and successfully acknowledging and integrating differing perspectives lead to an expansion of critical consciousness (Gurin, Dey, Hurtado, & Gurin, 2002; Jayakumar, 2008). On a cognitive level, many have observed that cross-racial interactions and dialogues, for example, are necessary to increase racial literacy, expand the ability to critically analyze racial ideologies, and dispel stereotypes and misinformation about other groups (Bolgatz, 2005; Ford, 2012; Pollock, 2004; Stevens, Plaut, & Sanchez-Burks, 2008). On an emotional level, trainees of successful diversity training report less intimidation and fear of differences, an increased compassion for others, a broadening of their horizons, appreciation of people of all colors and cultures, and a greater sense of belonging and connectedness with all groups (American Psychological Association, 2017; APA Presidential Task Force, 2012; Bell, 2002; President's Initiative on Race, 1999; Sue, 2003).

In closing, we implore you not to allow your initial negative feelings to interfere with your ultimate aim of learning from this text as you journey toward *cultural competence*. Sad to say, this empathic ability is blocked when readers react with defensiveness and anger upon hearing the life stories of those most disempowered in our society. We have always believed that our worth as human beings is derived from the collective relationships we hold with all people; that we are people of emotions, intuitions, and spirituality; and that the lifeblood of people can be understood only through lived realities. Although we believe strongly in the value of science and the importance psychology places on empiricism, *CDC* is based on the premise that a profession that fails to recognize the heart and soul of the human condition is a discipline that is spiritually and emotionally bankrupt. As such, this book not only touches on the theory and practice of multicultural counseling and psychotherapy, but also reveals the hearts and souls of our diverse clientele.



IMPLICATIONS FOR CLINICAL PRACTICE

1. Listen and be open to stories of those most disempowered in U.S. society. Counseling has always been about listening to our clients. Don't allow your emotional reactions to negate their voices because you become defensive.
2. Know that although you were not born wanting to be racist, sexist, or heterosexist, or to be prejudiced against any other group, your cultural conditioning has imbued certain biases and prejudices in you. No person or group is free from inheriting the biases of U.S. society.
3. Understand and acknowledge your intense emotions and what they mean for you. *CDC* speaks about unfairness, racism, sexism, and prejudice, making some feel accused and blamed. The "isms" of our society are not pleasant topics, and we often feel unfairly accused.
4. It is important that helping professionals understand how they may still benefit from the past actions of their predecessors and continue to reap the benefits of the present social/educational arrangements.
5. Understand that multicultural training requires more than book learning. In your journey to developing *cultural competence*, it is necessary to supplement your intellectual development with experiential reality.

6. Don't be afraid to explore yourself as a racial, ethnic, and cultural being. An overwhelming number of mental health practitioners believe they are good, decent, and moral people. Because most of us would not intentionally discriminate, we often find great difficulty in realizing that our belief systems and actions may have oppressed others.
7. Open dialogue—to discuss and work through differences in thoughts, beliefs, and values—is crucial to becoming culturally competent. It is healthy when we are allowed to engage in free dialogue with one another. To a large extent, unspoken thoughts and feelings serve as barriers to open and honest dialogue about the pain of discrimination and how each and every one of us perpetuates bias through our silence or obliviousness.
8. Finally, continue to use these suggestions in reading throughout the text. What emotions or feelings are you experiencing? Where are they coming from? Are they blocking your understanding of the material? What do these reactions mean for you personally and as a helping professional?

SUMMARY

Students who take a course on multicultural counseling and mental health issues have almost universally felt both positive and negative feelings that affect their ability to learn about diversity issues. Those from marginalized groups often feel validated by the content while majority group members often feel a range of emotions like defensiveness, anxiety, anger, and guilt. It is important not to allow these nested or embedded emotions to go unacknowledged, or to avoid exploring the psychological meanings they may have for trainees. The journey to becoming culturally competent therapists is filled with obstacles to self-exploration, to understanding oneself as a racial/cultural being, and to understanding the *worldview* of those who differ from others in terms of race, gender, ethnicity, sexual orientation, and other sociodemographic dimensions. The subject matter in this book requires students to explore their biases and prejudices, a task that often evokes strong resistance from both majority and oppressed group members.

It is important to recognize personal resistance to the material, to explore its meaning, and to learn about yourself and others. Sometimes, what is revealed about you may prove disturbing, but having the courage to continue is necessary to becoming a culturally competent counselor or therapist. Recognizing the manifestation and hidden meanings of resistance is one of the first priorities of multicultural training for both trainees and trainers. For trainees, it is finding the courage to confront their own fears and apprehensions, to work through the powerful emotions they are likely to experience, to explore what these feelings mean for them as racial/cultural beings, to achieve new insights about themselves, and to develop multicultural skills and behaviors in their personal lives and as mental health professionals. For trainers, it means understanding the nature of trainee resistance, creating a safe but challenging environment for self-exploration, and using intervention strategies that facilitate difficult dialogues on race, gender, sexual orientation, and other sociodemographic dimensions. This chapter is specifically written to help readers understand and overcome their emotive reactions to the substance of the text and the course they are about to take.

GLOSSARY TERMS

Antiracist	Emotional resistance (to multicultural education)
Behavioral resistance (to multicultural education)	Emotional self-revelation
Cognitive resistance (to multicultural education)	Microaggressions
Cultural competence	Multiculturalism
Cultural humility	Nested/Embedded emotions
Culturally responsive	Nonracist
Emotional affirmation	Self-reflection
Emotional invalidation	Worldview

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Multicultural Counseling and Therapy (MCT)

Chapter Objectives

1. Compare and contrast similarities and differences between “traditional counseling/clinical practice” and *culturally responsive* counseling.
2. Understand the *etic* and *emic* orientation to *multicultural counseling*.
3. Become cognizant of differences between counseling/clinical competence and *multicultural counseling* competence and *cultural humility*.
4. Identify Eurocentric assumptions inherent in our standards of clinical practice.
5. Discuss and understand the characteristics of the three levels of personal identity.
6. Develop *awareness* of possible differences in counseling culturally diverse clients who differ in race, gender, sexual orientation, and other group identities.
7. Provide examples of ways that other special populations may constitute a distinct cultural group.
8. Define *multicultural counseling and therapy*, *cultural competence*, and *cultural humility*.
9. Explain how *cultural humility* is different from *cultural competence*.

Counseling the Culturally Diverse: Theory and Practice, Eighth Edition. Derald Wing Sue, David Sue, Helen A. Neville, and Laura Smith.

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Companion website: www.wiley.com/go/sue/ccd8e

The following is the third counseling session between Dr. D. (a White counselor) and Gabriella, a 29-year-old single Latina, who was born and raised in Brazil but came to the United States when she was 10 years old.

Dr. D: So how did it go last week with Russell [White boyfriend of six months].

Gabriella: Okay, I guess. [seems withdrawn and distracted]

Dr. D: You don't sound too sure to me.

Gabriella: What do you mean?

Dr. D: Well, from the last session, I understood that you were going to talk to him [Russell] about your decision to live together, but that you wanted to clarify what moving into his apartment meant for him.

Gabriella: I didn't get a chance to talk about it. I was going to bring it up, but I had another attack, so I didn't get a chance. It was awful! [begins to fidget in the chair] Why does this always happen to me?

Dr. D: Tell me what happened.

Gabriella: I don't know. I had a disagreement with him, a big stupid argument over Jennifer Lopez's song "Booty."

Dr. D: "Booty"?

Gabriella: Yeah, he kept watching the video over and over on the computer. He loves the song, but I find it vulgar.

Dr. D: Lots of songs press the limits of decency nowadays ... Tell me about the attack.

Gabriella: I don't know what happened. I lost control and started screaming at him. I threw dishes at him and started to cry. I couldn't breathe. Then it got really bad, and I could feel the heat rise in my chest. I was scared to death. Everything felt unreal and I felt like fainting. My mother used to suffer from similar episodes of *ataques*. Have I become like her? ... God, I hope not!

Dr. D: Sounds like you had another panic attack. Did you try the relaxation exercises we practiced?

Gabriella: No, how could I? I couldn't control myself. It was frightening. I started to cry and couldn't stop. Russell kept telling me to calm down. We finally made up and got it on.

Dr. D: I'm glad things got smoothed over. But you always say that you have no control over your attacks. We've spent lots of time on learning how to manage your panic attacks by nipping them in the bud ... before they get out of control. Maybe some medication might help.

Gabriella: Yes, I know, but it doesn't seem to do any good. I just couldn't help it.

Dr. D: Did you try?

Gabriella: Do you think I enjoy the attacks? [shouts] How come I always feel worse when I come here? I feel blamed ... Russell says I'm a typical emotional Latina. What am I to do? I come here to get help, and I just get no understanding. [stated with much anger]

Dr. D: You're angry at me because I don't seem to be supportive of your predicament, and you think I'm blaming you. But I wonder if you have ever asked yourself how you contribute to the situation as well. Do you think that fighting over a song is the real issue here?

Gabriella: Maybe not, but I just don't feel like you understand.

- Dr. D:** Understand what?
- Gabriella:** Understand what it is like to be a Latina woman dealing with all those stereotypes. My parents don't want me living with Russell ... they think he benefits from having sex with no commitment to marriage, and that I'm a fool. They think he is selfish and just wants a Latina ... like a fetish...
- Dr. D:** I think it's more important what *you* think and want for yourself, not what your parents would like you to do. Be your own person. And we've talked about cultural differences before, in the first session, remember? Cultural differences are important, but it's more important to recognize that we are all human beings. Granted, you and I are different from one another, but most people share many more similarities than differences.
- Gabriella:** Yes, but can you really understand what's it like to be a Latina, the problems I deal with in my life? Aren't they important?
- Dr. D:** Of course I can. And of course they [differences] are ... but let me tell you, I've worked with many Latinos in my practice. When it comes right down to it, we are all the same under the skin.
- Gabriella:** [period of silence]
- Dr. D:** Now, let's go back and talk about your panic attacks and what you can do to prevent and reduce them.

REFLECTION AND DISCUSSION QUESTIONS

1. What are your thoughts and feelings about the counseling encounter between Dr. D. and Gabriella?
2. Do you think that Dr. D. demonstrated cultural awareness? Is this an example of "good counseling"? If not, why not?
3. When Gabriella described her episodes as *ataques*, do you know what she meant?
4. What are the potential counseling and cultural issues in this case?
5. Is it important for the counselor to know what the song "Booty" is about?
6. When the parents suggest that their daughter might be a "fetish," what could they possibly mean? Is it important?
7. What images of Latinas exist in our society? How might they affect Gabriella's relationship with Russell?
8. If you were the counselor, how would you have handled the situation?

Culturally competent care has become a major force in the helping professions (American Psychological Association, 2003, 2017; Arredondo et al., 1996; CACREP, 2015; Cornish, Schreier, Nadkarni, Metzger, & Rodolfa, 2010; Sue, Arredondo, & McDavis, 1992). The therapy session between Dr. D. and Gabriella illustrates the importance of cultural awareness and sensitivity in mental health

practice. There is a marked *worldview* difference between the White therapist and the Latina client. In many cases, such differences reflect the therapist's (a) belief in the universality of the human condition, (b) belief that disorders are similar and cut across societies, (c) lack of *knowledge* of Latinx culture, (d) task orientation, (e) failure to pick up clinical clues provided by the client, (f) lack of awareness of the influence of sociopolitical forces in the lives of marginalized group members, and (g) lack of openness to professional limitations. Let us briefly explore these factors in analyzing the preceding transcript.

CULTURE-UNIVERSAL (ETIC) VERSUS CULTURE-SPECIFIC (EMIC) FORMULATIONS

First and foremost, it is important to note that Dr. D. is not a bad counselor per se, but like many helping professionals is culture-bound and adheres to EuroAmerican assumptions and values that encapsulate and prevent him from seeing beyond his Western therapeutic training (Comas-Díaz, 2010). One of the primary issues raised in this case relates to the *etic* (culturally universal) versus *emic* (culturally specific) perspectives in psychology and mental health. Dr. D. operates from the former position. His training has taught him that disorders such as panic attacks, depression, schizophrenia, and sociopathic behaviors appear in all cultures and societies; that minimal modification in their diagnosis and treatment is required; and that Western concepts of normality and abnormality can be considered universal and equally applicable across cultures (Arnett, 2009; Howard, 1992; Suzuki, Kugler, & Aguiar, 2005). Many *culturally responsive* psychologists, however, operate from an *emic* position and challenge these assumptions. In Gabriella's case, they argue that lifestyles, cultural values, and *worldviews* affect the expression and determination of behavior disorders (Ponterotto, Utsey, & Pedersen, 2006). They stress that all theories of human development arise within a cultural context and that using the EuroAmerican values of normality and abnormality may be culture-bound and biased (Locke & Bailey, 2014). From this case, we offer five tentative cultural/clinical observations that may help Dr. D. in his work with Gabriella.

Cultural Concepts of Distress

It is obvious that Dr. D. has concluded that Gabriella suffers from a panic disorder and that her attacks fulfill criteria set forth in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (American Psychiatric Association, 2013). When Gabriella uses the term *ataques* to describe her emotional outbursts, episodes of crying, feeling faint, somatic symptoms ("heat rising in her chest"), feeling of depersonalization (unreal), and loss of control, a Western-trained counseling/mental health professional may very likely diagnose a panic attack. Is a panic attack diagnosis the same as *ataques*? Is *ataque* simply a Latin American translation of an anxiety disorder? We now recognize that *ataque de nervios* ("attack of the nerves") is a cultural syndrome, occurs often in Latin American countries (in individuals of Latinx descent), and is distinguishable from panic attacks (American Psychological Association, 2013). Cultural syndromes that do not share a one-to-one correspondence with psychiatric disorders in *DSM-5* have been found in South Asia, Zimbabwe, Haiti, China, Mexico, Japan, and other places. Failure to consider the cultural context and manifestation of disorders often results in inaccurate diagnosis and inappropriate treatment (Sue, Sue, Sue, & Sue, 2016). Chapter 10 will discuss these cultural syndromes and treatments in greater detail.

Acknowledging Group Differences

Dr. D. seems to easily dismiss the importance of Gabriella's Latinx culture as a possible barrier to their therapeutic work together. Gabriella wonders aloud whether he can understand her as a Latina (being a racial, ethnic, cultural being), and the unique problems she faces as a person of color. Dr. D. attempts to reassure Gabriella that he can, in several ways. He stresses (a) that people are more similar than different, (b) that we are all "human beings," (c) that he has much experience in working with Latinx individuals, and (d) that everyone is the "same under the skin." Although there is much truth to these statements, he has unintentionally negated Gabriella's racialized experiences, and the importance that she places on her racial/ethnic identity. In *multicultural counseling*, this response often creates an impasse to therapeutic relationships (Arredondo, Gallardo-Cooper, Delgado-Romero, & Zapata, 2014). Note, for example, Gabriella's long period of silence following Dr. D.'s response. He apparently misinterprets this as agreement. We will return to this important point shortly.

Being Aware of Collectivistic Cultures

It is obvious that Dr. D. operates from an individualistic approach and values individualism, autonomy, and independence. He communicates to Gabriella that it is more important for her to decide what she wants for herself than to be concerned about her parents' desires. Western European concepts of mental health stress the importance of independence and "being your own person," because this leads to healthy development and maturity, rather than dependency (in Gabriella's case, "pathological family enmeshment"). Dr. D. fails to consider that in many collectivistic cultures, such as Latinx and Asian American cultures, independence may be considered undesirable and interdependence as valuable (Ivey, Ivey, & Zalaquett, 2014; Kail & Cavanaugh, 2013). When the norms and values of Western European concepts of mental health are imposed universally upon culturally diverse clients, there is the very real danger of cultural oppression, resulting in "blaming the victim."

Attuning to Cultural and Clinical Clues

There are many cultural clues in this therapeutic encounter that might have provided Dr. D. with additional insights into Latinx culture and its meaning for culturally competent assessment, diagnosis, and treatment. We have already pointed out his failure to explore more in depth Gabriella's description of her attacks (*ataques de nervios*), and her concern about her parents' approval. But many potential socio-cultural and sociopolitical clues were present in their dialogue as well. For example, Dr. D. failed to follow up on why the song "Booty" by Jennifer Lopez precipitated an argument, and what the parents' use of the term "fetish" shows us about how Russell may view their daughter.

The four-minute music video "Booty" shows Jennifer Lopez and Iggy Azalea with many anonymous women shaking their derrieres ("booties") in front of the camera while chanting "Big, big booty, big, big booty" continuously. It has been described as provocative, exploitative, and "soft porn." Nevertheless, the video has become a major hit. And while Dr. D. might be correct in saying that the argument couldn't possibly be over a song (implying that there is a more meaningful reason), he doesn't explore the possible cultural or political implications for Gabriella. Is there meaning in her finding the song offensive and Russell's enjoying it? We know, for example, that Latinas and Asian women are victims of widespread societal stereotyping that objectifies them as sex objects. Could this be something that