Cultural Competence
Readings

HBSS 4114
Professor: Barbara Wallace
CHAPTER 6

A Practical Coping Skills Approach for Racial-Cultural Skill Acquisition

Barbara C. Wallace

Sue (2003, p. xi) provides a frank and compelling guide for attaining liberation from engaging in racism and oppression that is largely directed toward Whites and others in the United States who “harbor racist beliefs and need to overcome them.” Sue effectively explains “complicity in being either an active or passive participant in the oppression of others” and urges readers to “combat the injustices of racism” and “entertain the notion that you have oppressed others whether knowingly or unknowingly” (p. 45). On the other hand, when addressing people of Color, Sue acknowledges that racism “is a constant reality in our lives” and a “toxic force” (p. 257). Yet, “we have persevered and become stronger,” despite having been “subjected to inhuman stressors,” allowing for the identification of cultural strengths (p. 259).

Fully appreciating the rage that many African Americans, in particular, may feel in response to racism and oppression, hooks (1996) asserts:

Collective failure to address adequately the psychic wounds inflicted by racist aggression is the breeding ground for a psychology of victimhood wherein learned helplessness, uncontrollable rage, and/or feelings of overwhelming powerlessness and despair abound in the psyches of black folks yet are not attended to in ways that empower and promote wholistic states of well-being . . . [T]he wounded African-American psyche must be attended to within the framework of programs for mental health care that link psychological recovery with progressive political awareness of the way in which institutionalized systems of domination assault, damage, and maim. (pp. 137–138)

By presenting a model for racial-cultural skill acquisition, this chapter further builds on those cultural strengths discussed by Sue (2003) and offers an approach consistent with hooks’s (1996) recommendation to empower and promote holistic states of well-being that include an awareness of how institutionalized systems of racism and oppression function in the United States. Racial-cultural skill acquisition is the process by which individuals learn practical coping skills (specifically affective, behavioral, and cognitive coping responses) for deployment in response to the racism and oppression regularly encountered in institutions in the United States.

Clark, Anderson, Clark, and Williams (1999) assert that institutional racism "may reduce access to goods, services, and opportunities for African Americans in
ways that have important health consequences" (p. 812). African Americans are exposed to disproportionate amounts of environmental stimuli that may be sources of chronic or acute stress, much of it interpersonally experienced (Clark et al., 1999). They explain that it is both the individual's evaluation or cognitive appraisal of the seriousness of an event and his or her coping responses that determine whether a psychological stress response will ensue. If "maladaptive coping responses are used, the perception of an environmental event as racist will trigger psychological and physiological stress responses" (p. 809). When maladaptive coping responses are not replaced with more adaptive ones, a state of heightened psychological and physiological activity persists. The negative effects of racism on health are reduced when adaptive coping responses are used, mitigating the potentially negative impact of an enduring psychological and physiological stress response (Clark et al., 1999).

The stress of racism and oppression includes the possibility that one may not perceive what is often covert, invisible dynamics. Wallace (1996, 2003) explains that violence has visible overt and invisible covert dimensions. The impact of violence includes assaults on the self-concept, identity, cognitions, affects, and consciousness of the victim of violence. This is consistent with hook's (1996, p. 138) assertion that institutionalized systems of domination "assault, damage, and maim," leaving a "wounded African-American psyche." Thus, racial-cultural skill acquisition also needs to impact identity development, promoting positive progressive shifts as well as the acquisition of adaptive coping responses, given the range of harmful effects that flow from experiences of racism and oppression. The result of racial-cultural skill acquisition is attainment of virut strength: not only for surviving, but also for effective, adaptive, practical coping with the racism and oppression regularly encountered in U.S. institutions.

This chapter presents a model for racial-cultural skill acquisition with a focus on identity development stages for learning adaptive coping responses to racism and oppression. The chapter (1) discusses the rationale for a focus on adaptive affective, behavioral, and cognitive responses to racism and oppression; (2) briefly reviews current models of racial-cultural skill acquisition; (3) presents a recommended model for racial-cultural skill acquisition, a practical coping skills approach, that fosters adaptive affective, behavioral, and cognitive responses to racism and oppression; (4) provides a case example; and (5) concludes by offering suggestions for models of practice for racial-cultural skill acquisition.

AFFECTIVE, BEHAVIORAL, AND COGNITIVE COPING IN THE FACE OF STRESS: ILL HEALTH EFFECTS

Clark et al. (1999, p. 809) placed their hope on the possibility of being able to "identify coping responses that influence the relationship between perceived racism and stress responses." But they recognize a potential limitation of their model insofar as some individuals "may not report perceiving any stressor or may inhibit the expression of psychological responses (e.g., anger), yet show exaggerated physiological responses to stimuli" (p. 809). In addition, Clark et al. discussed psychological stress responses of anger, paranoia, anxiety, helplessness, hopelessness, frustration, resentment, and fear; any of these may lead to a variety of coping responses. For example, the psychological stress response of anger might lead to coping responses of anger suppression, hostility, aggression, verbal expression of anger, or use of alcohol or other drugs to blunt affect. There are also chronic affective states, with coping in response to these often manifesting as chronic behavioral patterns of passivity, overeating, avoidance, or efforts to gain control. Also, they report that passive and active coping responses to discrimination were found to be related to increased psychological distress, poorer well-being, and more chronic conditions among African Americans. A cognitive flexibility style for coping with perceived racism was associated with processing the racist content of the stimulus longer than for those who used a more active coping response. Passive coping responses to unfair treatment and discrimination were associated with hypertension and higher resting blood pressure levels (Clark et al., 1999).

Anger and anxiety may be maladaptive affective responses to the stress of racism and oppression, especially if states of psychological arousal persist. Suinn (2001) summarizes how stress, anger, and anxiety are hazardous to health, and the incontrovertible evidence that anger and anxiety are associated with increased vulnerability to numerous illnesses such as colds, sore throats, headaches, cancer, internal disease, rheumatoid arthritis and impairment of the immune system. Anxiety and anger also negatively impact cellular immunity and tolerance for pain that influences recovery from and adjustment to illness, in addition to being related to coronary artery blockage, cardiovascular disease, and cardiovascular death (Suinn, 2001).

There is a strong rationale for focusing on the development of adaptive affective, behavioral, and cognitive coping responses to the stress of racism and oppression as the core components of racial-cultural skill acquisition. One goal is to reduce ill health effects.

LEARNING ADAPTIVE AFFECTIVE, BEHAVIORAL, AND COGNITIVE RESPONSES TO STRESS

Suinn (2001) described a model for learning adaptive coping responses that uses a brief (six- to eight-session) highly structured cognitive-behavioral intervention that was initially used for anxiety arousal but extended to use with anger. The brief intervention exposes individuals to anxiety arousal through visualization and then seeks deactivation of the emotional arousal through relaxation skills, incorporating homework practice for generalization, self-monitoring, and gradual fading in of self-control skills (pp. 32-33). A body of research supports the efficacy of this approach with anxiety, and evidence of efficacy with anger is accumulating.

Gaston and Porter (2001) presented another model for teaching coping skills for use in stressful interpersonal interactions that trigger anger. They, too, placed emphasis on self-monitoring, the conscious execution of adaptive responses, and learning of self-control skills so that old, maladaptive responses are effectively replaced with new, adaptive coping responses. They cite four potential behavioral repertoires that are characterized by certain corresponding thoughts (cognitions) and feelings.
teaching to promote racial-cultural skill acquisition, there are four distinct pairs of relationships that are possible from a racial identity development perspective (Carter, 2000; Helms, 1984):

1. Parallel, where the person in power (counselor, teacher) and the person with less power (client/student) have the same level of racial identity development and, for example, the client/student “in this case, acquires no new information about how to deal with racial stimuli. Because the two persons in the example have similar perspectives, neither is given an opportunity to challenge his or her racial identity status beliefs” (p. 890).

2. Regressive, where the client/student has a more mature and advanced racial identity status than the counselor/teacher in a position of power, and the client/student may feel disregarded, devalued, and dismissed.

3. Crossed, where the counselor/teacher and the client/student have opposing racial identity ego statuses and conflict ensues, with the possibility that suppression may occur if the person in power has the less advanced status development.

4. Progressive, where the counselor/teacher, or power holder, has a more advanced racial identity status development than the client/student, allowing the aspirant to learn, grow, and understand his or her issues surrounding race and racial identity (Carter, 2000).

Sue and Sue (2003) support a training process for counselors that must include an assessment of trainees’ stage of identity development and facilitates awareness of how the level of identity development impacts cross-cultural encounters. Sue and Sue provide a detailed explanation of the many characteristics of the culturally competent mental health professional; they articulate multicultural counseling competencies and what constitutes multicultural competence on the organizational level. Similarly, the objectives of multicultural competence, as well as the exact nature of the competencies deemed essential to counseling practice and being able to impact organizational life, have been presented (Sue et al., 1998). Counseling professionals have reached broad consensus regarding the concept of multiculturalism, describing in detail 10 specific characteristics (Sue et al., 1998). This body of work provides standards for a field seeking to meet the needs of developing trainees and current professionals.

There is an extensive guide bringing together expert views on how to conduct multicultural counseling (Porterotto, Casas, Suzuki, & Alexander, 2001), and a theory of multicultural counseling and therapy (MCT) has been articulated (Sue, Ivey, & Pedersen, 1996) and thoughtfully critiqued (Parham, 1996; Pope-Davis & Constantine, 1996). Sue et al. (1996) explained that MCT theory is ultimately concerned with freeing individuals, families, groups, and organizations to generate new ways of thinking, feeling, and acting while developing a “cultural identity [that] represents a cognitive, emotional and behavioral progression through identifiable and measurable levels of consciousness, or stages” (p. 17).
Wallace (1996) provided a training curriculum for counselors, psychologists, and educators who may, in turn, adapt the curriculum for delivery to clients and community members, asserting that all need to learn a new set of "A, B, Cs" for coping in order to shift affects, behaviors, and cognitions and reverse social conditioning in the U.S. culture of violence. Wallace (2003) encouraged a paradigm shift away from our society's historical pattern of hierarchical domination and oppression (A/B) toward a nonhierarchical equality (A = B), describing these, respectively, as the old paradigm (A/B) or psychology of oppression, and the new paradigm (A = B) or psychology of liberation. Wallace asserted that movement from the old to the new paradigm (with corresponding shifts in affects, behaviors, and cognitions) also involves a corresponding change in identity. Thus, the overall approach put forth is called a psychology of oppression, liberation, and identity development (Wallace, 2003).

Wallace, Carter, Namkin, Keller, and Alleyne (2003) integrated racial identity theory, identity development theory for sexual orientation, and identity development theory for people with disabilities with the concept of stages of change (DiClemente & Velasquez, 2002; Prochaska & DiClemente, 1982) and motivational interviewing (Miller & Rollnick, 1991, 2002). One result of this integration is the presentation of more generic identity development stages that apply to a variety of identities, whether racial or sexual (Wallace et al., 2003), as follows: a precontemplation stage/status (identity is the societal view of self, or not thinking about the issues), contemplation stage/status (the societal view of self is questioned, or thinking about the issues), preparation stage/status (a decision is made to start working on identity, or addressing the issues), action stage/status (actively working on identity or the issues for up to six months), maintenance stage/status (sustained work on identity or the issues for over six months), and a relapse stage/status (abandonment of active work on identity and related issues).

Given research findings from the fields of addiction, public health, and medicine (Burke, Arkowitz, & Dunn, 2002; Rennie & DiClemente, 2002), Wallace et al. (2003) feel justified in asserting that the integration of identity development theory (for race, sexual orientation, and disability), stages of change, and motivational interviewing will accelerate the rate of movement across stages of change, for example, from a stage of precontemplation (not thinking about identity issues) to a stage of contemplation (thinking about identity issues). With regard to the contemplation stage, which is the equivalent of Sue and Sue's (2003) dissonance stage and Cross's (1991) pre-encounter stage, people "generally move into this stage slowly, but a traumatic event may propel some individuals to move into dissonance at a much more rapid pace" (Sue & Sue, 2005, p. 221). There is value in an approach like motivational interviewing that may accelerate the rate of movement across stages.

The rationale for Wallace et al.'s (2003) integration of identity development theory, stages of change, and motivational interviewing includes how the stages of change have "played an integral role in the development of motivational interviewing and brief interventions using a motivational approach. . . . Motivational interviewing can be used to assist individuals to accomplish the various tasks required to transition from the precontemplation stage through the maintenance stage" (DiClemente & Velasquez, 2002, p. 202). Also, a body evidence shows that adaptations of motivational interviewing "improved the rate of entry into [an action stage and] retention in intensive substance abuse treatment" (Burke et al., 2002, p. 219). There is evidence of efficacy when adaptations of motivational interviewing are extended to a variety of issues/problems, whether hypertension, diabetes, dual diagnoses, and eating disorders (Burke et al., 2002) or fostering diet and physical activity change, smoking cessation, medication adherence, and HIV prevention, cardiovascular management, screening for cancer, and engagement in infection-control procedures in international settings (Rennie et al., 2002). Adaptations typically include key principles of motivational interviewing, such as inquiring about client concerns, creating cognitive dissonance between behaviors/cognitions and valued goals, exploring next steps, reviewing a menu of options, performing a decisional balance exercise (pros and cons of change), reinforcing "change talk" (expressed intention to change) so that change talk increases and resistance decreases, and allowing individuals to freely decide for themselves steps to pursue (Miller & Rollnick, 2002).

The stages of change also allow for the possibility of individuals cycling through the stages many times (Miller & Rollnick, 1991), consistent with how, in regard to racial identity development, "almost all models now entertain the possibility that development can vary (looping and recycling)" (Sue & Sue, 2003, p. 252). Sue and Sue described an identifiable sequence that can occur in a linear or nonlinear fashion (p. 254), even as they spoke about a stage process of identity development. Thus, the integration of identity development statuses, stages of change, and motivational interviewing (Wallace et al., 2003) represents a valuable contribution to the many existing and evolving identity development models described in the literature by others (e.g., Ponterotto et al., 2001; Sue & Sue, 2003).

The selected review of contemporary models of practice for racial-cultural skill acquisition contributes guiding principles in formulating this chapter's recommended practical coping skills approach. First, it is important to consider racial identity development in the United States, where racism/oppression abound. Second, racial-cultural skill acquisition, or being able to cope with the stress of racism and oppression (and foster practical coping skills in students, trainees, and clients), constitutes an important multicultural competency or standard for counselors and psychologists. Third, it is appropriate to focus on the learning and shaping of new ways of "feeling, acting, and thinking," or adaptive affective, behavioral, and cognitive coping responses, along with fostering corresponding progressive shifts in identity. Fourth, research supports integrating identity development theory, stages of change, and motivational interviewing to accelerate the rate of movement across identity stages/statuses, accelerate entrance into interventions, and enhance retention in interventions for racial-cultural skill acquisition.

A PRACTICAL COPING SKILLS APPROACH TO RACIAL-CULTURAL SKILL ACQUISITION: ADAPTIVE RESPONSES TO RACISM AND OPPRESSION

The recommended approach introduces stages of change for practical coping skills for racism and oppression with a special focus on affective, behavioral, and cognitive responses. The model represents a logical progression that builds on prior work...
(Wallace et al., 2003) integrating identity development theory, stages of change, and motivational interviewing.

**Stages of Change for Practical Coping Skills for Racism and Oppression: A Focus on Affective, Behavioral, and Cognitive Responses**

The logic of introducing stages of change for practical coping skills for racism and oppression with a specific focus on affective, behavioral, and cognitive coping responses rests in a careful analysis of the work of Carter (2000). From my analysis, the work of Carter permits specification of the characteristic affects, behaviors, and cognitions for each identity stage/status, as shown in Table 6.1 (for Blacks and people of Color) and Table 6.2 (for Whites). Tables 6.1 and 6.2 also show how the identity statuses for Blacks and people of Color and for Whites, respectively, may be seen in relation to the more generic stages of change recommended for use by Wallace et al. (2003).

As Tables 6.1 and 6.2 indicate, the proposed integration of identity statuses and stages of change is not perfect. The integration of identity statuses and stages of change for Blacks and people of Color necessitates a mixed contemplation and determination stage that is commensurate with the encounter (Blacks) and dissonance (people of Color) statuses. Similarly, the integration of identity statuses and stages of change for Whites necessitates the development of three phases of contemplation: One involves Whites experiencing initial confusion; a second involves Whites experiencing confusion and making the "wrong" conclusion, with persistent behaviors suggesting active racism; and a third mixed contemplation and determination stage, where Whites experiencing confusion now go on to draw the "right" conclusion and decide to begin work developing a nonracist identity.

Given the many models of identity development for Blacks, Asian Americans, and Latinos/Hispanics, there is logic in moving toward models, such as one for racial-cultural development (Sue & Sue, 2003, p. 241), that can accommodate minority groups' "similar patterns of adjustment to cultural oppression" and be applied to White identity development as well. There is also logic in focusing on affects, behaviors, and cognitions, given how the "therapist is able to anticipate the sequence of feelings, beliefs, attitudes, and behaviors" that are "likely to arise" (p. 227) as individuals move across stages.

The work of Sue and Sue (2003) supports this chapter's taking the next logical evolutionary step in identity development theorizing: recognizing similar patterns of adjustment to racism and oppression for different racial and ethnic groups, acknowledging the possibilities of regression/relapse/looping/cycling, and focusing on the affects, behaviors, and cognitions characterizing each stage. However, Sue and Sue asserted that a "great deal of evidence is mounting that while identity may sequentially move through identifiable stages, affective, attitudinal, cognitive, and behavioral components of identity may not move in a uniform manner" (p. 233).

The mounting evidence of efficacy for the use of adaptations of motivational interviewing in promoting change for a wide range of problem behaviors (Burke et al., 2002) justifies the integration of stages of change, motivational interviewing, and
<table>
<thead>
<tr>
<th>CATEGORIZATION</th>
<th>CONCEPTIONS</th>
<th>BEHAVIOR</th>
<th>AFFECTS</th>
<th>PRECONTEMPLATION STAGE</th>
<th>CONTINUATION STAGE</th>
<th>CONTULATION STAGE</th>
<th>ACTION STAGE</th>
<th>MAINTENANCE STAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unresolved ambivalence, anxiety, shame, guilt, disharmony, lack of resolution</td>
<td>Initial resistance and doubt</td>
<td>Continual struggle and doubt</td>
<td>Initial resistance and doubt</td>
<td>Commitment to action and goal setting</td>
</tr>
</tbody>
</table>

For example, Table 6.3 illustrates the stages of change for the acquisition of racial-cultural skills. This table highlights the importance of understanding the cognitive, affective, and behavioral changes that individuals go through as they develop these skills. The table is divided into different stages, each characterized by specific cognitive, affective, and behavioral responses. The stages include:

- **Precontemplation Stage**: Individuals are not actively considering the acquisition of racial-cultural skills.
- **Contemplation Stage**: Individuals are thinking about the acquisition of racial-cultural skills but have not yet made a commitment to action.
- **Action Stage**: Individuals are actively engaged in acquiring racial-cultural skills.
- **Maintenance Stage**: Individuals are maintaining their acquired racial-cultural skills.

Each stage is further divided into subcategories to provide a more detailed understanding of the developmental process. This approach helps in understanding the progression of an individual's development in terms of racial-cultural skill acquisition.

### Identity Development Models

Identity development models suggest that individuals move through a series of stages as they develop a sense of racial-cultural identity. The stages are influenced by cognitive, affective, and behavioral changes. For instance, the integration of racial-cultural identities is crucial in fostering a sense of racial-cultural competence. This integration is achieved through the development of cognitive, affective, and behavioral competencies that align with racial-cultural identity.

### Recommended Assessment Questions

There are a number of recommended assessment questions that help in determining an individual's stage of change, as well as the type, quality, and specific nature of their responses to racial and oppression.

### Assess Stage of Change for Coping with Racism and Oppression

- **Is the individual in a stage of precontemplation?** Or, is the individual not even thinking about acquiring coping responses to racism and oppression?
- **Is the individual in a contemplation stage?** Or, is the individual thinking about acquiring coping responses to racism and oppression?
- **Is the individual in a preparation stage?** Or, is the individual preparing to learn coping responses to racism and oppression, having made a decision to do so?
- **Is the individual in an action stage?** Or, is the individual engaged in actively learning coping responses to racism and oppression?
- **Is the individual in a maintenance stage?** Or, is the individual actively engaged in generalizing and refining adaptive coping responses to racism and oppression, having been engaged in an active learning process for a period greater than six months?
- **Is the individual in a relapse stage?** Or, has the individual returned to the use of maladaptive coping responses after a period of active engagement in adaptive coping responses to racism and oppression?
### Assess Prevalence, Quality, Type, and Nature of Maladaptive Coping Responses

- Which are more prevalent: maladaptive or adaptive coping responses to racism and oppression?
- What are the individual's specific patterns of maladaptive affective, behavioral, and cognitive coping in response to racism and oppression?
- Do prevalent maladaptive affective responses include anger, anxiety, fear, or frustration—as commonly experienced states of psychological arousal that persist, following exposure to racism and oppression, potentially leading to an increased vulnerability to illness?
- Do prevalent behavioral responses include passive, self-destructive, or defensive strategies, such as overeating or drug/alcohol use, in response to exposure to racism and oppression? Or, do maladaptive passive-aggressive behaviors occur, such as hostile acts in response to racism and oppression? Or, do maladaptive aggressive behaviors occur, such as violence in response to racism and oppression? Is there assistant behavior in response to racism and oppression, and does it seem appropriate or maladaptive? Does bodily behavior in response to racism and oppression include physiological responses of arousal, such as a higher resting blood pressure, that may persist and lead to an increased vulnerability to illness (e.g., hyperension)?
- Do prevalent cognitive responses include the conscious perception of what seems to constitute racism and oppression, as well as any cognitive processing of the events? Do any cognitive appraisals occur in response to the perception of racism and oppression? Do the individual's cognitive appraisals trigger psychological and/or physiological states of arousal that persist, suggesting maladaptive cognitive coping?

### Assess Adaptive Coping Responses in Precontemplation, Contemplation, and Preparation Stages

- Do adaptive affective responses ever occur in reaction to racism and oppression, such as a calm feeling state or a strategy for generating and sustaining positive affective states, including humor, amusement, joy, and love? Or, do adaptive affective responses of acceptance, respect, and empathy ever occur, perhaps in response to viewing the social conditions of others as responsible for creating racism and oppression? Do affective responses prevent persisting states of psychological arousal or provide effective diffusion of psychological arousal, suggesting that they are adaptive?
- Do adaptive behavioral responses ever occur in response to racism and oppression, such as those that create a state of calm (deep breathing, exercise, yoga, etc.), providing effective diffusion of physiological arousal?
- Do adaptive cognitive responses ever occur in response to racism and oppression, such as cognitive appraisals that effectively prevent or diffuse states of psychological and physiological arousal? Do cognitive responses include positive
reappraisal (e.g., “The glass is half full”), goal-directed problem solving (e.g., “What I have to do is X, so that I get outcome Y and eliminate possibility Z”), or the infusion of racist/oppressive events with positive meaning (e.g., “I will grow from surviving this experience of racism and oppression, gaining new knowledge and refined coping skills”). Does the individual use self-talk that serves to create a state of calm, whether via affirmations (“I am calm, centered, and balanced”) or spiritual self-talk (“Let Go and Let God!” or “God has a better plan than I can imagine”), as forms of adaptive cognitive coping?

**Assess Prior and Newly Acquired Adaptive Coping Responses in the Action Stage**

- Is the individual showing evidence of taking action in deploying both prior and newly acquired adaptive affective, behavioral, and cognitive responses when racism and oppression are encountered? Are those adaptive affective, behavioral, and cognitive responses that are taught (to clients in sessions, to students in classrooms, to trainees in practice) being practiced in and generalized to real-world situations involving racism and oppression? Are adaptive affective, behavioral, and cognitive responses gradually increasing in prevalence, while maladaptive responses are decreasing?

**Assess Adaptive Responses in the Maintenance Stage**

- Are the individual’s adaptive affective, behavioral, and cognitive responses successfully generalizing to a variety of new situations where racism and oppression are encountered? Are the individual’s adaptive affective, behavioral, and cognitive responses evidencing increasing refinement and sophistication in response to both ongoing and newly encountered situations involving racism and oppression, reflecting practice effects over time? Is the individual showing increasing creativity and flexibility in deploying adaptive responses and tailoring them to both ongoing and newly encountered situations involving racism and oppression?

**Assess for Maladaptive Coping Responses/Relapse in the Action and Maintenance Stages**

- Do maladaptive affective, behavioral, or cognitive responses ever return? Is the return of maladaptive coping responses a temporary occurrence that is followed by a return to adaptive affective, behavioral, and cognitive responses, as may occur in any learning process, and is the prevalence of maladaptive coping responses decreasing in frequency of occurrence over time? Or, does the relapse involve a persistent pattern of maladaptive affective; behavioral, and cognitive coping responses that are reemerging after a substantial period of successful deployment of adaptive coping responses to racism and oppression?

**Assess Maintenance Stage for Quality of Identity Development**

- Does identity development for the individual reflect awareness as one who consistently copes with racism and oppression? Is the individual presenting over time a progressively more mature, stable, and internalized identity as one who adaptively copes with racism and oppression? Does the individual perceive self as someone who engages in social action for social justice or advocacy work, consistent with attaining the highest ideals associated with identity development? Does the individual seek out and/or respond to opportunities to foster organizational multicultural competence and combat racism and oppression in institutions in the United States as a social activist for social justice?

**Implications of Assessment Findings**

Assessment findings allow interventions to be tailored to individual clients/​​students in order to meet them “where they are” in the change process. Individuals may also be matched to interventions in light of their stage of change. Assessment findings also allow interventions to be tailored to individuals in order to meet them “where they are” in the change process. Individuals may also be matched to interventions in light of their stage of change and characteristics as either a precontemplator, contemplator, or person in action, maintenance, or relapse stage. Persons in all stages benefit from working with professionals who can feel genuine empathy, acceptance, and respect for where individuals are in the change process—whether in a painful relapse or a naïve state of precontemplation.

When an individual is in a precontemplation stage he will benefit from a tailored intervention involving the delivery of information or psychoeducation to increase their awareness or raise their level of concern. Recommended motivational interviewing techniques include reflective listening, summarizing, and affirming an individual as he describes his situation, or giving the person freedom to make their own decisions; these are typically effective in helping the individual move to a state of contemplation (DiClemente & Velasquez, 2002). The person in a contemplation stage will benefit from motivational interviewing techniques that help the individual to explore his concerns, consider the pros and cons of change (decisional balance), resolve his ambivalence/confusion, and thereby accelerate his rate of movement to a preparation and/or action stage. In addition, careful listening, summarizing, feedback, and double-sided reflection (“on the one hand ..., yet on the other hand”), affirmation, and increasing self-efficacy to change are vital in this stage. An individual in a preparation stage who has decided to learn adaptive affective, behavioral, and cognitive responses may need assistance in making a plan of action and accessing interventions to facilitate the learning process, whether being matched to counseling sessions, classroom course work, practicum training opportunities, workshops, seminars, or a book club following a pertinent reading list. Offering a menu of options is also helpful, allowing the individual in preparation to select what he or she prefers, while a professional can gently warn against a change plan that seems inappropriate or ineffective (DiClemente & Velasquez, 2002).

Integrating the work of Miller and Rollnick (2002) and Marlatt and Gordon (1985), specific recommendations may be made for those in the action, maintenance, and relapse stages. An individual in an action stage is now actively engaged in counseling sessions, or taking courses/practica, attending workshops/seminars, and/or reading and learning about how to adaptively cope. Interventions tailored for such an individual should include cognitive-behavioral skill-building interventions, opportunities to role-play and rehearse adaptive responses, and the delivery of reinforcement.
and feedback that allows for refining coping responses and increasing the individual's self-efficacy to cope in a specific situation. A person in action also benefits from motivational interviewing techniques to strengthen his or her commitment to continue to pursue change. Also helpful is learning how to anticipate and cope with specific high-risk situations for a return to maladaptive coping, for managing high-risk situations for relapse, and for preventing relapse. Individuals must learn how to prevent a lapse (or some return to maladaptive coping) from turning into a full-blown relapse. Persons in a maintenance stage may benefit from the use of motivational interviewing techniques to further strengthen their commitment to the performance of adaptive affective, behavioral, and cognitive coping responses to racism and oppression. They also benefit from ongoing cognitive-behavioral interventions to help them refine their coping strategies, as well as interventions to further increase their feelings of self-efficacy in being able to cope successfully in specific situations involving racism/oppression.

An individual in relapse may benefit from motivational interviewing techniques to resolve any ambivalence about beginning the task (once again) of deploying adaptive coping responses (positive assertive verbal responses, etc.) and/or relinquishing maladaptive responses (avoidance, overreacting, drug/alcohol use, violence). Persons in a relapse stage may also need assistance in restoring their sense of hope that they can change, once again.

**Additional Guidance for Professionals Regarding Fostering Adaptive Responses**

Table 6.3 serves as an important guide in how to foster racial-cultural skill acquisition. However, more guidance to professionals may be given. First, regardless of race, ethnicity, or culture, what is presented in Table 6.3 applies to all who need to learn adaptive responses to racism and oppression. A professional of any race or ethnicity may seek to both acquire for themselves and foster in others (clients, students, trainees) practical skills for coping with racism and oppression. A few examples are given to support this assertion. Second, professionals may benefit from more detailed guidance regarding how to foster adaptive affective, behavioral, and cognitive coping, going beyond what appears in Table 6.3.

As Table 6.3 suggests, there are a variety of potential adaptive affective responses to racism and oppression, ranging from acceptance to acceptance and empathy. A White, Latino/Hispanic, Asian, and African American may each, for example, struggle with powerful feelings of anger over witnessing racism and oppression. Or, they might all learn to deploy the adaptive affective response of feeling acceptance, respect, and empathy for a racist oppressor as a result of viewing him or her as a product of social conditioning in the United States. Generally, such adaptive affective responses reflect learning to cope with the experience of powerful affects or feelings arising in the inner self when facing the distress of racism and oppression. Adaptive affective responses include learning how to mediate and modulate affective reactions and feelings when faced with other people's words, gestures, or actions as a racist and oppressive. Prolonged states of psychological arousal suggest the need to learn how to better regulate and modulate affective reactions.

Adaptive behavioral responses may include those listed in Table 6.3, as well as walking away from certain situations, as opposed to assertively speaking up. Often, avoiding a situation is adaptive to prevent a negative outcome, such as being fired from a job that one depends on for income. In the United States, it may be easier or safer for a White or Asian to speak up in some situations, whereas there might be a greater risk of police brutality or termination from work if an African American or Latino/Hispanic spoke up against racism/oppression. An African American, for example, might have to resort more often to other adaptive behavioral responses, such as deep breathing, exercise, or seeking out social support from positive and optimistic peers. All racial and ethnic group members must rely on such adaptive responses at times. There may be times when an adaptive behavioral response also includes avoiding a situation, stimulus, or trigger that may cause one to the point where one's health is placed at risk. At other times, avoidance may be only a temporary adaptive behavioral strategy until newly acquired adaptive behavioral responses have been sufficiently role-played, refined, and strengthened, such as making a positive assertive verbal remark. Adaptive behavioral responses generally involve conscious execution of active, assertive reactions to what is happening in racist oppressive environments versus remaining passive and perhaps having a physiological arousal that persists, potentially damaging health. Ideally, adaptive behavioral responses permit avoidance of persistent states of physiological arousal, such as when a relaxation response is produced from deep breathing, progressive muscle relaxation, exercise, or social support.

Following and going beyond what is presented in Table 6.3, adaptive cognitive responses may include the process of perceiving and processing an event that seems worthy of classification as racism and oppression. For a White who is just beginning the task of overcoming his or her racism, to begin to perceive and process events in society as racist and oppressive may be a monumental step. Similarly, it is an important step for a new immigrant of Color who is naive to being targeted for racism and oppression in the United States, to begin to perceive and process events that describe classification as racism and oppression. African Americans, on the other hand, may have more readily perceive events as racist and oppressive because of the long legacy of U.S. racism targeted against them. However, an African American opponent of affirmative action, or someone claiming to be color-blind, for example, might be as naive as a new immigrant and fail to perceive and process events as racist and oppressive until some traumatic event occurs.

Regardless of race, ethnicity, or cultural background, in coping with racism and oppression that is perceived (perhaps finally!), adaptive cognitive responses include the making of positive reappraisals, goal-directed problem solving, and the infusion of events with positive meaning. However, individuals from different racial, ethnic, or cultural groups might have characteristic patterns of engagement in positive reappraisal, problem solving, and infusing positive meaning into events that reflect cultural, religious/spiritual, educational, or acculturation influences. For example, there is spiritual self-talk ("Let Go and Let God!") and "I am too blessed to be stressed") that is characteristic of many African Americans. African Americans may have learned, by necessity, to deploy such self-talk in response to racism and oppression, especially when to speak up may have meant violent beating, lynching, or, in more contemporary times, police brutality or dismissal from work. Historically, prayer and religious/spiritual beliefs have also guided African Americans in formulating characteristic forms of positive reappraisal and the infusion of events.
with positive meaning, for example, “God is trying to tell me something” and “God is working here.” Goal-directed problem solving for African Americans, Latinos/Hispanics, and Asians might involve the following: “I-if I complain or say anything, then I may lose my job and end up not being able to take care of my family.”

Wallace (1996) referred to self-talk as internal cognitive coping, given what individuals say to themselves, typically silently. Calming self-talk can serve as vital anger management and be used to diffuse psychological and physiological arousal; it can also be combined with cognitive imagery, such as the visualization of sitting by a lake, mountain, or beautiful garden. Calming self-talk may involve the delivery of affirmations (“I am calm, centered, and balanced”) or a reminder to count to 10 or walk away.

Wallace (1996) identifies external cognitive coping as another adaptive cognitive response. Technically, this also constitutes the adaptive behavioral response of delivering a positive assertive verbal response; what starts as a carefully formulated cognition may then be delivered aloud as overt verbal behavior. External cognitive coping involves statements to be delivered aloud to others, such as the following: “I am concerned about what is happening here in this institution.” A White individual or African American or other person of color may respond with such external cognitive coping in response to institutional racism and oppression. For an African American being confronted or harassed at work, external cognitive coping might include the following statements being carefully formulated, rehearsed/role-played in the action stage and then delivered aloud to the offender: “Is this something you’d like to discuss? I am not available for discussion right now. Perhaps at a later time?” Such a positive assertive verbal response may bring closure to an incident of harassment, allow the individual being harassed to seek out social support from positive optimism peers, or seek advice from a counselor, lawyer, or ombudsman.

The Importance of Good Self-observation and Self-Monitoring
Self-observation and self-monitoring, specifically, the skill inherent in observing and reporting accurately one’s experiences in the real world, has been called cultivation of a self-observing ego (Wallace, 1996). Information from self-observation may be brought to counseling, allowing for receipt of instruction, rehearsal, and tailored role-plays covering those coping strategies recommended for future deployment in the racist and oppressive situation. Or, an individual may confer with positive and optimistic allies (peers, counselor, lawyer, ombudsman) and receive feedback about what needs to be done next or the type of adaptive coping recommended for deployment in the next encounter. Moreover, the ability to self-observe or self-monitor means being able to stop oneself from performing a maladaptive affective, behavioral, or cognitive response in certain situations; this is how extinction of maladaptive coping responses may occur in the action stage, even as newly acquired coping responses are being practiced in counseling sessions and generalized to the real world. The ability to engage in self-observation or self-monitoring also translates into the ability to consciously direct oneself to perform an adaptive practical coping skill—replacing the prior maladaptive response. Homework for clients, students, and trainees that includes self-monitoring (journaling, logs) fosters self-observation and is vital for racial-cultural skill acquisition.

CASE EXAMPLE ILLUSTRATING PRODUCTIVE TECHNIQUES FOR RACIAL-CULTURAL SKILL ACQUISITION
A case example illustrates the utility of the recommended model for racial-cultural skill acquisition. The case demonstrates the importance of focusing on client acquisition of practical coping skills (adaptive affective, behavioral, and cognitive responses) for racism and oppression.

The Case of Mr. K.C.: Racism and Oppression in Seeking Access to Job Training
Mr. K.C. is a 43-year-old, 6’2”, 220-pound African American man with a high school diploma who recently lost lucrative employment. Mr. K.C. arrived at one of our sessions angry, sharing his story of outrage.

“Tha’ man! Tha’ man! I did everything you said. That’s it!” In this manner, Mr. K.C. described his experiences coping with the stress of a racist and oppressive Caucasian male serving in the role of gatekeeper for access to highly valued job training opportunities.

Mr. K.C. was eloquent in explaining: “I was polite. I listened to him putting up all sorts of obstacles. And I responded to each one. He did not have anything else to put on the table to block me. He stalled and said we had to meet two more times. I smiled, said thank you, and extended my hand to shake his. He acted like he did not want to shake my hand.” Mr. K.C. imitated the gatekeeper’s behavioral movements, suggesting great hesitancy. Smiling, Mr. K.C. then described how the gatekeeper finally responded: “He shook my hand and I wished him a good day.” Mr. K.C. continued, “I did everything you said.” Indeed, he had gone beyond my recommendations by improvising the handshake—which seemed like a well-executed adaptive behavioral response—effectively diffusing some of the hostility and hate he felt coming from the racist gatekeeper.

I provided immediate reinforcement and praise, striving to further increase his sense of self-efficacy. The client had successfully generalized to the real world the adaptive responses we had role-played and rehearsed in therapy. Consistent with this training in adaptive cognitive responses to racism and oppression in prior sessions, he successfully engaged in internal cognitive coping, wherein he was thinking internally one thing (“You racist jerk”), while he also deployed external cognitive coping and said something else aloud (“Thank you”). At the same time, he engaged in the adaptive affective response of remaining calm, smiling, and appearing pleasant (and even joyful). All of these adaptive responses served to prevent this racist gatekeeper from receiving confirmation of negative stereotypes he held about Mr. K.C. The gatekeeper could dismiss Mr. K.C. as an angry and rude Black man who could be justifiably barred from job training opportunities because he could be easily provoked to violence. Instead, Mr. K.C. demonstrated that he was a pleasant and polite man who was adaptively coping with racism and oppression.
Mr. K.C. had also engaged in excellent self-observation and self-monitoring and was able to provide detailed descriptions of his coping responses deployed in the gatekeeper’s office. I told him how proud I was of him.

We went on to discuss future strategy (thereby engaging in the adaptive cognitive response of goal-directed problem solving) for the next encounter in the gatekeeper’s office. More examples of what he might have to do (adaptive behavioral responses) and say (adaptive cognitive responses) were role-modeled by me for him and then practiced by Mr. K.C. in role-play. Through praise, I reinforced his role-play performance, increasing his self-efficacy to cope in future office interactions with the gatekeeper. At the end of the role-play, the client smiled broadly and thanked me. He spontaneously elaborated on how he could use certain things this gatekeeper had already said and done to his advantage in their next meeting; this showed his ability to have cognitive flexibility and problem-solve, as adaptive cognitive responses.

The client then talked about his desire to have a meeting with this gatekeeper’s boss to discuss the gatekeeper’s unfair, racist pattern of dealing with African Americans. However, the timing for that meeting seemed inappropriate. I brainstormed aloud the likely outcomes, role modeling goal-directed problem-solving as an adaptive cognitive response. The client decided against a meeting with the gatekeeper’s boss, stating, “I’m okay now. I’ll meet with him two more times. But he was an hour late for one meeting. I was on time. And he didn’t come in one day and had to reschedule. But I was there each time. As long as I know that you know what is going on I’m okay. I’m not going to let him stop me. It may take two months, whereas before he was in that position it was a fast, streamlined process. I know. I’ve been around a long time. I watched a lot of people go through the process of getting job training before he was hired. I just didn’t follow through with job training before he got here, because I got a great job. Then I lost it. He has no right to put up all these obstacles to block me. But he’s doing the same thing to other people, too. He acts like I’m not ready to work. Yet, I was working!”

The client elaborated: “I talk to people. A lot of people are being held back because he is in that position. He sits on their paperwork for weeks. I should get together a petition and get all these people I know to sign it. Then I’ll send it to the agency head. He’s holding people back. It’s not fair. It wasn’t this way before he got here.” In this manner, he reflected a willingness to engage in the adaptive behavioral responses of social action for social justice and advocacy on behalf of the oppressed—not also indicating positive, progressive identity development.

A week later, the client returned for his next therapy session and freely shared, “I asked around a little bit. Only two people are even at the stage I’m at, but having the same experience. The rest aren’t there yet. They’re not ready for referral for job training. So, I’m not going to do the petition. I’m going to leave it in God’s hands. If you’re going to throw up a brick wall, I may have to go another way. I may have to get another agency to help me. I’m asking God, ‘What decision should I make?’ Should I stay with the agency or move on? My stubbornness to stay may be to fight him. If I leave, will he have won? Will I be running away? I’ve run away before. I’m tired of running away. I’ve put a lot of time into that paperwork. But I may have to go somewhere else.” In this manner, the client used spiritual self-talk as an adaptive cognitive response.

Three months later, Mr. K.C. was in a job training class, having successfully deployed adaptive affective, behavioral, and cognitive coping responses to racism and oppression. But why did he have to wait so long?

**CONCLUSION: SUGGESTIONS FOR MODELS OF PRACTICE FOR EFFECTIVE RACIAL-CULTURAL SKILL ACQUISITION**

Given the recent call by Sue (2003) for Whites socialized in the United States to overcome their racism and oppression, two logical questions follow: How long will it take? How intrinsically motivated are beneficiaries of White privilege to change, even if they are given a practical guide?

As the case of Mr. K.C. illustrated, African Americans are tired of waiting, as racist gatekeepers for access to everything from job training to employment, educational opportunities, bank loans, and mortgages “slit” on their paperwork. Sue (2003, p. 255) eloquently articulates how people of Color in general are “tired,” being left to wonder “if things will get better.” Until Whites change and successfully overcome their racism, or given the belief that racism “will always be with us” (Sue, 2003, p. 270), African Americans, in particular, as well as all others in the United States must learn adaptive affective, behavioral, and cognitive responses to racism and oppression or racial-cultural skill acquisition. This chapter’s recommended model for racial-cultural skill acquisition—a practical coping skills approach—should prove of value to professionals in their work with clients, students, and trainees.

It is recommended that other racial identity development theorists consider potential benefits from integrating stages of change and motivational interviewing in their models. The stages of change provide a common framework that facilitates comparisons across models, also contributing a common language that is clear and concise when referring to identity stages/statuses across models. Motivational interviewing introduces the concept of accelerating the rate of movement across stages/statuses. Motivational interviewing provides new hope that, with regard to Whites, movement toward change in surrendering personal complicity in racism and oppression and in challenging racist and oppressive institutional practices can be accelerated and that intrinsic motivation can be enhanced through the use of motivational interviewing techniques. For African Americans, Latinos/Hispanics, Asians, and new immigrants (e.g., Africans), motivational interviewing may accelerate the rate of racial-cultural acquisition or the learning of practical coping skills for racism and oppression. Otherwise, movement across stages of change for practical coping skills for racism and oppression may be “a gradual process” where people generally move “slowly,” unless “a traumatic event may propel some individuals to move” at a “much more rapid pace” (Sue & Sue, 2003, p. 221). Moreover, motivational interviewing may also enhance entrance into and retention in interventions promoting racial-cultural skill acquisition (Burke et al., 2002; Renslow et al., 2002).

If the integration of motivational interviewing has been successful in the fields of addiction, public health, and medicine in fostering everything from alcohol and drug abstinence, diet and physical activity change, smoking cessation, medication
adherence, HIV prevention, cardiovascular management, screening for cancer, and engagement in infection-control procedures in international settings (Miller & Rollnick, 2002; Resnicow et al., 2002), why not apply it to the field of multiculturalism, specifically to the task of racial-cultural skill acquisition? Future research needs to determine the efficacy of motivational interviewing techniques when applied to the task of moving individuals across stages of change for acquiring practical coping skills for racism and oppression. Research should also determine whether or not the recommended approach to racial-cultural skill acquisition promotes progressive movement across stages of change for practical coping skills for racism and oppression and the learning of adaptive affective, behavioral, and cognitive responses.

REFERENCES


Editors
Barbara C. Wallace
Teachers College, Columbia University

Robert T. Carter
Teachers College, Columbia University

Understanding and Dealing With Violence

A Multicultural Approach

SAGE Publications
International Educational and Professional Publisher
Thousand Oaks • London • New Delhi
A Multicultural Approach to Violence

*Toward a Psychology of Oppression, Liberation, and Identity Development*

*Barbara C. Wallace*

A multicultural approach to violence considers multiple cultural variables that operate in the origin, manifestation, and dynamics of violence on the level of the individual, family, organization, and society while appreciating both historical and sociocultural influences. Hence, these multiple cultural variables may be derived from the social context or from the personal characteristics and experiences of those either perpetrating or being victimized by violence.

This means we must consider the experiences of the oppressed *and* the oppressor when the form of "diversity or difference" at issue may take any one or more manifestations. This also allows for us to consider the experiences of oppression when an individual has created and self-defined himself or herself as possessing literally any identity—even one that is a composite of multiple identities—as he or she will be respected in evolving that unique identity, be allowed to self-determine what it is and should be called as an identity, and may share perceptions and conceptualizations regarding those kinds and forms of oppression to which he or she has been subjected. What is needed and offered is a kind of generic or global...
understanding of violence and oppression that can be applied to literally any instance of social injustice.

This volume's multicultural approach to personal and social violence examines the broad dimensions of violence as it occurs on multiple levels involving multiple systems. On the level of the individual, multiple cultural influences include race, ethnicity, gender, sexual orientation, ability/disability status, religion, class, socioeconomic status, education, background, and experiences. Literally, any attitudes, beliefs, traditions, and practices that are passed on from group member to group member and from generation to generation may constitute a cultural influence. Or one may be the first to create that identity, perhaps in one's generation or contemporary social environment, even as one may then connect with others who embrace that identity for themselves, as well. Any one individual may, therefore, claim multiple cultural influences on his or her self-concept, identity, beliefs, attitudes, feelings, behaviors, and overall consciousness. For example, one might be an African American, Jewish, gay, disabled individual from a middle-class background who is currently affluent with a graduate-level education. Any of these multiple markers of identity, whether readily perceived by others or not, may serve as a trigger for others to target an individual for the experience of institutionalized racism, prejudice, discrimination, and even overt visible violent attacks. The bottom line is that the "diverse and different other" may be subject to overt and covert violence. The multiple levels and systems on which we focus within the multicultural approach to violence go beyond that of the individual to include family, community, and the larger society in the United States, as well as an international community linked by war, refugee and exile experiences, telecommunications, and frequent immigration and travel. This encompasses societal institutions and organizations, such as academia, professions, medical centers, community clinics, government agencies and laboratories, churches, synagogues, mosques, social settings, the retail industry, corporations, the criminal justice system, and the Internet and media—all of which reflect the realities of contemporary personal and social violence. This book strives to empower readers to be multiculturally competent change agents who can effectively engage with diverse community members on a national and international scale to end violence and promote healing.

Understanding and dealing with violence means acknowledging the social context, as well as historical and/or contemporary forms of oppression. The social context is full of institutions that foster contemporary forms of oppression, effectively perpetuating personal and social violence. Much harm is done through institutionalized violence and oppression.

Institutionalized violence and oppression may be defined as the presence in organizations, as well as its leadership and members, of patterns of behavior, ways of thinking, and emotional responses to "diverse and different others" who are made to feel unwelcome, unaccepted, and disrespected within the institution as a result of a multiplicity of factors—such as white privilege, white domination, prejudice, discrimination, racism, sexism, classism, ageism, heterosexism, homophobia, and the perpetuation of invisibility and disregard for people with disabilities. The result of institutionalized violence and oppression is that those exposed to it may suffer unfavorable work conditions, lower pay, patterns of not being promoted or retained, firings, unfair treatment, stress reactions, health problems, emotional pain, and cognitive distress, and they may behave in a variety of ways that specifically reflect the impact of being a target of hate, anger, and the many manifestations of institutionalized violence listed above.

Historically, disadvantages have accrued for those who have suffered from institutionalized violence and oppression. This disadvantage has taken many forms for enslaved Africans, Native Americans, women, immigrants, people with disabilities, and gay, lesbian, bisexual, and transgender people. Long periods and eras of oppression involving discrimination and even accepted and legally sanctioned forms of violence against members of these groups are a part of that history. The legacy of institutionalized violence, oppression, and historical disadvantaging has direct links with persisting contemporary forms of oppression, including white privilege. Considering these factors means fully appreciating the social context for violence. The approach to violence that is taken, therefore, allows us to draw links between historical factors, prevailing practices that are rooted in history, and contemporary manifestations of violence.

Once one appreciates how the manifestations of violence and solutions to violence have everything to do with a social context rampant with the realities of oppression, a call for social justice and advocacy work on behalf of the oppressed follows logically. Activists for social change may benefit from the multicultural approach to violence, as their engagement in the change process is
essential. Psychological and educational organizational consultants are needed who have a multicultural perspective that appreciates the manner in which oppression and covert violence may operate on multiple systems levels, including the level of the individual, family, community, organizations, professions, and society overall. However, it is important to increase the knowledge of all professionals in varied fields, as well as members of a global community, because professionals and community members need to work in partnership to end the multiple manifestations of violence.

As the introductory foundation chapter for establishing the nature and dimensions of a multicultural approach to violence, this chapter will present the following: (a) the psychology of oppression and liberation in order to foster understanding of the impact of the U.S. culture of violence, (b) graphic symbols to codify the dynamics within a psychology of oppression and liberation, (c) what it means to enter the inner worldview and self-structure of the oppressed and the oppressor toward articulating a psychology of identity development, (d) the psychology or pedagogy of liberation for the plight of internalization, and (e) seven steps for transforming personal and cultural paradigms, illustrating the central role of carefully structured dialogue.

The Psychology of Oppression: Understanding the Impact of the U.S. Culture of Violence

One might begin with a case in point to understand why a psychology of oppression is needed in many parts of the world that have languished in the aftermath of enslavement, colonialism, and centuries of institutionalized racism and multiple forms of oppression against the “diverse and different other.” For example, the United States is a culture of violence that represents a good starting point for introducing the psychology of oppression.

The U.S. culture of violence has been defined as a way of life, behaviors, beliefs, practices, and traditions that are taught and transmitted from group member to member and from generation to generation regarding the use of physical force, displays of power, and the spreading of misinformation and myths. Moreover, this transmission of practices and traditions regarding violence occurs in such a way that historically traumatic events profoundly shape and impact what is transmitted to different cultural group members and across generations (Wallace, 1993, 1996). This definition of the culture of violence includes the historical destruction of Native American civilization, the existence of the slave trade, violence against many newly arrived immigrants, and the codified degradation of African Americans. It also includes subsequent forms of more contemporary institutionalized racism and historically sanctioned discrimination and violence, especially as practiced against people of color, providing the overall context for clients’ lives in the United States (Wallace, 1993, 1996). Perhaps somewhat less pronounced in societal discourse is a focus on historically sanctioned discrimination and violence against a number of marginalized and oppressed groups. These include persons with disabilities and gay, lesbian, bisexual, and transgender individuals, in addition to those with any “diversity or difference” typically disdained in society. As a result of beliefs about these “diverse and different others” being transmitted from group member to group member, one may speak of societal members’ possession of conditioned cognitions. These conditioned cognitions, or learned thoughts, involve the learning of stereotypes to effectively spread misinformation and myths. Possession of conditioned cognitions reflects socialization influences from the larger culture, mass media, and family, religious, and ethnic groups to which individuals belong. Cognitions guide behavior, so that individuals may draw on their conditioned cognitions as they engage in behavioral practices and traditions, such as directing physical violence against members of ethnic, racial, gender, class, sexual orientation, and other varied “different” groups. It is within this cultural context that psychologists, educators, and community members have experienced socialization processes within varied settings and institutions within the United States. The media, the Web, and international telecommunications allow for the transmission of beliefs about “different” persons, as well as stereotypes, across national and international borders.

A Broad Definition of Violence

Violence is defined as delivering physical blows (with or without weaponry), displaying and misusing one’s power, or bombarding a person with destructive misinformation and myths so that, in effect, an assault occurs either on a person’s physical body or to the
self-concept, identity, cognitions, affects, and consciousness of the victim of violence (Wallace, 1993, 1996). This definition permits an evaluation of the role that psychologists, educators, and community members may unwittingly play when they have unconsciously and unintentionally perpetrated an assault, negatively impacting the self-concept, identity, cognitions, affects, and consciousness of a fellow human being, client, research participant, or student. Indeed, any individual, family, community, or societal member needs to go well beyond a keen awareness of the reality of overt physical violence or violence perpetrated with weaponry such as handguns. It is essential that we all become aware of how invisible, covert violence typically precedes the manifestation of visible overt violence. Invisible covert violence may actually set the stage and create conditions for the manifestation of overt physical violence. Moreover, even where invisible covert violence reigns, a substantial assault has been perpetrated, nonetheless, on others. The damage done is significant and quite destructive, and it can be measured in terms of the insidious, often enduring impact on the self-concept, identity, cognitions, affects, and consciousness of the victim of violence.

To establish the approach set forth in this volume as multicultural, we need an approach to understanding that is sensitive to how members of historically marginalized and oppressed groups end up experiencing both covert and overt forms of violence. The knowledge base offered in regard to personal and social violence needs to permit understanding the painful, disillusioning, and unfortunately typical experiences of oppressed and marginalized people in the United States who are diverse and from varied multicultural groups. An in-depth examination of invisible covert violence permits fostering this understanding and establishing a sufficient knowledge base for this purpose, as this chapter seeks to demonstrate.

From the broad definition of violence that guides the compilation of scholarly work and research to be presented in subsequent chapters in this volume, it follows that all forms of violence must be exposed and rejected. This includes any invisible covert violence that psychologists and educators (whether when counseling others, engaging in research, or teaching) may also perpetrate in their respective work and settings. This violence encompasses the negative impact and damage done to the self-concept, identity, cognitions, affects, and consciousness of a client, research participant, student, or community member. Assuming the responsibility to do no harm in our work with clients, research participants, students, and community members means that we must not engage in invisible covert violence, suggesting the need for the training presented in this chapter.

### A Multicultural Approach to Violence

#### Table 1.1  The Psychology of Oppression

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>The projection of negative and low expectations, as well as stereotypes from the spreading of misinformation and myths:</td>
</tr>
<tr>
<td></td>
<td>$A \Rightarrow B$</td>
</tr>
<tr>
<td>2.</td>
<td>The practice of domination and hierarchical authority by a controlling superior seeking to subjugate one deemed inferior:</td>
</tr>
<tr>
<td></td>
<td>$A$</td>
</tr>
<tr>
<td></td>
<td>$B$</td>
</tr>
<tr>
<td>3.</td>
<td>One feeling superior talks down to another as though he or she is inferior in one-way communication:</td>
</tr>
<tr>
<td></td>
<td>$A \rightarrow B$</td>
</tr>
</tbody>
</table>

Thus, with a clear understanding of the psychology of oppression, we can begin to address the dynamics within a psychology of liberation. This chapter seeks to demonstrate how graphic symbols can be used to codify these dynamics. Graphic symbols may be of value in increasing psychologists', educators', and community members' understanding and knowledge of the importance of avoiding the perpetration of invisible covert violence. These graphic symbols also serve to codify the dynamics within a psychology of oppression (see Table 1.1), as well as those dynamics within a psychology of liberation (see Table 1.2). The goal is to avoid three ways of perpetrating invisible covert violence: (a) the projection of negative and low expectations, (b) the practice of domination and exercise of hierarchical authority, and (c) verbal communication wherein a dominant superior talks down to a subordinate inferior. This knowledge may potentially stop the cycle of individuals (e.g., counselors, researchers, teachers, and community members) who role model and condition the next generation to follow them in perpetrating invisible covert violence.

### Graphic Symbols to Codify the Dynamics Within a Psychology of Oppression and Liberation

Graphic, symbolic concepts may be of value in increasing psychologists', educators', and community members' understanding and knowledge of the importance of avoiding the perpetration of invisible covert violence. These graphic symbols also serve to codify the dynamics within a psychology of oppression (see Table 1.1), as well as those dynamics within a psychology of liberation (see Table 1.2). The goal is to avoid three ways of perpetrating invisible covert violence: (a) the projection of negative and low expectations, (b) the practice of domination and exercise of hierarchical authority, and (c) verbal communication wherein a dominant superior talks down to a subordinate inferior. This knowledge may potentially stop the cycle of individuals (e.g., counselors, researchers, teachers, and community members) who role model and condition the next generation to follow them in perpetrating invisible covert violence.
Table 1.2  The Psychology of Liberation

Given an actor A, who has been socially conditioned to feel superior, and an actor B, who is deemed to be inferior, the psychology of liberation recommends the following:

1. Create reciprocal recognition, or create a new dialectic in which each enters the worldview of the other and discovers the “other” with an attitude of genuine respect and acceptance:

   \[ A \leftrightarrow B \]

   This means transforming \( A \Rightarrow B \) to \( A \leftrightarrow B \).

2. Create a nonhierarchical state of equality, wherein a relationship based on equality, freedom, justice, and the conditions for all reaching their full human potential prevail:

   \[ A = B \]

   This means transforming \( A/B \) to \( A = B \).

3. Create a free-flowing dialogue among equals, or a two-way mutual exchange of words in an authentic form of communication:

   \[ A = B \]

   This means transforming \( A \downarrow B \) to \( A = B \).

Avoiding Projection of Negative and Low Expectations: Transforming \( A \Rightarrow B \) to \( A \leftrightarrow B \)

If practitioners project negative and low expectations or stereotypes on community members, individuals, research participants, or students, then they engage in violence (Wallace, 1994, 1995). This act of projection occurs when salient stimuli or markers of identity are perceived. These serve as triggers when skin color, race, ethnicity, gender, class, sexual orientation, disability, class, status, or some other “diversity or difference” is perceived. Merely perceiving someone’s identity status may trigger the projection of negative and low expectations. The act of projection is represented by the following formula: \( A \Rightarrow B \). This formula captures the prevailing cultural paradigm and the abusive power relationship wherein A, any actor, imposes on B, another actor, his or her cognitions (thoughts) that correspond to stereotypes, negative images, misinformation, and myths possessed by A about B. Training to be a multiculturally competent psychologist or educator—whether functioning specifically

as a counselor, researcher, or teacher within a variety of settings—rests on learning how to create new relationships captured in an alternative symbolic formula, \( A \leftrightarrow B \). In this case, a genuine, authentic relationship prevails when power is mutually shared and new knowledge is gained by both A and B regarding the “diverse and different other,” as each are mutually enriched, empowered, and enhanced by the interaction. Freedom, equality, and possibilities for each to reach their highest potential are opened up by creative dialogue and interaction under this alternative paradigm of \( A \leftrightarrow B \).

Taylor (1994) offered the term reciprocal recognition, which captures the new dialectic recommended in the formula \( A \leftrightarrow B \).

Avoiding Domination and Hierarchical Authority: Transforming \( A/B \) to \( A = B \)

Plainly stated by hooks (1995), “This is a white supremacist culture” and “white supremacy is rooted in pathological responses to difference” (p. 27). The U.S. culture of violence has trained citizens in pathological responses to difference, and far too many counselors, researchers, and teachers need to acquire the new knowledge of how to avoid the unacknowledged practice of domination and hierarchical authority. Greene (1988) analyzed this domination in Melville’s (1856/1952, pp. 255-353) short story “Benito Cereno,” which focuses on Captain Delano’s misunderstanding of his relationship with his Black body servant Babo. According to Greene (1988), Captain Delano “cannot acknowledge even for a moment his own nation’s, his own state’s complicity in the violence against Black people; he cannot acknowledge the place of domination of others in the search for freedom” (p. 45) associated with the opening of the New World. Melville reminds us, according to Greene (1988), of what was overlooked by great reformers such as Dewey, Steffens, Jane Addams and Justice Brandeis—“not only the sense in which nature abhors slavery, but the sense in which a free society (and its citizens) are morally endangered by unacknowledged mastery, by domination of every kind” (p. 46).

At the beginning of the 20th century, Du Bois wrote that “the problem of the Twentieth Century is the problem of the color line” (Kenan, 1995, p. xxxi). Updating this dictum, Canon (1995) asserted that the “problem of the twentieth-first century is the problem of the color line, gender line, and the class line” (p. 25). Going one step
further, this dictum may be extended to include the line (/) drawn to subjugate those with unpopular sexual orientations, a disability, any "diversity or difference," or any human. The problem can be conceptualized as one of unacknowledged domination and hierarchical authority in all forms that foster oppression. The symbolic formula summarizing the line drawn (/) or all forms of domination is \( A/B \), capturing the generic problem of a line drawn to subjugate and oppress any human. The formula conveys how \( A \) subjugates and denies the basic humanity of \( B \); it captures how many people repeatedly and compulsively assert the privilege of acting in the role of the dominant superior, \( A \), by placing \( B \) in a subordinate position as the inferior—to be controlled and dominated. The central problem facing our nation is summarized through this formula. The formula also conveys the central problem confronting professionals in the fields of psychology and education.

The question arises as to how these practitioners may end the process of denying the basic humanity of clients, research participants, students, and all diverse members of varied communities who are effectively oppressed by the practice of unacknowledged domination and exercise of hierarchical authority. A solution to \( A/B \) is suggested in \( A = B \), an alternative formula wherein a relationship of equality, freedom, and justice and the conditions for all reaching their full human potential prevail. The goal of interpersonal relationships reflecting a nonhierarchical state of equality—a term put forth by Taylor (1994)—is recommended by the \( A = B \) formula.

Support for a nonhierarchical state of equality is not a denial of real power. It cannot be denied that the counselor who possesses professional training and degrees, the researcher who pays a fee or provides access to a service, or the teacher who ultimately gives out a final grade each has real power. However, it is important for those with power to avoid engaging in the unacknowledged practice of domination and exercise of hierarchical authority, which serve to oppress clients, research participants, and students. Indeed, when those with power correctly wield it, the result may be that both the wielder and those impacted by the correct use of power will grow substantially toward their highest potential in a creative process. Storey (1994) argued that in the field of cultural studies, Michel Foucault (1979) has made the greatest impact in recent years; Foucault does not see power as a "negative force, something which denies, represses, negates; for Foucault, power is a productive force"


I was learning that this mutual authenticity is the root of all that is genuinely moral, creative, liberating, whether in teaching, pastoral work, or psychotherapy. I was also learning that this mutually empowering connection does not contravene, or deny, the systemic/institutional power-differential between teachers and students, counselors and client, doctors and patients. I was learning that, in our professional work, our good intention and depth of caring are not enough. I was learning that we who teach, preach, or counsel need to be mindful of the ways in which power is shaped systematically and structurally in our professions... We should try to be always in a process of giving this power up responsibly, with the help of our friends and colleagues, letting it be transformed by the power of mutuality... For a priest, teacher, or therapist either to refuse to accept her power or to refuse to let it be transformed and thereby given up is potentially abusive. The basic ethical question for healing professionals is how to embody our institutional power in such a way that it is transformed into mutually creative energy between us and those who seek our help. (pp. 183-185)

Heyward’s (1993) liberation theology perspective and critique are consistent with Ivey’s (1995) suggestion that “a liberation psychotherapy must, of necessity, criticize hierarchical Platonic epistemology” (p. 59). Heyward’s (1993) work offers a potential guide in fostering evolution in the fields of psychology and education. Power can be transformed into a mutually creative energy, but dialogue remains a vital tool in this process. However, dialogue must be critically examined for whether it fosters freedom or also serves to oppress.

Avoiding Talking Down to Another as Though He or She Is Inferior: Transforming \( A \sim \downarrow B \) to \( A = B \)

The act of conveying the perception that one is superior and another is inferior occurs on a daily basis when words are spoken, especially aloud. In Black Skin, White Masks, Fanon (1967) exposed the dynamic of how a superior talks down to an inferior in an "automatic manner" and, in this process of "classifying him, imprisoning him, primitivizing him, decivilizing him," makes the Black
man angry (p. 32). This form of violence that is also perpetrated by counselors, researchers, and teachers has been captured and described so well by Fanon (1967):

A white man addressing a Negro behaves exactly like an adult with a child and starts smirking, whispering, patronizing, cozening. It is not one white man I have watched, but hundreds; and I have not limited my investigation to any one class but, if I may claim an essentially objective position, I have made a point of observing such behavior in physicians, policemen, employers. (p. 31)

The dehumanizing experience of being talked down to as though one is a child is also a display of power that does harm, constituting an act of violence and appropriately evoking the rage of the one abused. A symbolic formula, \( A \not\Rightarrow B \), captures the moment of violence when a superior, \( A \), talks down to an inferior, \( B \), engaging in abusive communication involving a one-way delivery of verbal messages. A suggested formula, \( A = B \), depicts a two-way mutual exchange of words, an authentic form of communication—a free-flowing dialogue among equals. This must replace the abusive communication that enrages those who are talked down to as though they are inferior \( (A \not\Rightarrow B) \).

Far too many clients in treatment, members of the populations from which researchers have drawn the participants they study and write about in publications, and students in classrooms have felt implicitly placed in an inferior position by language. Community members who have interacted with the physicians, police officers, and employers of which Fanon (1967) speaks also possess intimate knowledge of the rage that can be evoked when spoken down to as though one is inferior. It is extremely important to understand the difference between dialogue that serves to foster oppression and the recommended free-flowing dialogue among equals. Freire’s (1970) remarks are helpful in this regard:

Dialogue is thus an existential necessity. And since dialogue is the encounter in which the united reflection and action of the dialoguers are addressed to the world which is to be transformed and humanized, this dialogue cannot be reduced to the act of one person’s “depositing” ideas in another, nor can it become a simple exchange of ideas to be “consumed” by discussants. Nor yet is it a hostile, polemical argument between men who are committed

A Multicultural Approach to Violence.

... neither to the naming of the world, nor to the search for truth, but rather to the imposition of their own truth. Because dialogue is an encounter among men who name the world, it must not be a situation where some men name on behalf of others. It is an act of creation; it must not serve as a crafty instrument for the domination of one man by another. The domination implicit in dialogue is that of the world by the dialogueus; it is the conquest of the world for the liberation of men. (p. 77)

Again, the correct use of power in dialogue emerges as a creative process. Taylor (1994) explained how dialogue can foster human development:

This crucial feature of human life is its fundamentally dialogical character. We become full human agents, capable of understanding ourselves, and hence of defining our identity, through our acquisition of rich human languages of expression.... But we learn these modes of expression through exchanges with others. People do not acquire the languages needed for self-definition on their own. Rather, we are introduced to them through interaction with others who matter to us—what George Mead called “significant others.” The genesis of the human mind is in this sense not monological, not something each person accomplishes on his own or her own, but dialogical. (p. 32)

Psychologists and educators, whether working as counselors, researchers, or teachers, may either be “significant others” who foster self-definition and the search for truth or perpetrators of invisible covert violence who corrupt the use of human language and damage the self-concept, identity, cognitions, affects, and consciousness of others. Community members who interact with psychologists, educators, physicians, police officers, employers, and each other similarly need to appreciate the negative impact of invisible covert violence when the use of language is corrupted in this manner.

In sum, reciprocal recognition, nonhierarchical equality (Taylor, 1994), and a free-flowing dialogue among equals are introduced as new concepts critical to a successful paradigm shift toward a set of values that can guide our standards of conduct with “the different and diverse other” in the new millennium. These concepts establish what it means to possess multicultural competence. These three concepts and the symbolic formulas that correspond to them also serve as a key part of the psychology of liberation because following them
will constitute bringing to an end the dynamics of oppression. These three principles, summarized in simple graphic formulas, increase the knowledge of professionals, paraprofessionals, and community workers and may foster the attainment of new cognitions ($A \Leftrightarrow B$, $A = B$, and $A \approx B$). Acquiring these new cognitions or thoughts is central to the production of new behaviors in interacting with the "diverse and different" that reflect multicultural competence, permitting an end to violence and oppression.

Entering the Inner Worldview and Self-Structure of the Oppressed and the Oppressor: A Psychology of Identity Development

However, oppression is a concept that must be fully understood. The knowledge base of professionals should also expand to include a full understanding of the experience of being oppressed. Entering the worldview of the oppressed and gaining knowledge of the concepts put forth by the oppressed in their attempt to describe their own experience seem vital to the task of producing multicultural competence in professionals and ending oppression. Of course, this also necessitates entering and understanding the inner worldview of the oppressor. This entails learning something about the inner self-structure and identity of the oppressed. This understanding will form the basis of the psychology of identity development, even as we must also understand the identity development of the oppressor.

A New Self-Psychology or Identity Development in the Oppressed and Oppressor: $A(B) = B(A)$

By fostering an understanding of the concept of oppression, as well as the inner worldview, inner self, and identity of those socialized in our culture of violence, we effectively advance a new self-psychology of the oppressed and the oppressor. Or, it can be thought of as a new psychology of identity development in the oppressed and oppressor (see Table 1.3). The formula $A(B) = B(A)$ is introduced to advance this new self-psychology of the oppressed and the oppressor, as well as their identity development.

I am reminded of a statement often used in a joking manner to remind individuals of the way in which the slave and the master became intertwined and even intimately interdependent in their identity: "We sick Massah" (N. Korantemaa, personal communication, July 2000). Imagine a slave approaching his master in the morning, finding the master to be sick in bed, assisting his master, and then declaring the situation in this manner: "We sick Massah." Slavery produced a situation in which the identity of the slave and the master was such that what one felt, the other could express as his or her own state or condition. For when the master was sick, the slave could articulate it as a shared state or condition, given their intertwined and interdependent identity and state of being. Each was equally dependent on the other, in many ways. We referred earlier to Greene's (1988) analysis of domination of the master over the slave in Melville's (1856/1952, pp. 255-353) short story "Benito Cereno," focusing on Captain Delano's misunderstanding of his relationship with his Black body servant Babo. Another aspect of this relationship that stands out in Melville's short story is how Captain Delano so intimately depended on his servant each morning to be shaved, get dressed, and have his boots shined.

Table 1.3 The Psychology of Identity Development

<table>
<thead>
<tr>
<th>Identity Development for the Oppressor/Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via societal conditioning, an identity and concept of self for $A$ has been created based on the following cognitions: $A \Rightarrow B$, $A/B$, and $A \sim B$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identity Development for the Oppressed/Inferior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via societal conditioning in an oppressive environment, an identity and concept of self for $B$ has been created based on the following cognitions: $B \Rightarrow A$, $A/B$, and $A \approx B$</td>
</tr>
</tbody>
</table>

Interdependence: Self-Definition and Identity of $A$ in Relation to $B$ and $B$ in Relation to $A$

The self-definition and identity of $A$ stand in relation to the societal value placed on $B$. Also, the self-definition and identity of $B$ stand in relation to the proclaimed value of $A$ in society. This suggests a state of interdependence. $A$ and $B$ are each equally dependent on each other for one's definition of self, as symbolized by $A(B) = B(A)$.
Meanwhile, the slave depended on the master to be fed. Such intimate interdependence allows for the master to enter and become a part of the self-structure and identity of the slave and for the slave to enter and become part of the self-structure and identity of the master—so that the slave could profess on a morning when it was appropriate, “We sick Massah.” Indeed, the master might need and even depend on the perceptual and observational capacities of the slave to fully grasp the reality that they did not feel well that morning, as evidenced in moving more slowly and being harder to shave, dress, and feed from the perspective of the slave.

In addition to that of master and slave, many identities are impacted in their development by the existence of opposing positions of one deemed superior and another deemed inferior, as each stand in relation to each other and thereby gain distinct value and meaning. In this regard, Sedgwick (1990) discussed the epistemology of the closet—known all too well to gays, lesbians, and transgender individuals who are oppressed by the walls of closets—and also used A and B to symbolize the two positions under discussion. Sedgwick carefully considered the relationship between any symmetrical binary oppositions in our culture, such as the categories of heterosexual and homosexual, which is applicable to our discussion of that between the oppressor and the oppressed:

... first, term B is not symmetrical with but subordinated to term A; but, second, the ontologically valorized term A actually depends for its meaning on the simultaneous subsumption and exclusion of term B; hence, third, the question of priority between the supposed central and the supposed marginal category of each dyad is irresolvably unstable, an instability caused by the fact that term B is constituted as at once internal and external to term A. (pp. 9-10)

The fact that term B is constituted as at once internal and external to term A suggests yet another symbolic formula. This concept may now be introduced, following the prior formulas discussed in this chapter, as a state or condition in which \( A(B) = B(A) \). This begins to serve as a good introduction to the complexity of the relationship between the oppressed and the oppressor, between the one allegedly superior and the one conditioned into the role of the inferior. Living in a social context that makes one invisible or provides distortion in mirroring back to the oppressed disdained “self” results in a complex internalization process for the oppressed. However, the experience of one deemed superior, specifically in relation to others deemed inferior, also impacts the self and the identity development of the superior—suggeting a parallel complex internalization process.

It is important to fully understand the damage done from bombarding a person with destructive misinformation and myths so that, in effect, an assault occurs to the self-concept, identity, cognitions, affects, and consciousness of the victim of violence—specifically when one is living in a social environment dominated by the oppressor. Yet, one must ultimately also appreciate how, at the very same time, the individuals who define themselves as superior are simultaneously undergoing an identical process. The superior oppressors participate in and suffer from bombardment with destructive misinformation and myths about their superiority and others’ inferiority, so that, in effect, damage also occurs to the self-concept, identity, cognitions, affects, and consciousness of superiors/oppressors.

In this way, the symbolic formula \( A(B) = B(A) \) captures quite well the reality of both the oppressor and the oppressed being in somewhat comparable (equal) states of damage from covert invisible violence, even as most might agree that the potential risk is greatest for the oppressed inferior in position B. After all, the invisible and covert violence done to both in terms of cognitions and consciousness, as well as self-concept and identity and affects, is more painful to the oppressed and can lead to quite painful and destructive overt, visible violence being unleashed on the oppressed. However, many individuals who have caught themselves in the act of possessing a cognition that is equivalent to destructive misinformation and myth often feel deep, intense pain over knowing they have bombarred another with it and potentially engaged in an invisible assault. In this manner, some would argue for equivalency in how the oppressed and oppressor suffer and how all of humanity suffers whenever anyone is oppressed, is deemed inferior, or becomes the target for invisible covert or visible overt violence. Both the oppressed and the oppressor may be viewed as in need of healing from socialization processes or freedom and liberation from the cycle of oppression and violence.

The voice of the oppressed raised in response to this destructive set of conditions typically also begins the process of both the oppressed and the oppressor gaining freedom, as well as healing from the damage done from invisible violence, following Freire (1970), as we shall see. This moves us toward an analysis that can be
seen as the psychology of liberation. When the oppressed begin to raise their voice, we enter their inner world, hear their worldview, and typically hear about the impact of misinformation and myths with which they have been bombarded. This allows us to understand how damage is done to their self-concept and identity, causing pain.

**Bombardment With Misinformation and Myth: Invisibility and Distortion in Mirroring**

Ellison, in his 1952 book, *Invisible Man*, introduces the concept of invisibility and distortion in mirroring, inviting the reader to enter the worldview of the millions of African Americans oppressed in the United States:

> I am an invisible man... I am invisible, understand, simply because people refuse to see me. . . . I have been surrounded by mirrors of hard, distorting glass. When they approach me they see only my surroundings, themselves, or figments of their imagination indeed, everything and anything except me. (p. 3)

To perpetuate the myth that the African American is invisible in society is to engage in an insidious covert form of violence. Ellison’s (1952) words, from the perspective of one oppressed, go a long way toward describing the experience of being the target of the projection of negative and low expectations while conveying the resultant sense of invisibility. Meanwhile, the misinformation and myth that one is invisible in the society bombards one; this negatively impacts identity, self-concept, affects, cognitions, and consciousness. A damaged self and identity result from internalization of myths and misinformation. To state that “I am invisible” reflects internalization of an assault and a state of having a damaged self-concept and identity. Yet, it also acknowledges the reality of being invisible to oppressors in society, insofar as they do not mirror or reflect back to the oppressed any kind of accurate image or perception in regards to the actual identity of the oppressed.

In support of attention being paid to these concepts, Taylor (1994) noted the following:

> The thesis is that our identity is partly shaped by recognition or its absence, often by the misrecognition of others, and so a person or group of people can suffer real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves. Nonrecognition or misrecognition can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being. (p. 25)

However, if the oppressor defines his or her superiority on the basis of the existence of an inferior, then the oppressor also ends up internalizing the image of the inferior as a basis for an identity. The identity of the superior stands in antithesis to the inferior and gains meaning based on the inferior’s very existence. The superior creates a society based on bombarding all members with the misinformation and myth that the oppressor is superior, the only visible and legitimate group, and the only group to be valued. The superior is also bombarded with misinformation and myth about the inferiority, invisibility, and debased status of other “inferiors.”

Meanwhile, feared images of these “diverse and different others” are, nonetheless, internalized and harbored as something horrible, buried deep within the superior. These images are hidden away because they are considered too awful to see the light of day—remaining held in some invisible space within. What is introjected and internalized may be a disdained image, discounted as meaningless, yet it is inside, nonetheless. For the oppressor, this is captured as $A(\overline{B})$, suggesting how the identity of $A$ stands as superior in relation to something that is their internalized knowledge of the inferior, $B$—an image held inside, even as it is disdained. Yet, this debased set of images—all the oppressed and disdained people in that society—serves as the contrasting set of conditions and cognitions that establish the superiority of $A$.

The oppressor also regularly represses, buries, and actively takes advantage of opportunities to eject and project these images on the “diverse and different other.” Images of the disdained inferior, secretly harbored within as a part of their “dark” or “shadow side,” are also ejected and projected on those available “diverse and different others” who are encountered in society. The one that society “says” is superior then has the urge to fight or flee from the “diverse and different others” that society also “says” are inferior. The disdained inferior is now the container for the contents of the superior’s dark or shadow side that were projected onto all inferior “different others.” What is disdained and debased in the different
other and also within the self is ejected and projected onto the “diverse and different,” taking the form of negative and low expectations, as well as stereotypes. Most important to appreciate is how what is ejected and projected by superiors is their own internalized, disdained part of themselves, their own inner image of personal inferiority. They then get rid of “it” in each interaction in which they can project that inferior inner self-image on the disdained “diverse and different other” in society. In this way, the superior needs the presence of some external inferior in society to eject from their inner world and project on societal inferiors those typically well-hidden inner feelings of inferiority. “Superiors” thereby maintain feelings of superiority. Unfortunately, the damage done to the “superior,” in the process, includes having a false sense of self, one that never adequately integrates and comes to terms with what is feared, disdained, disliked, and rejected that actually lies within. If what is problematic inside is seen as easily locatable in the disdained “different other” and thereby never located as the problematic, feared part of the inner self, the opportunity and challenge in working toward being whole and integrated are missed. One’s dark or shadow side is never adequately embraced as something that can see the light of day and be accepted as a part of one’s own inner, inevitable duality as a human and divine being.

Social Responsibility in Articulating One’s Oppression: First Step to Potential Dialogue and Creating a New Identity

This analysis helps to promote fuller comprehension of the real predicament and problems inherent in embracing white privilege. This emergent self-psychology of the oppressor resonates with explanations of the narcissistic self. Thus, when the slave declares, “We sick Massah,” it is also a comment on the inherent pathology of narcissism, white privilege, and oppression of inferiors. The resulting “inner state of being” of “self” for oppressor and the oppressed can be declared as sick, in terms of the psychopathology of obscene narcissism and a stance of white privilege that requires an inferior who is deprived. Or, an empathic self-psychology of oppression can guide liberation from this condition.

Declaring “We sick Massah” is the first step taken by the oppressed in clarifying the experience of a close interdependence that inherently sustains the two intimately interrelated positions of inferior and superior. This first step can also be seen as the beginning of a process of liberation. Going beyond the limitations of this one statement, the point to be made is that the oppressed have a socially responsible role in declaring the nature and state of being inherent in oppression and subjugation. The socially responsible role of articulating the experience of oppression also brings the hope of liberation for both the oppressed and the oppressor.

Ellison (1952) suggested that the oppressed play a socially responsible role in articulating their experience of oppression:

I must come out, I must emerge… And I suppose it’s damn well time. Even hibernations can be overdone, come to think of it. Perhaps that’s my greatest social crime, I’ve overstayed my hibernation, since there’s a possibility that even an invisible man has a socially responsible role to play. “Ah,” I can hear you say, “So it was all a build-up to bore us with his buggy jiving. He only wanted us to listen to him rave!” But only partially true: Being invisible and without substance, a disembodied voice, as it were, what else could I do? What else but try to tell you what was really happening when your eyes were looking through? And it is this which frightens me: Who knows but that, on the lower frequencies, I speak for you? (pp. 567-568)

Ellison (1952) played a socially responsible role in giving voice—on behalf of a collective—to what is the common experience of an entire group of people or anyone injured from the violence of invisibility, distortion in mirroring, and being the recipient of false, negative projections. Whether the experience of a person of color, a woman experiencing sexism, a person with a disability, or a gay, lesbian, bisexual, or transgender person or the oppressor, Ellison (1952) indeed may speak for a collective of oppressed and marginalized voices. By potentially making conscious for all—the oppressed and the oppressor—that it is no longer acceptable to be oppressed, silent, and hidden away as invisible in some dark place (hibernation), the possibility exists for both the oppressed and the oppressor to begin to heal. This is akin to becoming whole, progressing in identity development, moving toward creation of a new self reflecting integration of one’s good and bad inner parts, attaining liberation, and reaching their respective highest potential. For if the oppressor cannot keep the oppressed invisible and hidden, the oppressor’s own
corresponding dark side may not be as easily kept repressed and invisible in their own inner self. What was happening when the oppressed was invisible includes how the oppressor was also being kept from wholeness, insofar as their own shadow side, their own dark side, did not have to be integrated or actively contended with in the light of day. Instead, projections of the dark, shadow side could be placed on the different other, and the disdained inner self was thereby never embraced by the oppressor. The development of the self toward wholeness and integration was hindered.

Through this articulation of his experience of oppression, one might also suggest that Ellison (1952) begins the process of ending oppression, taking steps toward his own liberation. “Liberation is praxis: the action and reflection of men upon their world in order to transform it” (Freire, 1970, p. 66). Ellison violates the oppressor’s preferred guide for the behavior of the oppressed—remaining silent and accepting the state or condition of being oppressed. Hence, if one is a psychologist or educator—as well as if one is a client, research participant, student, community member, or individual from any oppressed group—one needs to embrace the concept Ellison (1952) puts forth of having a socially responsible role to play. This involves the important task of giving voice to one’s experience of oppression. This means speaking up. This means speaking one’s truth, even speaking one’s truth to power—as embodied in those oppressors who must hear the truth of what it is like to be oppressed and the demand for that oppression to end. For Freire (1970), speaking up is a critical step in transforming an oppressive reality and finding liberation. It is the first critical step in leading the oppressed and the oppressor to freedom, wholeness, an integrated self, and moving toward one’s highest potential. Raising one’s voice and speaking the truth regarding one’s experience are the first step toward potential dialogue, as well. Only such an act of giving voice to one’s experience can create the potential for dialogue between the oppressor and the oppressed. Such an act also serves to redefine one’s identity, as one can now be conceived as resisting one’s oppression or as creating a new identity as a defender of one’s self or a new identity as a social activist seeking social justice.

In turn, former oppressors and/or current oppressors (including psychologists and educators who, in their roles as counselors, researchers, and teachers, may have once also practiced $A \Rightarrow B$, $A/B$, and $A \rightarrow \downarrow B$) must absolutely respect the moment when the oppressed exercise their social responsibility and speak out about the experience of being oppressed. It becomes critical to truly “hear” about their experience of sustaining injury; these are injuries to the self-concept, identity, cognitions, affects, and consciousness. One may thereby witness the birth of new selves, the creation of a new healthier identity, and the beginning of one being made whole—as well as moving not only the individual but also the larger society toward healing and integration. Societies divided by “difference” may now begin to heal.

At the very same moment, former or current oppressors’ own disdained inner parts of the self see the light of day. Their dark shadow side can now be faced in the light of day, and the possibility of moving toward an integrated self exists.

A Caution on the Role Reversal: A Potential Pitfall Postinternalization of the Oppressor

We must also consider the implications of $A(B) = B(A)$ wherein even the psychologist, educator, or community member—as instances of $B(A)$—who is from a marginalized, oppressed, and “inferior” group has internalized the oppressor and identified with them (see Table 1.4). One implication is that these individuals can then mimic the behavior of the oppressor even though they are members of oppressed groups, engaging in a role reversal (Wallace, 1996). The role reversal involves taking on the behavior of the oppressor, even doing a perfect imitation of the oppressor’s violent ways and striving to engage in and maintain the oppressor’s practices and traditions of violence and oppression. Hence, a part of the training of psychologists, educators, and community members from historically oppressed and marginalized groups needs to include a process of fostering awareness of the presence of the oppressor within ($B(A)$) and the possibilities of acting out the role behavior of $A$ as well. The traditionally oppressed may now reverse roles and act out the role behavior of their oppressor, revealing how they are in essence $B(A)$, having an internalized oppressor who can guide them in replicating the behaviors of the oppressor.

It is hoped that one who is $B(A)$, a member of a historically oppressed and marginalized group who has engaged in a role reversal and acted out the behaviors of the oppressor with other oppressed persons (as $B(A) \Rightarrow B$, $B(A)/B$, and $B(A) \rightarrow \downarrow B$), can also attain the level of being a former oppressor. This can be achieved by virtue of training in multicultural sensitivity and competency. This
Table 1.4  The Plight of Internalization for the Oppressed and the Role Reversal

Plight of Internalization for the Oppressed and Abused

Psychologists, educators, and community members, if from a marginalized, oppressed, and "inferior" group, may have internalized the oppressor. Also, in dysfunctional family life, abused and oppressed children, B, may come to internalize their abusive, oppressive, parental authorities, A. As adults, these "adult children" from dysfunctional families also constitute a state of B(A), harboring inside their former abusive, oppressive parents. This state of harboring the internalized oppressor/abuser inside is symbolized by

\[ B(A) \]

Role Reversal in the Behavior of the Oppressed as a Result of Internalization

Psychologists, educators, and community members, if members of oppressed groups, and former abused children are able to imitate the behavior of the oppressor or parental abuser, engaging in a role reversal. The oppressed/abused, B, may now reverse roles and enact the role behavior of their oppressor/abuser, A, revealing how they are, in essence, B(A). They may enact the behaviors of the oppressor with other oppressed persons, based on the guiding cognitions of

\[ B(A) \Rightarrow B, B(A)/B, \text{ and } B(A) \not\Rightarrow B \]

again suggests attaining a new consciousness based on the cognitions of \( A \Rightarrow B, A = B, \) and \( A = B, \) with a corresponding set of behaviors that are suggestive of multiculturality and freedom from engaging in oppression and violence.

Former oppressors—whether from group A or B, whether having or currently embodying A(B) or B(A)—need to listen to the voice of the oppressed, for it is the key to the liberation of all. For, as praxis, following Freire (1970), former oppressors need to deeply and genuinely reflect on what they hear the oppressed saying as a necessary step in helping to transform reality and produce liberation from the cycle of violence for both the oppressed and the oppressor.

The Psychology or Pedagogy of Liberation for the Plight of Internalization

Having knowledge of how \( A \Rightarrow B, A/B, \) and \( A \not\Rightarrow B \) represent the socially conditioned cognitions that guide the interpersonal behavior

Table 1.5  Psychology of Liberation From the Plight of Internalization: Integration of the Internalized "Other" and Creation of a New Self

Liberation for the Oppressed/Abused, B: Integration of (A) to Create a New Self (CNS)

Any oppressed/abused person suffering from internalization of the oppressor, B(A), can attain to the level of being a former oppressor and create a new self (CNS), new identity, or concept of self. Survivors of oppression or abuse can integrate the oppressor, A, they have internalized, into their self-structure, creating a new identity or concept of self, C, symbolized as

\[ B + A = CNS \]

Liberation for the Oppressor, A: Integration of (B) to Create a New Self (CNS)

Similarly, being in a state of A(B), oppressors suffering from narcissism or a false sense of superiority and privilege, which is coupled with a well-hidden sense of inferiority, can also seek to integrate the inner inferior sense of self or the dark side of themselves that they harbor inside. They, too, can become former oppressors. This process of integration can result in the creation of a new self (CNS), new concept of self, or new identity that is much more realistic and humanistic, being symbolized as follows:

\[ A + B = CNS \]

of many citizens in the U.S. culture of violence and professionals in the fields of psychology and education, we must fully understand how a part of the experience of the oppressed includes the ongoing struggle with also having internalized \( A \Rightarrow B, A/B, \) and \( A \not\Rightarrow B. \) If one is oppressed and therefore has internalized the oppressor \( (B(A)), \) by virtue of that same socialization process, one has also internalized a whole set of cognitions \( A \Rightarrow B, A/B, \) and \( A \not\Rightarrow B \) on which notions of superiority and inferiority are based. Hence, we must discuss a psychology of liberation or pedagogy of liberation that results in the creation of a new self or identity. This is summarized in Table 1.5.

The plight of internalization has been described by numerous writers. Freire (1970, p. 31) offered the view that freedom requires the oppressed to eject the internalized image of the oppressor and any adopted guidelines while attaining a new autonomy and responsibility. These negative guidelines to be abandoned are captured in \( A \Rightarrow B, A/B, \) and \( A \not\Rightarrow B. \) The oppressed must confront the reality of internalizing the oppressor as \( B(A), \) which Freire explained as follows:
The central problem is this: How can the oppressed, as divided, unauthentic beings, participate in developing the pedagogy of their liberation? Only as they discover themselves to be "hosts" of the oppressor can they contribute to the midwifery of their liberating pedagogy. As long as they live in the duality in which to be is to be like, and to be like is to be like the oppressor, this contribution is impossible. The pedagogy of the oppressed is an instrument for their critical discovery that both they and their oppressors are manifestations of dehumanization. (p. 33)

A dimension of this dehumanization is the state of "internalization" of "inferiority" (Fanon, 1967). Fanon (1967) began his book, Black Skin, White Masks, with a quote by Aimé Césaire from Discours sur le Colonialisme: "I am talking of millions of men who have been skillfully injected with fear, inferiority complexes, trepidation, servility, despair, abasement" (p. 7). Freire (1970) summarized the predicament as follows:

The oppressed suffer from the duality which has established itself in their innermost being. They discover that without freedom they cannot exist authentically. ... They are at one and the same time themselves and the oppressor whose consciousness they have internalized. The conflict lies in the choice between ... ejecting the oppressor within or not ejecting him. ... This is the tragic dilemma of the oppressed. (pp. 32-33)

The formula $B(A)$ captures the duality established in their innermost being. Meanwhile, the consciousness of the oppressor, which they have also internalized as a set of guiding cognitions, is captured in $A \Rightarrow B$, $A/B$, and $A \sim B$; these three socially conditioned sets of cognitions may permit the oppressed to replicate the behavior of the oppressor, as well as allow them to accept dehumanizing treatment as the norm and standard in society, given these internalized beliefs.

But based on my experience working with adult children from dysfunctional families who were abused, victimized, and oppressed by abusive, violent parents, the psychology of liberation or the pedagogy of liberation at which the oppressed arrive has included, by necessity, accepting and integrating the presence of the oppressor—not ejecting the oppressor. Integration of the oppressor or abuser harbored within, as a result of internalization and identification with the aggressor, can result in the creation of a new self (CNS) or new identity. The resulting pedagogy of liberation resolves the problem of the plight of internalization, insofar as one works hard to accept the presence of the oppressor within yet seeks to control affects, behaviors, and cognitions that follow from the state of $B(A)$. An example of a behavior that must be controlled and transformed is engaging in a role reversal and adopting the violent, oppressive behaviors of the oppressor. Indeed, in many cases, the process includes sensitive recognition that one may have already engaged in a role reversal and enacted the behaviors of the oppressor and that this is what must be given up—including giving up chemical dependency, domestic violence, physical abuse of one's own children, sexual abuse of others, and general verbal abuse of multiple others.

A Psychology and Pedagogy of Liberation for the Individual, Family, Community, and Societal Levels

In this manner, it is necessary to go beyond a consideration of the cultural level and also consider family-level socialization influences on what we internalize. Individuals can never liberate themselves completely from those whose love and care shaped them early in life, yet a person can come to understand and "thus get some control over the influence of our parents" (Taylor, 1994, p. 33). This is consistent with the pedagogy of liberation that I discovered in working with women recovering from chemical dependency in the sacred circle of the group in counseling. The goal was control of a number of compulsive behaviors and interpersonal dramas, as well as improved regulation of affects, self-esteem, impulses, interpersonal behavior, and general self-care. Yet, how did these women arrive at having to face the task of realizing that they could not eject the oppressor who was their own internalized abusive parental figure but had to learn control over the legacy of their influence?

Internalizing Oppressors in Dysfunctional Family Life

When the social and economic realities of daily coping with the stressors that accompany family life in the U.S. culture of violence are appreciated, one may analyze how some families gradually cross a thin line into dysfunction (Wallace, 1996, p. 38). Immigrants and migrants who initially coped in extraordinary fashion may eventually degenerate into neglectful, abusive, alcoholic parents with
whom their children identify under the influence of a powerful parental socialization process. Exposure to parents stressed to extremes helps to create the next generation of parents who may also end up chemically dependent and abusive to a new generation, their own children. Wallace (1996) elaborated on how “if you know the trauma, you can figure out the drama” (p. 189), explaining that adults may enact a behavioral drama that involves repetition of the basic interactional pattern that was experienced as traumatic for them as children. However, once these children become adults, there may be a role reversal wherein those adults now take on the former behavior of their parent and place a new object—their own child—in the position that they once occupied themselves as a child. Through the process of socialization in a family, an abused and oppressed child (B) may come to internalize their abusive, oppressive, parental authorities (A) who created tyranny and chaos within family life (often because their own impoverished, stressed, or immigrant status included the experience of being B, or oppressed in the larger society). As adults (B), these adult children from dysfunctional families also constitute a state of B(A). They have internalized the abusive, oppressive parents (A), even though they themselves were once abused, oppressed children, as B. They are now in a state of B(A), harboring their former abusive, oppressive parents inside.

The once abused, oppressed children grow up into abusive, oppressive adults who are now capable of unconsciously and unwittingly oppressing their own children. Wallace (1996) explained how clients once abused as children now, as adults, engage in splitting, regression, and projection and reenact an old behavioral drama that effectively places a child born in a new generation in the role of the abused and oppressed victim (Wallace, 1996). Again, they face the task of integrating the abuser harbored within and creating a new self (CNS) or identity.

Any liberating dialogue in a nonhierarchical therapeutic relationship should not only foster perceptions in clients that become a motivating force for their participation in their own liberation but also reveal how the oppressor, once disdained in childhood, actually lives within and can emerge through a role reversal (Wallace, 1996). Children once assaulted and abused may now stand as adults who engage in the abuse and oppression of children in a new generation. The internalized oppressor must be identified and integrated—not technically extracted—as a therapeutic process of self-liberation. It is more technically accurate to state that they must accept and integrate their inner state of being—harboring inside or having internalized their abusive, oppressive parents through identification. They must also integrate this part of themselves (A) and move toward creation of a new self of their own making, perhaps based on selective identifications with warm, nurturing, empathic role models of their choosing—often their mentor, friend, counselor, teacher, or psychologist.

Internalizing Oppressors Within the Larger Society

Moving from the level of family socialization processes back to that of the larger society, individuals also abused or victimized at the larger community level may also internalize and identify with the aggressor during interpersonal violence. The possibility exists that an individual abused or victimized, B, by an aggressor who overpowered him or her, A, may now harbor inside an image of that aggressor so that B(A). As a result, the potential exists for B to also engage in a role reversal and perform the violent behaviors of A. Whether at the family level or community level or through larger societal-level socialization processes, the goal of this book is to promote a process whereby those oppressed and victimized on any level do not perpetuate a cycle of violence continuing generation after generation, sustaining our culture of violence. The goal is freedom from oppression, including freedom from a role reversal wherein one takes on the cognitions and role behavior of an oppressor, victimizer, abuser, or assailant of any kind—whether a parent, a community gang member, or a person guilty of a bias crime as a racist, sexist, or a homophobic, for example.

Freedom From the Oppressor

Going back to the larger societal level, Freire (1970) further indicated that this freedom “is acquired by conquest, not by gift. It must be pursued constantly and responsibly” (p. 31). For “through self-liberation, in and through the needed, just struggle, the oppressed, as an individual and as a class, liberates the oppressor, by the simple fact of forbidding him or her to keep on oppressing” (Freire, 1995, p. 99). Given socialization processes in the fields of psychology
and education and the tradition of using books such as this one in training, perhaps by increasing knowledge in professionals and paraprofessionals of the experience of oppression, an individual who has engaged in oppression in the past may find liberation from the cycle of perpetrating acts of covert invisible violence and passing on these practices to the next generation of professionals. Similarly, when psychologists and educators in their roles as counselors, researchers, and teachers work with clients, research participants, students, and community members, possibilities exist for fostering freedom for both the oppressed and for oppressors.

Implications

Knowledge and understanding gained by any through education and training, such as through this book, may translate into counseling interventions, prevention activities, treatment, research, and teaching strategies that break the cycle of oppression and foster freedom. This needs to occur on the level of the individual whose consciousness, affects, cognitions, self-concept, and identity must be healed from the consequences of experiencing oppression, as well as from the experience of being an oppressor. Psychologists and educators may also embrace the task of healing the consciousness, affects, cognitions, self-concept, and identity of individuals who may be members of families with similar needs for healing, as well as those of community members and societal group members at large.

A Graphic Training Guide for a Psychology and Pedagogy of Liberation

In this regard, Figure 1.1 provides a graphic training guide for psychologists, educators, or any individual, family, or community member aspiring to actively deal with the consequences of socialization in our culture of violence, seeking to promote healing and liberation from oppression and violence. The bottom half of the figure summarizes the task of shifting beliefs and attitudes away from the view that the status quo is acceptable and “all is well,” depicting how invisible covert violence reigns in our society and its organizational settings, as the tension and violence graphically depicted capture. Actually, the actors, A and B, need not be gesturing or in a stance to suggest overt violence because in many societal and organizational settings, it is more typically just invisible covert forms of violence that reign.

However, historically as well as in contemporary times, within the U.S. culture of violence, an overt violence of the kind depicted in Figure 1.1 has been all too common. In any case, it is when any two
actors, A and B, whether professionals or community members, internally possess the common conditioned cognitions of $A \Rightarrow B$, $A/B$, and $A \sim B$ that their interpersonal dialectic is tense and violent—whether covertly or overtly so. The training that sought to increase knowledge is also summarized in the bottom half of Figure 1.1, as it depicts how both actors A and B, the oppressor and the oppressed, have internalized conditioned cognitions of $A \Rightarrow B$, $A/B$, and $A \sim B$. These conditioned cognitions serve as a guide for interpersonal behavior, permitting violence. In the top portion of Figure 1.1, both actors A and B, having transformed their personal paradigms, reflect internalization of the new cognitions $A \Leftarrow B$, $A = B$, and $A = B$. These new cognitions serve as a guide to interpersonal behavior, permitting actors A and B to sit face-to-face, as equals, and engage in a civil dialogue in a counseling, research, teaching, or one of many other community settings. The context now exists for an effective form of communication to occur that is free of violence. But specific skills are necessary for effective communication or productive dialogue to transpire, suggesting the need to transmit skills in this part of the chapter.

Dialogue: Seven Steps for Transforming Personal and Cultural Paradigms

The combination of recommended skills holds the promise of creating new cognitions; producing new behaviors and, ultimately, an expansion in consciousness; and sustaining a new cultural paradigm based on the principles of reciprocal recognition, nonhierarchichal authority, and a free-flowing dialogue among equals. The following seven steps, which are also summarized in Figure 1.1, suggest the hope for evolution in the fields of psychology and education. These steps codify the essence of a pedagogy of liberation or a psychology of liberation through the transformative power of dialogue while also spelling out in detail the specific skills necessary for success in dialogue and in actualizing the process of individuals becoming free of past dramas of oppression and violence. A detailed description of the seven steps within the pedagogy of liberation or psychology of liberation follows:

1. During dialogue with "different others," actively listen. Discover how the process of listening to another permits this person to open up and disclose information. This is the process of hearing another to speech (Heyward, 1993). Discover how being listened to also leads you to open up and disclose information. While listening to another and talking in a dialogue, attune to affects—both your own inner affects and those that you sense the other person is feeling. Strive to experience a genuine empathy as you attune to the affects of another. Engage in careful reflection on that dialogue and those affects to which one has attuned, moving on to the task of mirroring those affects or feelings perceived back to the other person and also meanings heard when you were listening. The cumulative process of deploying these skills may be thought of as empathic mirroring (Wallace, 1991, 1996). Thus, empathic mirroring may be defined as the skill of listening to another person, attuning to his or her inner affects or feelings, and striving to sense what that person is feeling inside, as well as ever so gently holding up a mirror and reflecting back to that person what you sense he or she is feeling inside. Yet, as we shall see in Step 2, a component of empathic mirroring also involves listening to the individuals' whole story and grasping their cognitions or thoughts while paying special attention to contradictions in their thoughts, as well as searching for contradictions between their thoughts and what they describe as their behavior through their story.

2. During dialogue with others, pay special attention to the moment when you perceive any contradictions in what you hear them saying. Reflect with empathy your perception of any contradictions in what another is saying. These are contradictions between their cognitions or between what others are saying or believe and their behavior. Typically, this creates a state of cognitive dissonance, and accompanying affects or feelings arise about the apparent contradictions, creating a moment of profound insight. The emerging affects to which you attune may then be reflected back to the person and discussed in a continuing dialogue. Similarly, in dialogue, one may have contradictions in one's own cognitions or between cognitions and behavior pointed out. In either case, the new awareness of contradictions may lead to a consideration of a range of inconsistencies within one's inner self, family, and larger culture, as other insights are experienced in either a continuing dialogue or in private reflection. One may reflect on possessing the cognition "I do not want to be oppressed" and how this stands in contradiction to personal behavior of engaging in oppressive acts against others.
3. As a result of experiencing new perceptions, especially as they involve new knowledge of one’s own contradictions or thoughts and behavior, the production of new cognitions follows (e.g., $A \leftrightarrow B$, $A = B$, and $A \equiv B$, or “I should never have been treated like that” and “I should not treat others in that fashion”), replacing old conditioned cognitions (e.g., $A \rightarrow B$, $A/B$, and $A \sim \rightarrow B$, or “Being treated like this is the way it is in our society” and “I am justified in treating others in this fashion”).

4. The perception of contradictions (i.e., cognitive dissonance in Step 2), the subsequent state of affect, and the production of new cognitions (Step 3) produce motivation to engage in new behaviors. New behaviors are created and refined through practice, and inner and outer dialogue may be used as new behavior is practiced and refined (Wallace, 1996). Carefully constructed self-talk or affirmations (inner dialogue) guide and strengthen the performance of new behavioral strategies (Wallace, 1996)—for example, repeating new cognitions such as “I should not treat others in that fashion” or “I am creating new patterns of relating with others.” Tailored self-talk, especially that which begins with “I am” and specifies the desired behavior or outcome one would like to manifest in reality, is particularly powerful. Repeating this carefully tailored self-talk or affirmations, especially aloud, allows a person to experience the power of the spoken word, as what is spoken aloud (external dialogue), over and over and again; this tailored self-talk serves to help manifest the desired reality. Beyond self-talk that occurs aloud, it can then be repeated silently within (inner dialogue with the self). Suddenly, new patterns of relating are being created and observed by the individual, as evidenced by what this person made a determination to create and actually did create or manifest in reality. A state of personal empowerment results, as the level of personal confidence to perform new behavioral strategies (self-efficacy) increases and facilitates successful maintenance of behavior change over time.

5. Expansion in consciousness results directly from (a) a new awareness of inner affects and the moment they arise, (b) the ability to focus on and perceive contradictions in one’s cognitions or between cognitions and behavior and to process the feelings that arise from being in a state of cognitive dissonance, (c) the production of new cognitions and the internal and external rehearsal of cognitions in dialogue, and (d) the production of new behavior that is then observed, monitored, discussed with others, and also refined and maintained by using inner dialogue. The capacity to self-observe increases dramatically as a result of these four steps. As one’s ability to attune to inner affects, self-observe, and direct both inner cognitions and outer behavior increases, one effectively makes what was once unconscious (affects, contradictions in cognitions, contradictions between cognitions and behaviors) a part of his or her conscious awareness—effectively and progressively expanding the domain of consciousness.

6. The ability to produce and maintain new cognitions and behaviors, as well as the overall expansion in consciousness, results in a state of empowerment, including the ability to create reality. An individual emerges, feeling empowered to create reality. As a result, Foucault’s (1979) experience of power follows for that individual—“power produces; it produces reality” (p. 194; see also Storey, 1994, p. 105). Because of the prior steps, one does indeed know how to manifest desired outcomes because new cognition or thought can lead to the design of tailored self-talk, and the external and then internal repetition of this self-talk, as vital dialogue with the self, serves to keep thinking focused on the desired outcome and also produces behavior and the overall reality consistent with that tailored self-talk. Indeed, individuals following these steps, including the use of carefully designed and tailored self-talk, know how to produce outcomes or produce reality. This may be called manifestation or creating reality.

7. If Steps 1 through 6 are followed, an individual may reach Step 7 and experience what has been articulated as the vision of Fanon (1963, 1967), Freire (1970, 1995), Heyward (1993), Ivey (1995), and many others—the celebration of liberation and freedom from oppression. Both the oppressor and the oppressed are liberated. The celebration of liberation and freedom follows from the ability to create reality. The new reality created reflects a new cultural paradigm that will be maintained through the practice of reciprocal recognition, nonhierarchical equality, and free-flowing dialogue among equals. Most important, the maintenance of freedom and liberation demands a personal and cultural praxis that is free of all forms of violence. As Fanon (1967) concluded in *Black Skin, White Masks*, it is important for us to work out new concepts and remake humanity anew.
These seven steps hold out hope for the fields of psychology and education and for community members contending with oppression and violence. These steps, being dependent on the power of dialogue—both that occurring between individuals and as internal and external dialogue delivered by any individual to his or her inner self—may potentially transform the historical dynamics in the organizational settings in which psychologists and educators work. There is also the potential to transform the impact of having internalized oppressors or having functioned as an oppressor who engages in problematic behavior.

Conclusion

This chapter has introduced the concept that the United States is a culture of violence that effectively socializes and conditions members in how to sustain this culture through beliefs, traditions, and practices regarding violence that are passed from group member to group member and from generation to generation. In addition, a broad definition of violence was introduced that encompassed and explains both invisible covert violence as well as overt visible violence. Most important, this chapter has begun to illustrate the nature of a multicultural approach to violence by focusing on the experience of oppression from the perspective of members from a variety of historically marginalized groups. Symbolic concepts were introduced to reveal the nature and forms of invisible covert violence, focusing on the projection of negative and low expectations, hierarchical domination, and talking down to others as though they are inferior. In addition, the manner in which both the oppressed and the oppressor suffer from bombardment with misinformation and myths, resulting in internalization processes and damage to identity, was symbolized graphically and discussed. A pedagogy of liberation was introduced that depends on the process of dialogue, a process requiring specific skills described in seven steps that lead to liberation and freedom from oppression. Central concepts—reciprocal recognition, nonhierarchical equality, and a free-flowing dialogue among equals—are suggested as essential to establishing and maintaining a new cultural paradigm in our society, our organizations, and in our personal lives that is conducive to creating and maintaining freedom from oppression. In this manner, this chapter has moved toward a new integrated psychology of oppression, liberation, and identity development.

As an introductory foundation chapter, this discussion has been important in establishing the nature of the multicultural approach to personal and social violence introduced through this edited volume. The novel concepts and unusual approach to personal and social violence taken in this volume are refreshing to those who have been frustrated by attempts to discuss, investigate, and theorize about violence without adequately taking into consideration how historical factors and continuing socialization work to create a dimension in the field of violence that is inextricably linked to the problem of oppression of historically marginalized groups. The resulting multicultural approach established in this introductory chapter lays the foundation for the authors and researchers who, in subsequent chapters, present their research and scholarship that also reflect a multicultural approach to one or another contemporary manifestation of violence.

It can now be taken as foundational knowledge, established in this chapter, that beyond the physical violence that distresses us so and still calls for a multiculturally sensitive approach, there is also a rationale for understanding the experiences of those who suffer both visible and invisible forms of violence. This may include research and scholarship on those who may either perpetrate or suffer from hate crimes; transgender individuals who are targeted for violence and require us to expand our notions of gender; the experiences of African American adolescent males in urban settings, women rape victims, or Japanese and Asians who are victims of hate crimes; and traditional males in need of leadership training in light of today's multicultural and diverse society.

These topics and others will be presented in this volume with multicultural sensitivity and competence by the researchers and scholars who contribute something invaluable, as the field of violence expands to include the first volume to take a multicultural approach to violence. Collectively, the volume seeks to foster the kind of paradigm shift in the fields of psychology and education that is suggested in this chapter, as society moves toward liberation from oppression via praxis and a pedagogy that is made and remade by the oppressed and those with whom they engage in transformative dialogue.
guide for doing this challenging
task would facilitate further creative
strategies throughout the world.
I am invested in this work, I
witness to the
the strength to continue "fighting
in the struggle to defend their
surmountable odds, and their
healing is possible. These ordi-
s," one and all, empower me to
our professional struggles. When I
possibilities for spiritual
in all of us.

References

Chapter 1


Chapter 2


References

Doddington, negative
Disability
Dunn, M. E.
Introduct
Ellison, M. J.
Gay, Lesi
Emmons, R.' personali
Evans, J. H. (study: R
Falek, A., & I
Social Bi
Ferguson, P.
retarded
Fichten, C. S.
Attentive a comp
Courteo
Fink, S. L. f.
Medicina
Gallagher, H
Goffman, E.
Cliffs, N
Hafferty, F. V
case of
Handler, E. (toward Disabi
Hastorf, A. H.
tic in so
Helms, J. E.
models Hands
Hirok, G. M
Textbo
Amerix
Horowitz, C
Joseph, J. B.
cal m" (Eds),
pp. 16f
Kiesler, C. f.
service
Kleck, R. E
interac
Kleck, R. E
face-to
Klinger, R.
dumes
R. P. (pp. 8f
A Call for Change in Multicultural Training at Graduate Schools of Education: Educating to End Oppression and for Social Justice

BARBARA C. WALLACE
Teachers College, Columbia University

This article puts forth a call for change in multicultural training at graduate schools of education in order to prepare future professionals to work effectively within our increasingly diverse society. It is suggested that professionals well versed in multiculturalism need to consider how to revise and further refine multicultural training in order to better address linguistic and other diversity to be found among immigrants, as well as issues around sexual orientation, disability, and spirituality. Those relatively new to the field of multiculturalism are similarly encouraged to embrace the task of preparing themselves, appropriate curriculum, and their departments for the task of educating to end oppression and for social justice. Graduate schools of education are challenged to pursue the goal of organizational multicultural competence. Such a goal should be incorporated within the vision and mission of graduate schools of education across the nation, given the new demographics characterizing our increasingly diverse society.

INTRODUCTION

Short (1999) reminds us that the year 2000 has been heralded as a turning point for changes in the U.S. educational system, given the increasing diversity in schools' student populations. This diversity is projected to rise steadily in decades to come. Moreover, the call to change the way school systems educate children is coming from federal education legislation, state and local education initiatives, and even from business interests (p. 107).

It is therefore timely to call specifically for change in multicultural training at graduate schools of education. The dawning of the new millennium suggests the appropriateness of closely reviewing, revising, and further refining that which is currently in place as graduate level multicultural training for teachers and other professionals. In a journal covering the theme of multiculturalism directed to an audience that includes faculty and administrators at graduate schools of education, a call to review, revise, and further refine current multicultural training is essential. The dual goals of (1) ending the oppression of all marginalized and miseducated groups, as well as (2) teaching for social justice serve as twin guideposts for the nature and direction of that change for which this article calls.

Following the presentation of background information supporting a call for change in graduate level multicultural training, two categories of questions will form the second and third major sections of this article, guiding the discussion of pertinent issues. The fourth section of the article emphasizes the importance of graduate schools of education as institutional wholes responding to the call for change. Answering the call may mean consciously electing to move one's department, or self, and home institution toward an educational mission that embraces educating to end oppression and for social justice. Multiculturally competent organizations are needed in order to educate most effectively to end oppression and for social justice. The call put forth suggests the importance of graduate schools of education embracing the goal of multicultural competence as part of their vision and mission.

I. BACKGROUND: EDUCATING TO END OPPRESSION AND FOR SOCIAL JUSTICE

Background information may provide a context for this article's call to change graduate level multicultural training. As for myself, I am a member of the audience of faculty and administrators I seek to address through this article. I am also a member of underrepresented and marginalized groups, speaking as an African American woman who has been impacted by multiple oppressions during my lifetime. Chalmers (1997) emphasizes what happens when there is not a critical mass of faculty of color in an academic institution. The "effect of this disparity is chronic silencing of the experiences and opinions of faculty of color, limiting their impact on the core educational experience provided by the school" (Chalmers, 1997, p. 69). As the only tenured female African American woman currently on the faculty of Teachers College, Columbia University, dare I raise my voice to impact the core educational curriculum within the college? Dare I assert that other graduate schools of education—perhaps with as few faculty of color, and perhaps with equally sparse numbers of faculty from other historically marginalized and oppressed groups—need heed a call for change, revision, and further refinement in graduate level training in multiculturalism? As Associate Professor of Health Education and a psychologist, and betraying any silencing, I elect to call for change at graduate schools of education. I must take on this “challenge of multiculturalism” and select the road less traveled (Sue, 1992).

Yet I am not alone. Other educators and psychologists echo my call. Indeed, a number of contemporary researchers and scholars collectively
create a chorus of voices. They speak of the needs of children and parents, as well as teachers and administrators, and even society as a whole, given the reality of a nation that we are compelled to recognize as increasingly diverse. Darling-Hammond (1997) offers a compelling call, spelling out the dimensions of what is entailed in educating educators:

The work of educating educators is, at root, the work that will enable us to sustain a productive and pluralistic democracy, for it is the capacities of teachers that make democratic education possible—that is, an education that enables all people to find and act on who they are; what their passions, gifts, and talents may be; and how they want to make a contribution to each other and the world." (p. viii)

The chorus of voices includes prominent educators such as Gordon (1999) who also speaks eloquently on the matter at hand:

High on the list of goals for education in a democratic society is the enablement of intellectual development and, ultimately, understanding of the diverse people of the nation. . . . Increasingly, we in the United States are required to function in more than a single language, adapt to the demands of more than a single culture, meet the behavioral demands of more than a single situation, and understand the symbols and rituals of people other than those with whom most of us have been socialized. (p. 171)

Multicultural competencies seem essential to functioning as an educator and professional in a democratic society of the kind of which Darling-Hammond (1997) and Gordon (1999) speak. This suggests the need for graduate level multicultural training that produces such competencies in students. Yet this is also a revolutionary call to end the oppression of all those who have been historically marginalized, dehumanized, and miseducated. Indeed, the graduate level training I envision is rooted in a call for ending the oppression of humankind. But, it is consistent with the ideas of experts in multiculturalism who collectively call for a "multicultural revolution" (Sue, Bingham, Porche-Burke, & Vasquez, 1999); their vision is for multicultural competence to become a defining feature of psychological practice, education and training, and research. They recognize that "never before has a truly multicultural psychology existed" and a "multicultural psychology calls for revolutionary changes in our science, education, training, and practice" (p. 1067). So, this article's call for a review and refinement of current graduate level multicultural training is both timely and essential if we are to realize such a vision and liberate the oppressed.

Other psychologists putting out such a call identify themselves with a Psychology of Liberation (Comas-Diaz, Lykes, & Alarcon, 1998; Ivey, 1995). Educators such as Gordon (1999) are equally frank in stating that, ultimately, the purpose of education is to promote liberation of the oppressed. Gordon (1999) encourages minority scientists in honest declaration of those values both implicit as well as explicit in their work. "Critical theorists openly assert human emancipation as a guiding value" (p. 184). Gordon (1999) explains the validity of this position:

Liberation is a value worthy of science. That should be the perspective from which minority scientists seek to advance multiple perspectives, and methodological rigor: not for the purpose of simply predicting, controlling, and understanding, but for the purpose of emancipating (liberating) the bodies, minds, communities, and spirits of oppressed humankind. We join them in doing so, and invite you to do the same. (p. 184)

Furthermore, it is a matter of social justice and pedagogy for faculty and administrators at graduate schools of education to consider the means by which to achieve the goals upon which Gordon (1999) elaborates. The absence of social justice looms more than a moral problem that each of us needs to contemplate. Gordon (1999) contends that it rises to the level of a plague upon all of our houses, and, specifically, I would add, upon all of our institutions of higher learning. Gordon's (1999) analysis urges all involved in the process and pedagogy of education in a diverse, democratic nation to realize that "concern for social justice is a necessary concern for education" (p. xiii).

The promotion of liberation of the oppressed is also at the core of the work of those pioneering "teaching for social justice." Indeed, teachers report their challenges, frustrations, and joys in teaching for social justice (Ayers, Hunt, & Quinn, 1998). Maxine Greene (1998) introduces their reports by first explaining what teaching for social justice means:

That means teaching to the end of arousing a consciousness of membership, active and participant membership in a society of unfulfilled promises—teaching for what Paulo Freire used to call "conscientization" (1970), heightened social consciousness, a wide-awareness that might make injustice unendurable. (p. xxx)

Ayers (1998) elaborates on his own vision of teaching for social justice, explaining that it is teaching that "arouses students, engages them in a quest to identify obstacles to their full humanity, to their freedom" (p. xvii). However, the end result is action, for students are then motivated to move against those obstacles. Seeking to inspire teachers into realizing the full potential impact of their teaching for social justice, he asserts that one can change the world when teaching for social justice, delivering this as his essential message to teachers.
However, in order to teach for social justice, preservice teachers and teacher educators need "comprehensive professional preparation that requires transformation in their own thinking and in their lives" (Garcia, 1997, p. 147). King (1997) lends support to this reality, pointing out how student teachers who enter training programs often come without any critical comprehension of societal injustice, nor understanding the "constitutive role of teachers, schooling, and school knowledge in the production of school failure and the reproduction of inequity" (p. 157). They are equally unaware of their own miseducation and alienation from the struggle for justice, according to King (1997, p. 157).

Given this harsh reality, King (1997), Garcia (1997) and many others (Huber, Kline, Bakken, & Clark, 1997; Melnick & Zeichner, 1997; Murrell & Diez, 1997) have responded by developing an array of training models with experiential components. These seek to prepare teachers to work with ethnically, culturally, and linguistically diverse students, beginning the process of teaching for social justice. King, Hollins, and Hayman (1997) emphasize that the chorus of voices they compile in their edited volume represents an approach to the preparation of credential candidates that goes beyond the "additive model" where one course or special courses are offered to address the diversity issue.

Historically, multicultural teacher education has evolved through three distinct phases, according to Goodwin (1997): exclusion, inclusion, and infusion (p. 21). Goodwin (1997) reminds us that the idea of multicultural teacher education is relatively new. More specifically, it was only in the early 1970s that the idea of including cultural diversity training in preservice teacher education programs gained currency. Currently, the infusion phase means that the field of teacher education is beginning to undertake the challenge of preparing "teachers who are multicultural in their practice and their perspective" (p. 22).

Despite pioneering models from those engaged in teacher preparation (King, Hollins, and Hayman, 1997), as well as the scholarship and research of many others (Banks & Banks, 1995; Hollins, King & Hayman, 1994; Larkin & Sleeter, 1995), a call for educators, including experts in multiculturalism, examining the nature of what goes on in graduate schools of education is justified. There is also justification in directing this call to psychologists, including experts in multiculturalism (Fine, Powell, Weis, & Wong, 1997; Pedersen, 1991; Pedersen, 1994; Pedersen, Draguns, Lonner, & Trimble, 1996; Ponterrotto, Casas, Suzuki, & Alexander, 1995), similarly urging examination of multicultural training in graduate schools of education. One may argue that these models in current use may not be realizing their full potential to prepare teachers and other professionals for the challenge of ending the oppression of all members of society.

II. QUESTIONS FOR THOSE WELL-VERSED IN MULTICULTURAL TRAINING

This article sets forth a variety of questions to direct the recommended process of self-examination, review, revision, and refinement of graduate level multicultural training. The most pertinent or appealing question for a particular department, individual faculty member, administrator, or institution may be just one among those listed in Table 1. The questions fall into two categories: (1) questions for those well versed in multicultural training; and (2) questions for those relatively new to multicultural training.

The questions in category I as shown in Table 1 may guide discussion, permitting suggestions of that which may enhance graduate level multicultu-

Table 1. Questions for departments, faculty, administrators, and institutions responding to the call for change in graduate level multicultural training

<table>
<thead>
<tr>
<th>Category I: Questions for those well-versed in multicultural training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Do we need to review, revise, revitalize, or further refine our current models and methods for preparing our students for diversity?</td>
</tr>
<tr>
<td>2) Could our current model for preparing students for diversity benefit from a new or greater emphasis on linguistic diversity and related immigrant issues, or gay, lesbian, bisexual, and transgender studies, or disability studies, or spirituality?</td>
</tr>
<tr>
<td>3) Are students being prepared to assist in ending the oppression of all humankind and to teach/work for social justice, regardless of the &quot;difference&quot; encountered?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category II: Questions for those relatively new to multicultural training</th>
</tr>
</thead>
<tbody>
<tr>
<td>4) How should we approach the process of preparing students for diversity in the new millennium?</td>
</tr>
<tr>
<td>5) Should we establish a core mandatory course, or a mandatory two semester sequence of training in multicultural competence that includes an experiential component?</td>
</tr>
<tr>
<td>6) Should we systematically review our curriculum and establish the goal of infusing multicultural content across all course work, ensuring it is relevant to the particular course’s content?</td>
</tr>
<tr>
<td>7) Where are our department’s faculty in their own professional development with respect to multiculturalism and how is this reflected in the content of their courses?</td>
</tr>
<tr>
<td>8) What can be done to support and stimulate individual faculty members’ professional development in the area of diversity?</td>
</tr>
<tr>
<td>9) Where am I in this process of professional development in order to meet the needs of graduate students who require adequate training to work effectively within our increasingly diverse society in the new millennium?</td>
</tr>
<tr>
<td>10) What can I do as an individual to prepare myself to teach students effectively?</td>
</tr>
</tbody>
</table>
tural training. In terms of readers’ answers to the questions in this category, there may emerge a need to review, revitalize, and further refine current training models and methods.

GREATER EMPHASIS ON LINGUISTIC DIVERSITY
AND IMMIGRANT ISSUES

Training needs to better assist students in fully appreciating how diversity includes both culture and linguistics, as well as the implications of immigration and linguistic diversity. Spanish is the predominant non-English language spoken in the United States, while immigrants also arrive from Asian countries, speaking Chinese languages, Asian Indian languages, as well as Vietnamese, and Korean languages (Waggonner, 1999). There is tremendous diversity within the groups of people who speak the same language. Pantaleon (1998) nicely summarizes current standards for psychologists working with the linguistically and culturally diverse. Yet, all professionals and educators may still need to expand their understanding of the implications of this diversity.

Citing a large body of research, Short (1999) points out how language minority students lag behind their majority language peers in academic achievement, even as the group of students for whom English is not their first language is projected to continue to grow exponentially (p. 107). While Hispanics were found to be the most undereducated major segment of the U.S. population, Southeast Asians perform below average, and Pacific Islanders were found to have the greatest needs of all (pp. 107–108). Others focus on the problems of Chinese American immigrant students, including those from Taiwan and Hong Kong (Harklau, 1999); these students, for example, as language minority students, are adversely affected by ability grouping practices in American schools, and they are typically being located in the low-track classes.

Faltes (1999) feels it is imperative that the “concerns of immigrant and bilingual adolescents be presented as distinct from those of elementary school students” (p. 2). For example, Lee (1996) investigates the problems of low-achieving Korean- and Asian-identified high school students who, as non-native English speakers, need more academic support than they currently receive. He also asserts a relationship between identity, historical experiences, perceptions regarding opportunities in the future, and attitudes toward schooling—issues most central to adolescent school students.

Counselors and psychologists within graduate schools of education need to be trained to manage those emotional, psychological, and identity development issues that arise from the complex challenge facing immigrant bilingual adolescents. Prevailing stereotypes negatively impact many immigrant bilingual adolescents at a critical juncture in their development.

Despite the model minority stereotype for Asian American students, low-achieving Asian students do exist and the model minority stereotype silences the voices of low achieving students” (Lee, 1996, pp. 68–69). Indeed, there is considerable diversity within Asian American communities (Lee, 1996, p. 69) and teacher training needs to prepare future educators for this reality. Also of note, Lee’s (1996) analysis suggests that students who may be quiet and polite are in danger of being promoted based on their behavior.

Even with these kinds of findings across varied studies, Short (1999) describes U.S. schools as largely remaining traditional in nature, Euro-centered, and as not having begun to adequately value and respect the cultural heritages of students. The majority of teachers have been described as Euro-American, middle class, and from cultures different from those of English language learners. Short (1999) summarizes the consequences of this mismatch, citing how teacher preparation institutions rarely train teacher candidates in strategies for teaching linguistically and culturally diverse students. The lack of familiarity with their students’ cultures, learning styles, and communication patterns translates into teachers holding negative expectations for students, while inappropriate curricula, assessments, and instructional materials are used with these students, compounding the problem (p. 107). Short (1999) goes on to advocate for this population, stressing the advantages of providing students with an adequate length of time to learn English, as well as with the sheltered instruction approach, wherein language and content objectives are woven into the curriculum of one particular subject area.

Waggoner (1999) similarly concludes that “teachers should have some preparation in understanding cultural differences and differences in the educational backgrounds of their students” (p. 59). Indeed, educators must “band together for social justice” in what may be described as a time in our history when “xenophobia, anti-bilingualism, and assimilationism” reign (Faltes & Wolfe, 1999, p. 271). This translates into an urgent mandate to substantially improve education for immigrant and bilingual students through research and action, including through a special focus on adequate teacher training (Faltes & Wolfe, 1999, pp. 269, 271). The goal is to end the current miseducation and oppression of immigrant and bilingual students, reversing the current xenophobic, anti-bilingual, and assimilationist era so that social justice prevails.

GREATER EMPHASIS ON GAY/LESBIAN PARENTING
AND SEXUAL ORIENTATION ISSUES

The field of diversity and multiculturalism as it is currently taught in graduate schools of education does not adequately meet the needs of children with gay and lesbian parents. General issues of diversity in sexual orienta-
tion in students within both elementary and secondary schools are not adequately covered in multicultural training. Nor is there adequate multicultural training to prepare future educators, administrators, psychologists, and professionals in the fields of health and other areas for working to end the oppression of those with diverse sexual orientations. The active promotion of social justice with regard to sexual orientation is sadly lacking, even in many well-established multicultural training approaches.

Casper and Schultz (1999) underscore how their research on gay parents functioning within straight schools supports a movement of education for change:

The challenge for educators . . . and is to legitimize the lives of all children, regardless of race, gender, class, culture, and ability levels, and certainly even more challenging, to help children themselves become activists for this change. The point of view expressed . . . seeks to bring the education of children from lesbian- and gay-headed families within the scope of this larger educational project that seeks to change, not simply mirror, our society. (p. 15)

For Casper and Schultz (1999), training for teachers must include lesbian and gay issues in course work and supervised student teaching, “as teacher educators work with teachers-to-be on how to think about and work with any population that is different from themselves” (p. 176). Casper and Schultz assert that gender theory scripts that lie “codified deep within our collective minds” need be accessed for “examination, reflection and rebuilding,” placing the responsibility for helping future teachers engage in this vital work with colleges and graduate schools (p. 176). For these authors, teacher training presents a unique opportunity for this kind of work, as potential educators need to be prepared to ultimately apply theories of gender identification in their practice with many different family configurations (pp. 176–177).

The urgency of training teachers, administrators, other school personnel, counselors, and psychologists in issues of sexual identity and sexual orientation cannot be emphasized enough. A 1996 Seattle school study found that homosexual adolescents were twice as likely to have made a suicide plan and three times as likely to have attempted suicide, compared to their heterosexual peers (Wells, 1999). In addition, gay youths face an array of complex problems, including lack of self-esteem, school truancy and drop out, runaway behavior, and subsequent homelessness (Wells, 1999). They also face a greater risk for drug and alcohol abuse, prostitution, and sexually transmitted diseases, including HIV/AIDS (East & El Rayess, 1998; Saewyc, Bearinger, Heinz, Blum, & Resnick, 1998; Wells, 1999).

Who is training psychologists in how to provide parents of gay youth with assistance in raising children where there are issues of sexual orientation? Who is training professionals in how to effectively teach, or engage in outreach to this population, thereby providing effective social and therapeutic support, as well as health care for at-risk gay, lesbian, bisexual, and transgender youth?

GREATER EMPHASIS ON DISABILITY STUDIES

Linton (1998) delineates the new field of disability studies as exploring “the critical divisions our society makes in creating the normal versus the pathological, the insider versus the outsider, or the competent citizen versus the ward of the state” (p. 2). This field refuses the medicalization of disability by reframing disability as a designation having primarily social and political significance. Moreover, the field emphasizes the manner in which the entire curriculum is inadequate with respect to the study of disability. Unfortunately, this field is marginalized within academia. Linton (1998) observes that the “enormous energy society expends in keeping people with disabilities sequestered and in subordinate positions is matched by the academy’s effort to justify that isolation and oppression” (p. 3). Explaining how people with disabilities are a diverse group, bound together in having found their voice in claiming disability, and work against the forces that deprive them of rights, opportunity, and the pursuit of pleasure, Linton (1998) describes this group as follows:

We are everywhere these days, wheeling and looping down the street, tapping our canes, sucking on our breathing tubes, following our guide dogs, puffing and sucking on the mouth sticks that propel our motorized chairs. We may drool, hear voices, speak in staccato syllables, wear catheters to collect our urine, or live with a compromised immune system . . . . (p. 4)

However, despite people with disabilities’ being everywhere, disability studies has remained on the margins for those working in diversity and multiculturalism. Linton (1998) recognizes that there is a debate over diversity and multicultural curriculum transformation. The debate involves those who favor maintaining the traditional canon and those who challenge its intellectual authority. Elaborating, Linton (1998) points out that there is a primary focus on scholarship that analyzes race/ethnicity and gender, placing those perspectives at the center of the discourse (pp. 88–89). She explains how the history and consequences of this construction are “for the most part invisible, giving the impression that ‘multiculturalism,’ as it is now rendered, should be the only focus on curriculum reform” (p. 89). Those representing a variety of multicultural and diversity initiatives—cultural, feminist, lesbian and gay, queer, African American, Asian American, Native American, and Latino/Latina studies—have failed to adequately recognize
the perspective of the disabled. They fail to provide access and accommodation to panels or plenary sessions at their conferences (p. 91). Linton (1998) urges us to consider the social construction of “multicultural” and “diversity” along with the corresponding problems and pitfalls (p. 91).

It seems essential that in training future teachers, psychologists, varied professionals, and national and international leaders, we at graduate schools of education must learn to transgress the boundaries (hooks, 1994) of the construction of multiculturalism and diversity currently in vogue. Meanwhile, Linton (1998) poses the uncanny dilemma facing this group: “It seems that scholars in these areas, given their struggles and their dedication to challenging privileged discourse, would welcome the types of inquiries that disability studies can provide” (p. 91). Linton (1998) provides several examples of compelling questions at the core of disability studies:

What functions do the creation of otherness, marginalization, and pathologization serve in a society? How does cognitive, emotional, sensory, and physical variation relate to the formation of identity and, in turn, how do these facets of identity shape the formulation of scholarship? What are the particular intellectual and political formations that allow for a country’s internal colonization of a group of people? How can current inquiries into the idea of the body be enhanced by an understanding of the social realities of people with anomalous bodies? How does group cohesion, culture, and identity form when there is no intergenerational transmission of culture, as with most lesbian and gay, and disabled people? (pp. 92–93).

In addition, the issues that disability studies brings to the fore involve why disability was ever disregarded as a subject matter in the academy, and why the academy was, therefore, complicit in the confinement of disability studies. Linton points out that “each of these elements, worked through the curriculum, can serve not only to liberate people but to liberate thought” (p. 185). Moreover, this inquiry can be truly interdisciplinary, as psychology, anthropology, economics, political science, sociology, and history are “useful disciplines from which to examine disability” (p. 97).

GREATER EMPHASIS ON SPIRITUALITY

What must also be corrected is how education, psychology, and diversity education, in particular, have largely ignored spirituality in professional training (Emmons, 1999; Miller, 1999a; Sue et al., 1999). Miller (1999b) asserts that spirituality “is the professional elephant in the living room: Everyone knows it is there, but no one talks about it above an occasional whisper” (p. xix). This is odd, for long before “there were science-based health care professions, people were served by culturally defined healers.

The functions of healing were often blended with those of spiritual leadership within the community, as in the native shaman ... and pilgrimage shrines” (Miller, 1999b, p. 3).

Miller (1999b) points out the following:

... an understanding of people, individually and collectively, is incomplete without knowing about their spirituality. ... Training ... is expected to include education about cultural and individual diversity—preparation to work competently with a broad spectrum of people—and such diversity surely includes varieties of spirituality. ... Somewhere along the way, spirituality and religion became uninvited topics for health professionals in general and for mental health professionals in particular. (pp. xvii–xviii)

Differentiating spirituality from religion can be helpful, according to Miller and Thoresen (1999). However defined, whether broadly as consciousness, or in relation to transcendence, spirituality (like personality or character) is an attribute of individuals. Religion, in contrast, is an organized social entity. Miller and Thoresen (1999) explain how individuals define their own spirituality. Spiritual experiences might include material experiences such as mountain biking at dusk, or quiet contemplation of nature. Or, they may involve reflection on the direction of one’s life, as well as a feeling of intimate connection with loved ones. Clearly, spirituality and religion are not the same. Miller and Thoresen (1999) then pose and answer an important question: What are the dimensions of this multidimensional space of spirituality? People can be described by the extent to which they engage in spiritual practices such as prayer, fasting, meditation, and contemplation. Also included here would be participation in specifically religious activities such as worship, dance, scriptural study, singing, confession, offerings, and public prayer (p. 7).

Quite practically, Miller and Thoresen (1999) indicate that “it is not necessary (or even feasible) for health professionals to be trained in the specifics of the broad array of spiritual and religious perspectives that may be represented among their clients” (p. 9). They suggest that clinicians need, beyond appropriate initial and continuing professional education, a set of culturally sensitive proficiencies. These include a nonjudgmental, accepting, and empathic relationship with the client, as well as an openness and willingness to take time to understand the client’s spirituality as it may relate to health-related issues. Clinicians also need some familiarity with culturally related values, beliefs, and practices that are common among the client populations likely to be served. And, some level of comfort in asking and talking about spiritual issues with clients is essential. Finally, there is a need for a willingness to seek information from appropriate professionals and coordinate care concerning clients’ spiritual traditions.
Gorsuch and Miller (1999) explain how “spiritual processes may be prognostic, contextual, outcome and intervention variables in treatment” (p. 48). Sue et al. (1999) assert that “psychology must balance its reductionistic tendencies with the knowledge that the whole is greater than the sum of its parts” (p. 1065). This means that it is essential to understand people as cultural and spiritual beings, suggesting vital elements of a psychology of human existence (p. 1065). Given this importance, multicultural training must be further refined to ensure competence in regards to spirituality.

III. QUESTIONS FOR THOSE RELATIVELY NEW TO MULTICULTURAL TRAINING

Table 1 displays questions in Category II for those who may be relatively new to the arena of multicultural training. These questions may guide a process of development in regards to multiculturalism. This may involve, first, further increasing knowledge, then changing important attitudes and beliefs, as well as moving toward a change in behavior. Perhaps, as teachers, we begin to teach multicultural content in courses, or, as administrators, direct the inclusion of multicultural course content across the curriculum overall, while moving our institutions toward organizational multicultural competence.

In order to take the first step of increasing knowledge, it is important to examine pertinent scholarship and research. This includes the work of those pioneering multicultural and diversity training within teacher preparation programs, as discussed earlier. However, the field of counseling psychology has also provided critical leadership to the “helping professions,” pioneering what has been referred to as the “fourth force” in psychology, adding a new theory, research, and practice arm to the field, given the psychodynamic, cognitive-behavioral, and humanistic-existential arenas (Pedersen, 1991). This new domain has also been referred to as multicultural counseling (Ponterotto, Casas, Suzuki, & Alexander, 1995) and cross-cultural counseling (Pedersen et al., 1996). Yet others have also identified as “new” what has been called a global, international psychology (Greenfield & Cokcok, 1994; Kitayama & Markus, 1995) and a cultural psychology (Shweder, 1995). Discussions of whiteness and privilege also fall within this domain (Fine et al., 1997). Recognizing the often oppressed status of cultural groups in need of empowerment, others have also spoken of a psychology of black liberation (Cross, 1971), psychotherapy as liberation (Ivey, 1995), and the psychology of liberation (Aron & Corne, 1994; Comas-Diaz, Lykes, & Alarcon, 1998). Finally, the pedagogy of oppression has long valued liberation (Freire, 1970), suggesting educators’ stake in this domain.

Many of those who are relatively new to multicultural training may benefit from reviewing this scholarship, especially taking note of the latest discourse on whiteness and white privilege. Being white means accruing unearned privileges with the beneficiaries being oblivious and unaware (Sue et al., 1999, p. 1065). On the other hand, being a person of color means accumulating deficits and disadvantages (Sue et al., 1999, p. 1065). Faculty and administrators may need to develop the ability to engage in conversations about these invisible processes involving whiteness and white privilege, even if it involves a difficult dialogue. This is an important step in coming to understand one’s own privileged position in academia and society in general. The capacity to speak about white privilege may be cultivated, reflecting the paradigm shift that is essential in order for faculty and administrators to fulfill their mission as educators in our increasingly diverse society.

A PARADIGM SHIFT

Following Kuhn (1970), Sue et al. (1996) note the conditions under which a paradigm shift occurs: “(1) the science and theory of the day cannot adequately account for ideas, concepts, and data, and (2) a new and competing perspective better accommodates the existing data” (p. 4). A paradigm shift is critically needed to account for the reality of our increasingly diverse society, and for the necessity of ending the oppression and miseducation of humanity. Indeed, “the inclusion of diversity and multiculturalism entails using new paradigms that may challenge traditional Euro-American assumptions” (Sue et al., 1999, p. 1066).

INCREASING KNOWLEDGE

A significant body of knowledge can be considered as we prepare for the task of establishing adequate graduate multicultural training. Definitions, theory, research, and scholarship can be drawn upon to increase our knowledge, possibly also finding a place in the course materials to be prepared for the training of graduate students.

Definitions

Exposure to new and evolving definitions, perhaps within a multiculturalism course, or through materials such as this article can begin to foster the desired paradigm shift. I offer a number of guiding definitions to increase knowledge, whether that of faculty and administrators, or of graduate students.

A new multicultural paradigm in the mind of graduate students may be metaphorically established within the intellect, being akin to acquiring a new set of lenses through which the world may be viewed. Course work may help establish a new “multicultural paradigm in the mind,” replacing for-
mer Euro-American assumptions, including, for example, invisible concepts of white privilege and white superiority. A new multicultural paradigm in the mind may also serve as a guide for behavior when interacting with diverse populations in multicultural settings.

Multiculturalism can be defined as existing or living in a condition or state where there are many or multiple cultural influences (Wallace, 1996, p. 103). In this manner, we both exist as multicultural human beings and live in a nation that is multicultural. For example, if we are multicultural human beings living in the United States, most of us reflect the impact of several cultural influences on us. There is the transmission of traditions, practices, and beliefs from generation to generation and from group member to member, coming from at least three sources. These sources include (1) the culture of our family, (2) the culture of our ethnic and/or religious group, and (3) the larger culture of the United States of America. Our existence reflects these three cultural influences at the very least. Others of us may be biracial, may also be bisexual or homosexual, may have parents from two different ethnic or religious groups, may even be multiracial, and may have spent many years of life in another country. Because of the media and technology, we increasingly perceive and feel what it means to live in a global community that is multicultural. When we interact socially with others who are from other types of families, other ethnic and/or religious groups, and also from other countries, this social condition further constitutes multiculturalism. In this way, we arrive at a definition of multiculturalism that goes beyond our personal condition or state and reflects multiple social and cultural influences (Wallace, 1996, p. 103).

This view of multiculturalism can also be seen as fostering the goal of our becoming a pluralistic society. A pluralistic society has been defined as one in which we all respectfully learn about each others’ experiences, practices, values, traditions, and beliefs as we interact socially—as members of different ethnic, religious, and cultural groups (Wallace, 1996, p. 103). Within a pluralistic society, we strive to achieve more than just tolerance of each other’s values, traditions, and beliefs. Ideally, we arrive at a level of acceptance and respect for those who freely practice traditions that are different from our own. Clearly, our society in the United States is far from realizing this goal (Wallace, 1993, p. 109), supporting the importance of graduate schools of education adopting appropriate coursework on multiculturalism.

My work also emphasizes the systematic conditioning of cognitions, or systematic learning of thoughts that may produce certain attitudes and lead to particular forms of behavior, including discrimination and hate crimes. These learned thoughts cover, for example, negative racial and ethnic stereotypes and notions of white privilege and superiority. This is a way to understand how prejudice and subsequent acts of discrimination are systematically learned—being taught via family, ethnic/religious, and larger cultural influences (Wallace, 1996). This learning abounds of hate, violent behavioral practices, and cognitions of hate occurs via membership in our families, ethnic and religious groups, and the larger violent culture within the United States (Wallace, 1996, pp. 106–107).

Multicultural sensitivity involves awareness of multiple cultural influences, and the ability to be able to adopt an attitude and stance of inquiry regarding what is appropriate in interacting and communicating with diverse others. An individual with multicultural sensitivity understands that all prior conditioned affective responses (for example, disdain or hate), assumptions (all conditioned cognitions), and automatic conditioned behaviors should be questioned or suspended, as one seeks to discover what is appropriate interpersonal behavior. Often this requires entering the worldview of the individual (utilizing one’s multicultural paradigm in the mind) and coming to understand the values, traditions, expectations, and behaviors that are a part of that culture. This involves observation, empathic listening, asking well-timed and appropriate questions, or entering into an on-going dialogue with an individual member of a cultural group. New affective, cognitive, and behavioral responses may be established to replace the old conditioned ones.

Multicultural competence involves an individual going beyond the mere possession of multicultural sensitivity to also attain an acceptable level of knowledge, a sufficient shift in attitude, and the production of a repertoire of behaviors consistent with successfully interacting with diverse populations in multicultural settings. The ability to convey genuine respect and acceptance is a part of multicultural competence.

An obvious advantage of mandatory multiculturalism training across more than one semester, or when infused in content across the curriculum, is that there may be sufficient time to discuss, debate, and analyze the merits of various approaches to multiculturalism. According to Sue et al. (1998), multiculturalism has 10 major characteristics: (1) it values cultural pluralism and teaches valuing diversity rather than negation or even "toleration," being a "national resource and treasure"; (2) it is concerned with social justice, cultural democracy, and equity, actualizing ideals in the Declaration of Independence, U.S. Constitution, and Bill of Rights for all groups; (3) it values helping all of us to acquire the attitudes, knowledge, and skills needed to function effectively in a pluralistic democratic society and to interact, negotiate, and communicate with diverse peoples; (4) it is reflected in more than race, class, gender, and ethnicity, including diversity in religion, national origin, sexual orientation, ability and disability, age, geographic origin, etc.; (5) it promotes understanding of the history, conditions, and social reality, as well as contributions, achievements, and positive and negative aspects, of the multiple groups in our society; (6) it
challenges us to study multiple cultures, is an essential component of analytic thinking, and teaches how to integrate broad and conflicting bodies of information to arrive at sound judgments; (7) it respects and values other perspectives, not being value neutral, but involving an activist orientation and commitment to social justice—investigating differences in power, privilege, and the distribution of scarce resources as well as rights and responsibilities; (8) it means change at the individual, organizational, and societal levels, encouraging the development of new theories, policies, and organizational structures that are more responsive to all groups, suggesting a long-term process and hard work; (9) it means owning up to the painful realities about oneself, our group, and our society, requiring a willingness to honestly confront and work through potentially unpleasant conflicts; and, (10) it is about achieving positive individual, community, and societal outcomes, as a result of valuing inclusion, cooperation, and movement toward mutually shared goals (pp. 5–6).

Sue et al. (1998) define ethnocentric monoculturalism as much broader than racism, sexism, and homophobia, and as being dysfunctional in a pluralistic society like the United States (pp. 14–15). They identify at length the five elements of ethnocentric monoculturalism as follows: (1) a strong belief in the superiority of one’s group’s cultural heritage, which includes doing things in the “best way”; (2) a belief in the inferiority of all other groups’ cultural heritage; (3) the dominant group’s possessing the power to impose their standards and beliefs on less powerful groups, given unequal status relationships; (4) ethnocentric values and beliefs manifested in the programs, policies, structures, and institutions of the society, including chain-of-command systems, and management systems, as women and minorities may be oppressed; and (5) because people are all products of cultural conditioning, they have a resulting worldview with values and beliefs that operate outside the level of conscious awareness—often resulting in the erroneous assumption that the nature of reality and truth are universal and shared by everyone, regardless of race, culture, ethnicity, or gender (p. 16).

Theories of Identity and Related Research

Pertinent theories and models of identity development may further increase knowledge. Through refinements in theory and ongoing research, great progress has been made in understanding the development of racial identity (Cross, 1971), white racial identity (Hardiman, 1982; Helms, 1984; Rowe, et al., 1994), black and white and people of color racial identity (Helms, 1990, 1995), Chinese American identity (Sue & Sue, 1971), Japanese American identity (Kitano, 1982), Hispanic identity (Ruiz, 1990), as well as identity development for American Indians (Choney, Berryhill-Paapke, & Robbins, 1995), feminists (McNamara & Richard, 1989), and gays/lesbians (McCarn & Fassinger, 1996). Indeed, it has been asserted that the past 15 years have given birth to a leading new theoretical and research direction termed racial identity development that effectively focuses on understanding how individuals come to accept themselves as racial beings in a racist society. Furthermore, racial identity development is viewed as a central component of training professionals (Sue et al., 1998), drawing upon a vast scholarship. Again, Linton (1998) urges us to consider and learn how identity forms when there is no intergenerational transmission of culture, as with disabled people. Spirituality identity development theory and research is also needed. This suggests the need for yet further evolution in the knowledge base within multicultural research.

SHIFTING ATTITUDES AND BELIEFS

Knowledge of definitions and theory also begins to stimulate the process of shifting attitudes and beliefs. However, exposure to scholarship also directly serves to accomplish a change in attitudes and beliefs. Carter (1997), for example, highlights how white racial identity is a "psychological template which operates as a 'world view' and serves as a filter for race-based information" (p. 199), so that viewing whites as superior, for example, and people of color as inferior, may follow (p. 200), illustrating the underpinning of key attitudes and beliefs.

What passes as knowledge may actually reflect unconscious attitudes and erroneous beliefs of which individuals lack conscious awareness. Much research reflects this view of superiority and inferiority, as researchers claiming to engage in science have projected this schema internationally. There have been extensive critiques of mainstream psychology for lacking an adequate cultural and international focus (Ingleby, 1995; Sherwood, 1995; Cushman, 1995; Greenfield, 1994a, 1994b). These critiques help to debunk myths and shift students' attitudes and beliefs—which may involve notions of the implicit superiority of Euro-American and Western perspectives in research.

For example, Greenfield (1994b) has analyzed how Euro-American scientists assume that independent and school-based cognitive development are universal goals of development, leading to labeling of culturally different children as lacking in initiative and being exposed to authoritarian child-rearing. This negates the cultural value often placed on the interdependence of children within a family context, as well as respect for elders (Greenfield, 1994b). Another compelling example involves how field independence is viewed as superior to field dependence, which needs to be reconceptualized as field sensitivity (Greenfield, 1994b). Greenfield's (1994b) analysis is compelling in seeking to debunk the myth of a value-neutral science, as does that of many others. This body of work is critical in shifting
attitudes and beliefs about the superiority of Euro-American scholarship, while also revealing much about that historical paradigm away from which Gordon (1999), hooks (1994), Greene (1998), and Ayers et al. (1998) seek to move us. Exposure to this kind of scholarship may serve to shift our attitudes and beliefs, and fundamentally move us toward a new paradigm that seeks an alternative to the historical, ethnocentric, monocultural paradigm.

**BEHAVIOR: NEW INTERPERSONAL AND COMMUNICATION SKILLS**

The ultimate goal in increasing knowledge and shifting attitudes and beliefs is the production of behavior that incorporates interpersonal and communication skills consistent with multicultural competence. Evidence of the production of actual behavior change is scant, but exists. Lawrence and Tatum (1997) recognize how few studies have focused on the effects of antiracist education for teachers. These authors found in their own research, however, that 85% (n = 20) of teachers showed evidence of some changes in attitude and behavior following exposure over seven months to a three-hour session that met every other week after school. According to Lawrence and Tatum (1997), "all actions represented positive movement out of the silence and complicity which have worked in tandem to maintain the cycle of oppression" (p. 340). Of note, these authors discuss the dilemma facing these educators after exposure to the course. "They knew they would find little support for continued dialogue about race in their buildings and questioned whether they would be able to maintain their commitment without a strong support network" (p. 341). However, at least these teachers had begun the process of creating a new identity, "that of educator as ally, an advocate for students of color, and a much-needed antiracist role model for white students" (p. 341). Hence, those engaged in diversity training in school settings claim success in providing training in essential skills that result in an actual change in behavior. Similarly, the research and work of those training teachers and counselors, respectively, suggest success in the area of behavior change and skill building toward multicultural competence (King, Hollins, & Hayman, 1997; Ponterotto, Casas, Suzuki, & Alexander, 1995).

**IV. A CALL FOR CHANGE IN THE VISION AND MISSION OF GRADUATE SCHOOLS OF EDUCATION**

A relevant issue is whether or not a graduate school of education values the goal of becoming a multicultural competent institution, beyond promoting multicultural competence in graduate students. Ideally, professionals find in both their larger graduate school of education and the diverse organizational settings within which they work—whether schools, colleges, universities, community-based organizations, hospitals, or clinics—a supportive network of others who are also multicultural competent. Better yet, they find themselves situated within a multicultural competent organization, or one systemically working toward this status as a valued goal—something fundamental to the institution's vision and mission. While Sue et al. (1998) have identified many elements of a multicultural competent organization, most pertinent is the suggestion that "deans and chairs of institutions of higher education might be held responsible for recruiting, retaining, and promoting minorities and women within their own units. Professors might be held accountable for incorporating diversity into their curriculum," necessitating "being unafraid to address topics likely to create difficult dialogues in the classroom (race, gender, sexual orientation, and so on)" (p. 45).

Consistent with the changes recommended in this article, fuller inclusion of linguistic diversity, sexual orientation issues, disability studies, and spirituality would mean that those individuals recruited, retained, and promoted would also have expertise in these areas. And, those difficult dialogues supported would cover these areas, as well as whiteness and white privilege.

Zane (1997), an advocate of diversity training within organizational settings, points out that "while facilitated talk may be a prerequisite to altering white male discourse, a larger institutional context that supports change guided by a powerful champion is required as well" (p. 352). Whether the CEO, President, Dean, or chair of a department, the organization needs to perceive a leader who is "quite serious about creating a more humane, diverse organizational climate—in which he [is] willing to commit financial and human resources," as was true in a successful organizational case Zane (1997) presents.

It is important to appreciate that it is not only a long process for individuals to arrive at multicultural competence, but also a long process for organizations to arrive at multicultural competence. Relevant is the developmental continuum of cultural competence for caregiving organizations (cultural destructiveness, cultural incapacity, cultural blindness, cultural pre-competence, cultural competence, cultural proficiency) developed by Cross, Bazron, Dennis, and Isaacs (1989). Cultural competence is characterized by a continuing assessment by the organization regarding culture, paying close attention to the dynamics of difference, and a continuous expansion of the knowledge base on culture. It also includes a variety of adaptations to service models to better meet the needs of diverse populations (Cross et al., 1989, p. 17; Sue et al., 1998, p. 105).

It is also recommended that organizations engage in an institutional audit of programs, policies, and practices as part of determining whether
the organization is appropriately pursuing multicultural organizational development (Sue et al., 1998). These authors caution that it “does little good that individual instructors may present multicultural content to students when the very organization that employs them is filled with monocultural policies and practices” (p. 135). Sue et al. (1998) also recognize the possibilities that an organization may “actively discourage, negate, or punish multicultural expressions among faculty and students” (p. 135). It is because of these factors that the authors suggest that the process of developing “new rules, regulations, policies, and practices, and structures that enhance multiculturalism are important and requires an institutional audit” (p. 135).

Pang, Anderson, and Martuza (1998) point out the importance of professional development for university faculty in the area of multiculturalism, as well. She articulates quite eloquently just how entrenched the status quo may be at such institutions:

Although professors of color may be recruited or new books with cultural content added to the bookstore shelves, the power structure remains solidly in place; this structure is based on the legitimacy of the Western construction of knowledge, value orientation, and historical tradition. (p. 55)

Pang et al. (1998) expound further, as follows:

Although it is possible to create programs that “sensitize” professors to the need for cultural literacy, the basic structure of universities remains largely dominated by Western thought and an entrenched system of control. The hierarchical nature of higher education is thus an enormous obstacle to real change. The mask of control and power exercised by administrators must be removed to advance systemic reform in teacher preparation. We need leaders who have deep ethical convictions and the moral courage to move forward in the face of oppressive conditions. They must be willing to risk questioning, isolation, animosity, and hostility from others. Movement toward a socially just, transformed society in which marginalized groups are included within an expanded definition of community … is a slow process that will not occur without grave pain. The struggle is a difficult one. (pp. 69–70)

However, it is also an essential process. Given the need in the new millennium, hopefully, institutions of higher education will play their role in preparing teachers and other professionals by valuing a process and pedagogy of education that liberates the oppressed.

CONCLUSION

This article put forth a call for change in multicultural training at graduate schools of education across the nation. The article posed questions for those with considerable expertise in the area of multiculturalism and diversity and for those relatively new to the field, and put forth a challenge for graduate schools of education to incorporate multicultural competence as a part of their vision and mission. Discussion sought to begin the process of increasing knowledge, shifting attitudes and beliefs, as well as stimulating a change in the behavior of those faculty and administrators reading this article. Ideally, new behavior that follows from reading this article includes the teaching of either mandatory multicultural core course(s) or an infusion of multicultural course content across the curriculum, as well as working within one’s institution toward the goal of organizational multicultural competence.

A graduate school of education is in a unique position to impact many fields, and to, specifically, prepare professionals to function effectively within a multicultural society. Multiple fields may be transformed and made more amenable for effective engagement with multicultural populations, nationally and internationally, by virtue of graduate students receiving exposure to theory, research, and practical supervision consistent with obtaining multicultural sensitivity and competence. The possibilities include creating a cadre of professionals who have the potential to make a global impact in any arena where multicultural sensitivity and competence may help resolve historical, contemporary, or potential problems. The impact of dispersing multiculturally sensitive and competent professionals across diverse fields in national and international settings can include increasing school children’s academic achievement, improving their levels of school retention, improving public health, reducing many forms of violence, and even helping to resolve international ethnopolitical conflicts. Indeed, educating for social justice means the potential for changing the world as we know it. Oppressed humanity and those forging the pedagogy of teaching for social justice join my voice in collectively calling for such change. The promise of joining in the task of ending the oppression of all of humanity looms as a great hope that graduate schools of education may yet embrace as part of their vision and mission.

References


BARBARA C. WALLACE is currently an Associate Professor in the Department of Health and Behavior Studies at Teachers College, Columbia University. She is the author of Adult Children of Dysfunctional Families: Prevention, Intervention and Treatment for Community Mental Health Promotion (Praeger Publishers, 1996).
Mental Health

The Influence of Culture on the Development of Theory and Practice

Barbara C. Wallace

The field of mental health represents an institution that reflects the culture in which it has developed and evolved. The various organizational settings in which the counselor, researcher, and teacher work closely reflect the larger dominant culture. Within these settings, not only is harm done to clients, research subjects, and students who experience invisible, covert forms of violence, but also professionals effectively role model for and condition the next generation of professionals in how to perpetrate violence. In this manner, the culture of the field of mental health closely parallels and mirrors the historical reality of the United States' being a culture of violence (Wallace, 1993). Historically, the U.S. culture of violence oppressed Native Americans and African slaves, and nativism and xenophobia have fueled violence against new immigrant arrivals (Wallace, 1996). In contemporary times, this dominant culture of violence may be criticized as patriarchal, racist, sexist, and homophobic, perpetuating oppression of various groups, historically, through overt violence, and through covert forms of violence in contemporary times. It has been argued that professionals may actually engage in invisible, covert forms of violence when they project negative and low expectations on clients, talk down to clients as though they are inferior, and pose as superiors working with inferiors who are "below" them (Wallace, 1994, 1995). To engage in overt, invisible forms of violence is to participate in the oppression of others—whether clients, research subjects, or students. Thus, those settings in which the counselor, researcher, and teacher work, within the larger field of mental health, need to be critically examined and transformed so they no longer closely mirror the dominant society in the perpetuation of oppression.

The field of mental health is currently faced with an imperative. The field must evolve well beyond its cultural roots, given the goal of pluralism and the presence of a multicultural society. Members of ethnic, racial, gender, sexual orientation, and class groups once subjected, oppressed, and shaped to accept domination and control in past historical eras demand that society and the field
of mental health implement a new cultural paradigm that guarantees their humanity and "does no harm." A transformation is absolutely essential in both professionals as individuals and in the culture they create in the settings in which they practice. This involves transforming the personal paradigms that counselors, researchers, and teachers employ, thereby changing the prevailing cultural paradigm in their work settings and the paradigm that inevitably influences the development of theory and practice within the field of mental health.

The goal of this chapter is to stimulate in the current or future counselor, or both, researcher, and teacher four simultaneous processes: (a) gaining critical insight into the influence of culture on the development of theory and practice in the field of mental health, (b) becoming multiculturally competent (or more so), (c) transforming one's personal paradigm, and thereby (d) transforming the guiding paradigm that helps to create and sustain the prevailing culture in the settings in which that individual works. In addition to an analysis of the influence of culture on the development of theory and practice in the field of mental health and exposure of the forms of covert, invisible violence, a model for training how to become multiculturally competent is also presented. Such training is vitally important, given the "call to the profession" by Sue, Arredondo, and McDavis (1992) for "some sort of formal training on cultural differences" (p. 480) that responds to the reality that counselors without "training or competence in working with clients from diverse cultural backgrounds are unethical and potentially harmful" (p.480). A larger audience of current and future professionals in the mental health field, including not only counselors but also researchers and teachers, need exposure to training that helps them attain multiculturally competence. This chapter seeks to foster multiculturally competence in this larger audience by meeting the following need articulated by Sue et al. (1992):

What is needed is for counselors to become culturally aware, to act on the basis of a critical analysis and understanding on their own conditioning, the conditioning of their clients, and the social political system of which they are both a part. Without such awareness, the counselor who works with a culturally different client may be engaging in cultural oppression using unethical and harmful practices. (p. 480)

Thus, the training provided in this chapter seeks to foster multiculturally competence by shifting beliefs and attitudes and transmitting skills necessary for ethical conduct toward the goal of ending practices consistent with cultural oppression. The resulting awareness may constitute a new body of knowledge that produces new cognitions that guide the exercise of new behaviors.

**Mental Health**

**Shifting Beliefs and Attitudes**

The first part of training in multicultural competence strives to shift the beliefs and attitudes held by professionals in the field of mental health. If professionals continue to adhere to false beliefs about their current status and the nature of their performance in the settings in which they work, the need for training in multicultural competence may easily be denied. Attitudes that clients, research subjects, and students have that support the status quo also need to be challenged, especially because many clients, research subjects, and students in the field of mental health become professionals in this field. It is all too easy to continue to hold on to the attitude that the status quo is acceptable.

**Examples of Oppression in Mental Health Settings**

Several examples of how all is not well within the field of mental health within counseling, research, and teaching settings may begin the process of shifting beliefs and attitudes. Case examples reveal how oppression and invisible, covert forms of violence reign across diverse organizational settings in the field of mental health.

**The Setting of Inpatient Hospitalization**

The case of Mr. D., an African American master's-level educated professional with a chemical-dependence problem, illustrates a common experience for many clients, especially minorities and women, who enter treatment in the inpatient hospital setting. Once an outpatient, Mr. D. spoke angrily of spending $32,000 of his insurance plan funds on the one and only inpatient hospitalization stay his plan would permit, making even more tragic his one negative experience with month-long inpatient hospital chemical-dependency treatment. Throughout the month of treatment, he was not taught relapse prevention strategies even though he was told that relapse was "practically inevitable." He also spoke of several examples of being treated in group counseling in a manner that suggested that he was also perceived as having a poorer prognosis. Mr. D. also believed he was treated poorly relative to other clients by professionals in the facility, and that these professionals lacked the cultural competence for treating an African American male client such as he. Toward the end of his month-long treatment, an African American female joined him in integrating the inpatient unit.

This case example exposes the need for those working within the field of mental health, including those who may have relatively less frequent contact with minority patients, to obtain multicultural competence. Without training in how to be multiculturally competent, professionals may unwittingly foster not only bad feelings and negative memories of treatment in clients such as Mr. D., but also poorer treatment outcomes.
Mental Health

Researchers engage in value-neutral objective science, and (c) teachers promote free speech in academia.

Debunking the Myth That Counselors Do No Harm and Are Ethical and Competent.

The myth that counselors no harm and are ethical and competent must be debunked because mental health professionals operate in ways that closely parallel the dominant culture. Pinderhughes (1989) examines how "cultural perceptions and experiences related to ethnicity, race, and power affect people's sense of themselves, as well as others, their feelings and attitudes" (p. 2) and the behavior they manifest; moreover, all this appears in service delivery. Heyward (1993) tries to help sharpen awareness among healers and those seeking healing and liberation (p. 1). Her goal is to expose how "an immutable 'power-over' dynamic that does not move us toward a more shared connection serves to diminish and mute the human spirit—even in well-intended, carefully structured professional situations such as psychotherapy" (pp. 1–2). She appreciates the way in which those of us who have been socialized in this culture have been exposed to a "white-dominated, male-defined, profit-driven militaristic society organized to maintain and increase the power of those who historically have been white, economically privileged, ostensibly heterosexual males" (pp. 4–5). Furthermore, she spells out how her experience included what women "are shaped to experience by heterosexist patriarchy: abusive social relations" (p. 15).

In this regard, Heyward (1993) asserts the following:

Psychotherapy is a class privilege. I do not believe that, as a privilege, psychotherapy is inherently unethical, wrong. But something is wrong—ethically, psychologically, spiritually, and politically—when therapists or other helpers approach pain as if it could be treated more or less independently of the social forces, including the privilege, that often have created it and always have helped hold it in place. (p. 13)

Pedersen (1994) explains that counseling as a source of help has a "bad reputation for taking the side of the status quo" in forcing individuals to adjust or adapt to the institutions of society, despite the reality that the client is "right and the system is wrong" (p. 49). As West (1993) states, "the enemy is oppression and exploitation" and it is "legitimate to abhor and hate oppression and exploitation" (p. 107)—as many clients who left harmful counseling surely did.

West (1993), however, also states that "we cannot lose sight of the humanity of those who are perpetuating" oppression and exploitation (p. 107). After all, professional training has had serious deficits historically, and the delivery of training in multicultural competence is challenging. Pinderhughes (1989) argues that the ability to become comfortable with "culturally different others and to recognize the relativity of one's own values" are critical elements in professional training but are quite difficult to develop (p. 5). At the same time, the fears

The Setting of the Field Researcher

The field researcher enters the community in which research subjects are to be found, often insensitively violating their privacy and imposing on them a pernicious cultural paradigm rooted in the U.S. culture of violence. Often, research subjects feel violated and oppressed in their very own community. For example, as an African American researcher in the field within an urban residential therapeutic community in which clients lived, worked, and received treatment, I encountered the anger of several African American and Latino residents in a research planning meeting that was specifically designed to create a culturally sensitive process of introducing research into this field setting. Two residents angrily spoke of not wanting to be treated as "guinea pigs." Their views and feelings were taken seriously, and the voluntary nature of their participation, their right to discontinue participation at any point, and the potential uses of the data collected and benefits of participation to future residents in the therapeutic community were explained in the meeting. How many researchers, however, have provided a forum in which minority research subjects could articulate their anger for past research experiences and their fears regarding participation in a current research project?

Prior to becoming a researcher, as an undergraduate, graduate student, and postdoctoral fellow, I, too, often felt anger at how poor, minority research subjects were perceived and treated by researchers. These residents were asking a question I had struggled with myself: What made me different from this legacy and tradition as a researcher of color? Second, how was my research going to be different from a large body of deficit-oriented or blame-the-victim research? This body of research typically concluded that the deficit or blame for one's condition could be located within the individual minority subject or his or her families, citing some inherent weakness or vulnerability. Research findings from a deficit-oriented or blame-the-victim perspective may also serve to spread misinformation and myths about a poor, oppressed group.

The Classroom Setting in Academia

As an undergraduate and graduate student, as well as a teacher in academia, I have experienced and witnessed the manner in which hierarchical relationships threaten students into passivity, silence, and submission, especially when students are abruptly cutoff, spoken down to in a demeaning manner, publicly accused of not doing reading assignments, or otherwise humiliated in the classroom. This regularly occurs in classrooms purporting to train the next generation of counselors, researchers, and teachers.

Debunking Myths to Shift Beliefs and Attitudes

Shifting beliefs also necessitates debunking several myths, including the following: (a) Counselors do no harm and are ethical and competent, (b)
evoked when teachers, counselors, and others "are asked to shift their paradigms" (hooks, 1994, p. 36) must be recognized. Carter and Qureshi (1995) assert that counselors who enjoy the benefits of dominant group membership or have a vested interest in the status quo "seem to have no interest in working toward developing consciousness of the inequities inherent in the status quo" (p. 254).

LaFromboise, Foster, and James (1996, p. 48) focus on the need for ethical guidelines that address the appropriate behavior of counselors and psychologists in public agencies, academic settings, private practice, and industrial and business sites. According to LaFromboise et al. (1996), the resulting "multicultural ethics" must be forged in an environment that considers it unethical not only to serve clients from culturally defined backgrounds when a counselor is not competent to work with that cultural group but also to deny clients professional services because the staff is inadequately prepared (p. 49).

This dilemma underscores the valuable contributions made to the field of multicultural counseling through the publication of multicultural competencies and standards (Sue et al., 1992), guidelines for operationalizing these competencies (Arredondo et al., 1996), and by many authors (Porterotto, Casas, Suzuki, & Alexander, 1995) offering multiple perspectives and guidelines for multicultural training in many settings (Berg-Cross & Chinen, 1995; Brown & Landrum-Brown, 1995; Carter & Qureshi, 1995; Pope-Davis & Dings, 1995; Reynolds, 1995). The purpose of training is to prepare counselors to deliver services in a variety of settings without doing harm while being ethical and competent. In the absence of widespread training in multicultural competence, however, the historical reality of inadequate training necessitates debunking as myth that counselors who currently deliver services are doing no harm and are ethical and competent.

Debunking the Myth That Researchers Engage in Value-Neutral Objective Science. Whether called cultural psychology (Swedler, 1995), cross-cultural counseling (Pedersen, Dragon, Lonner, & Trimble, 1996), multicultural counseling (Porterotto et al., 1995), or a global, international psychology (Greenfield & Cocking, 1994; Kitayama & Markus, 1995), the new "fourth force" in psychology (Pedersen et al., 1996) provides compelling evidence of the pervasiveness of cultural influence that has had and continues to have on the area of research. Moreover, writers within this new area debunk the myth of a value-neutral objective science.

Ingley (1995) suggests that psychologists have tended to downplay the problem of ethnocentrism, explaining how "paradigms" or "research programmes" contain fundamental propositions that are never put to the test (p. 109). He posits that psychology as a science is "deeply entangled with its own object, the inhabitants of the modern western world" (p. 111). Moreover, Ingley poses the central question for psychology that is the basis of this chapter's analysis: "Can it disentangle itself sufficiently in order to open up to us the reality of other cultures?" (p. 111) Further exposing the nature of the dilemma, he points out how the notion that scientific theories were grounded "exclusively on objective data gave the theories the kind of absolute authority formerly enjoyed by the bible or the Pope" (p. 115).

Swedler (1995) provides a critique of general psychologists, attacking how once in the experimental laboratory it is "quite fantastical and against much evidence" assumed that "we can physically enter a transcendent realm where the effects of context, content, and meaning can be eliminated, standardized, or kept under control" (p. 49). In support, Kitayama and Markus (1995) identify the "readiness to assume that the processes revealed in our studies are universal and the product of relatively invariant computer-like human processors" (p. 379). Psychologists have to face the reality that "our current mainstream psychology is in many senses a 'local' psychology that is rooted in a Euro-American culture, and as a consequence, it is not yet a fully comprehensive psychology" (Kitayama & Markus, 1995, p. 380). As psychologists move toward rectifying this predicament, they need to embrace the challenge of becoming more international and global; this requires "moving forward while simultaneously reexamining many of the assumptions, frameworks, and theories that have been the basis of our previous work" (p. 380). For example, Kitayama and Markus (1995) found that "virtually the only model of the individual, of the person, or of the self in psychology, or indeed, in any of the social sciences is that of the rational, self-interested actor" in which the individual emphasizes one's "own inner attributes and not being unduly influenced by others" (pp. 366-367). On the other hand, "this model of the self is quite simply not one held by the majority of the people in the world;" the Japanese, for example, emphasize "relations—fitting-in and harmonious interdependence with others" (p. 367).

As additional illustration of the need for reexamination of psychological research and theories, Cushman (1995) probes deeply into the research by Stern (1985) involving infant development of the self that was warmly embraced by self psychologists. Cushman questions Stern's conclusions regarding how the infants had control over self-generated action, which Stern described as the characteristic of individual agency. Cushman argues that Stern could have emphasized in his conclusions the concepts of "cooperation with and dependence on others" or social dependence (p. 395). Cushman explains why reexamination of this and other research is important:

If psychologists are going to do more than support the status quo and reproduce the current forms of power and privilege in the world, we must situate our work historically, situate the current concept of self, and study how that self is constructed and how it fits with and reproduces the current sociopolitical forms and structures of our world. We will have to decide whether we approve of that fit and whether we want to contribute to it. . . . Those who "own" the self control our world. That is, those who are accorded the right to define, describe, understand, and heal the self are in a powerful, prescriptive position...
Mental Health

the goal of an independent individual and studies the development of self-regulation "rather than other regulation, of independence training rather than interdependence training, when we study the child's acquisition of information from books rather than from people" (p. 31). This ethnocentric bias also prevails when researchers concentrate study of communicative development on a "dyad in which the mother focuses exclusively on the child" (p. 31). Instead, researchers might study the child in a communication network that includes a third party (p. 31), such as a father, and a larger family setting.

Similarly, Greenfield (1994b) provides a compelling reexamination of field independence and how it has been positively evaluated, whereas field dependence has been devalued. Field dependence, however, could be reconceptualized as a dimension of field sensitivity. In this manner, Greenfield (1994b) draws on a body of research and literature to expose the reality that developmental psychology is not a "value-neutral science" (p. 31). The myth of value-neutral objective science must be debunked as a critical step toward fostering the development of research, as well as theory which guides research, so that it is a relevant domain of inquiry in a multicultural society.

Debunking the Myth of Free Speech in Academia. For those teachers within the field of mental health who teach the practice, theory, and research of psychology, all too often reified as value-neutral science, it is essential to follow hooks (1994) in understanding the "difference between education as the practice of freedom and education that merely strives to reinforce domination" (p. 4). Based on Greenfield's (1994a) analysis, far too many teachers have unwittingly practiced a form of education that subtly reinforced domination—merely by using information in the standard publications and journals in the mental health field.

Also, a clear boundary exists between the dominant, powerful teacher, and the passive, subordinate student. Educators need to follow hooks (1994), who celebrates "teaching that enables transgressions—a movement against and beyond boundaries" (p. 12). It is necessary to transgress those boundaries that would confine each pupil to "a rote, assembly-line approach to learning" (p. 13), as hooks (1994) explains:

Caring about whether all students fulfill their responsibility to contribute to learning in the classroom is not a common approach in what Freire has called the "banking system of education" where students are regarded merely as passive consumers. Since so many professors teach from that standpoint, it is difficult to create the kind of learning community that can fully embrace multiculturalism... It has been as a teacher in the classroom setting that I have witnessed the power of a transformative pedagogy rooted in a respect for multiculturalism. Working with a critical pedagogy based on my understanding of Freire's teaching, I enter the classroom with the

Therefore, the battle over the self—who knows it, who is responsible for it, who can heal it—is a central aspect of this era's struggle for power and hegemony... Decontextualized theories, creative, soothing, and eloquent though they may be, in the end prevent people from facing the political consequences of this era and developing structural solutions that might lessen the suffering that is all around us. (pp. 412-413)

Others foster the search for structural solutions in the field of developmental psychology, attempting to free it from a narrow perspective, one that is "ethnocentric" and "dominated by a Euro-American perspective" (Greenfield, 1994a, p. ix). Greenfield observes how at international conferences, "all too often, colonial and other hierarchical power relations are replicated at the intellectual level" (p. ix).

Greenfield (1994b) critiques the manner in which developmental psychology has been guilty in theory and research of "mistaking the particular for the universal" (p. 1). She recognizes how developmental psychology, and psychology as a whole, has attempted to conform to the scientific method, thereby defying subjectivity as opposed to objectivity. The corollary of this scientific value is that "the less involved you are in a psychological phenomenon, the more accurately you can study it" (p. 23). Greenfield (1994b) exposes this view as naive at best and asserts that in studying their own culture, "psychologists or other social scientists are unacknowledged insiders" (p. 23). Recognition of this fact permits seeing how the advantage for research "is that methodological procedures and interpretations of data are unconsciously adapted to the culture of the subjects" (p. 23). Greenfield and Cocking (1994) seek to redress the situation wherein many groups and societies throughout the world "have been studied almost exclusively by European and Euro-American outsiders" (p. 23). In their edited volume, a body of quantitative and qualitative research from throughout the world illustrates how psychologists are all too often completely unaware "that we are imposing assumptions about conditions, values, and pathways of socialization and development that are foreign to the people being studied" (pp. 23-24). Several conceptual steps are put forth to remove ethnocentric bias and foster scientific recognition that different cultures value different developmental trajectories that arise as adaptations to different ecological niches (p. 29).

Drawing on evidence in the literature, Greenfield (1994b) cites, for example, how European and Euro-American scientists have assumed that independence and school-based cognitive development are universal goals of development, with implicit value judgments concerning the superiority of the independent individual. As a result, respect for elders and the socialization of practices that support this respect have been given a negative evaluation in developmental psychology and labeled as a lack of initiative and authoritarian child rearing (p. 30). Ethnocentric bias is inherent when developmental psychology assumes
assumption that we must build “community” in order to create a climate of openness and intellectual rigor. (p. 40)

hooks (1994) points toward an important guiding philosophy, especially as we come to appreciate how the classroom and academic community as a whole still comprise an environment characterized by authoritarian, hierarchical relationships wherein a chain of command involves superiors talking down to subordinates: Financial officers and trustees tell administrators what to do, administrators tell faculty what to do, and faculty tell students what to do and think. Homogenizing tyranny too often reigns, revealing, as does Taylor (1994, p. 51), how the programming of a general will occurs. There is pressure to talk the party line, at least in public discourse, condemning the academy into being an oppressive regime that falsely claims to embody the principle of free speech. A reorganization of academia is vitally needed that strives to avoid top-down communication, and the subtle exercise of the abuse of power and that follows the values of a new cultural paradigm.

In light of the decentering of the West globally, while embracing multiculturalism, educators must be compelled to focus attention on the issue of voice, inquiring “Who speaks? Who listens? And Why?” (hooks, 1994, p. 40). An answer to hook’s question, “Who Speaks?” is that too often teachers prevent students from exercising free speech by talking down to them, dismissing and demeaning them for any independent, autonomous thinking, and confining them to the role of the passive, silent student who must memorize by rote what professors tell them is “right knowledge and thinking.” An answer to hook’s question, “Who listens?” is that many educators have yet to learn how to “truly hear” the diverse voices of students. The myth of free speech reigning in classrooms and in academia must be debunked. Finally, an answer to hook’s question, “Why?” is that educators must recognize an ethical imperative to genuinely foster free speech in academia because only a free-flowing dialogue will permit students, faculty, and the institution to reach their full potential.

Transmitting Skills

Consistent with a paradigm shift, the transmitting of new skills to current and future counselors, researchers, and teachers needs to occur to foster multicultural competence. It is difficult to shift attitudes and beliefs and produce the awareness that “all is not well” in the field of mental health and the status quo must change. It is hoped that this awareness will constitute a new body of knowledge, producing new cognitions. Ideally, new cognitions lead to the production of new interpersonal behaviors. The production of new interpersonal behavior, however, often requires the transmission of specific interpersonal skills.

Mental Health

Interpersonal Skills for Effective Communication

Several authors have described, using various language, the ideal combination of good listening skills, accurate empathy, and the process of reflecting back to the communicator what has been heard and perceived. Heyward (1993) uses a term that captures the process dimension of this skill, directing professionals to “hear to speech” those who seek counseling services. Heyward explains: “[T]here is in each of us a need to be heard to speech. This need is the root of all genuine healing and the source of all creative revolutionary movement. It is the wellspring of our redemption, and it is the hope of the world” (p. 192). An individual who is “heard to speech” will speak and hear aloud their own truth. As Miller (1995) suggests, “as I hear myself talk, I learn what I believe” (p. 95).

Similarly, from the “fourth force” in counseling, Pedersen et al. (1996) describe the skill of being able to deploy “cultural empathy,” performing the basic skill of which Heyward speaks. Wallace (1993) describes this same fundamental skill, referred to as culturally sensitive empathy:

The deployment of this culturally sensitive empathy requires that I merely sit across from clients, listen over so keenly to their tales with my observing ego in full operation, and feel empathy for their inner self experience. The next step is to gently hold up a mirror and reflect back to clients what we have felt and experienced empathetically as perhaps their inner feelings. I may now label and identify such feelings and encourage the client to talk about that feeling or situation further. To the extent that clinicians do this with some success, clients who look across from us, seeing us and our overt differences, will feel genuinely understood and validated. Their inner self feels gratified that another real self has felt their pain and validated their private, inner experience as genuine, real, valid, and acceptable—without conveying any judgment, criticism, or condemnation. (p. 19)

This description of a culturally sensitive empathy is compatible with Heyward’s (1993) term, being heard to speech. Cultural empathy, culturally sensitive empathy, and being heard to speech are all reminiscent of the concept of active listening and reflection with empathy put forth by Carl Rogers (Miller & Rollnick, 1991). Although the field of counseling may have historically placed a premium on active listening skills, along with the use of empathy and reflection, researchers and teachers need to value and deploy these same skills. As a field researcher in the residential therapeutic community, I sought to be culturally sensitive by having an orientation meeting before I introduced research into that setting with an African American and Latino population. By actively listening to residents, I heard to speech those who spoke of not wanting to be guinea pigs, also attuned to their feelings of anger from past experiences in which they were taken advantage of by others. Similarly, as teachers, the task is to hear to speech
students who share what they think about a reading assignment or concept. The teacher may also attune to what a student seems to be feeling, perhaps electing to reflect back to that student what he or she senses the student is feeling, or the teacher may listen and observe as other students join in the dialogue. In this manner, the actions that the counselor typically performs as an active listener who attunes to the inner affects of clients must be regularly practiced as essential skills by the researcher and teacher to foster and sustain a new cultural paradigm and so that the researcher and teacher are multiculturally competent.

The acquisition of interpersonal skills tends to be cumulative; individuals master and deploy one or two skills (such as active listening and being genuinely empathic) and then begin practicing another skill. The next step is to combine active listening, reflection, and empathy with the pointing out of discrepancies in clients’ cognitions or between a cognition and a behavior; this tends to create a state of cognitive dissonance, causes a new feeling or affect to surface, and increases motivation to engage in behavioral change. The term empathic mirroring (Wallace, 1991, 1996) captures the cumulative process of engaging in active listening, empathy, reflection, and pointing out discrepancies between cognitions or cognitions and behaviors—with the result of producing cognitive dissonance, affects, and a state of readiness and motivation to change. This change may include a shift in one’s cognitions or behavior.

Empathic mirroring has been summarized as having four critical steps: (a) empathy—be empathic and not confrontational; (b) cognitive dissonance—point out discrepancies in the client’s thinking or between thoughts and behavior; (c) mirroring—reflect or mirror back to the client, after intensive listening, what he or she is saying and feeling; and (d) self-determination—ask the client what he or she thinks should be done about the problem, conflict, or condition. In addition, by using this skill, one seeks to instill a sense of empowerment and restore hope (Wallace, 1996, p. 257).

Empathic mirroring (Wallace, 1991) is identical to Miller’s term or concept (1983; Miller & Rollnick, 1991) of motivational interviewing (Wallace, 1996). It is interesting that independent practitioners discovered and described an identical technique in separate work with crack cocaine-dependent clients and alcoholics, respectively—populations oppressed insofar as they are dependent on a chemical substance and stigmatized and rejected by society. The search and discovery of practical techniques that “work” with oppressed populations (Miller & Rollnick, 1991; Wallace, 1991, 1996) is not unlike the search for a pedagogy that works for the oppressed. Freire (1970), in helping to substantiate how the multiple acts of reflection inherent in empathic mirroring may indeed be valid instruments of liberation from oppression, states the following:

This pedagogy makes the oppression and its causes objects of reflection by the oppressed, and from that reflection will come their necessary engagement in the struggle for their liberation... In order for the oppressed to be able to wage the struggle for their liberation, they must perceive the reality of oppression not as a closed world from which there is no exit, but as a limiting situation which they can transform. This perception... must become the motivating force for liberating action. (pp. 33–34)

Empathic mirroring is a skill that fosters the perception in clients that they are in a situation that they can transform, and this perception becomes the motivating force for liberating action from oppression. Empathic mirroring may result in the perception of options for ending a limiting dependency or addiction.

Research Supporting Nonconfrontational, Nonhierarchichal Techniques as Effective

Empathic mirroring has also been described as nonconfrontational and nonhierarchichal. Often, alcoholics and drug users have been harshly confronted with the facts of their addiction and disease and been forcefully educated to accept the label of alcoholic or addict. Research has found, however, no beneficial effect from educational lectures and films (Miller et al., 1995, p. 31). In addition, no outcome studies have provided support for the effectiveness of confrontational approaches in controlled studies with alcoholics (Miller et al., 1995, p. 27). Moreover, confrontation may be seen as the conceptual opposite of Carl Roger’s client-centered therapy (Miller & Rollnick, 1991), which when used with alcoholics was found to compare favorably with alternative approaches in three of four studies; it was the only form of individual psychotherapy for people with alcohol problems that yielded positive findings (Miller et al., 1995, p. 27). Motivational interviewing has been found in several controlled evaluations to produce significant evidence of efficacy with problem drinkers (Miller, 1995). In a meta-analytic study of 211 controlled alcohol treatment studies, as a result of its cumulative evidence score motivational interviewing ranked third in efficacy compared to 29 other treatments; in addition, brief interventions, such as motivational interviewing, accomplished the greatest level of efficacy (Miller et al., 1995). A motivational counseling approach that relied on the “authority” of the physician did not produce better results than an uncounseled control group (Miller, 1995).

Exposing a typical action of an authoritarian figure, Miller (1995) explains that “[d]irective, confrontation tends to increase resistance. Reflective, supportive counseling tends to minimize resistance” (p. 96). He acknowledges that motivational interviewing is a confrontational process, and that the meaning of the word is literally “to bring face to face.” When confrontation is used correctly, however, as in motivational interviewing, the result is an effective therapeutic technique for use with alcoholics and substance abusers. Rollnick and Bell (1991) empowered primary care workers—family doctors, nurses, social workers, probation officers, members of the clergy, and visiting nurses—to use brief motivational interviewing. Others have asserted that Miller and Rollnick (1991)
Mental Health

The goal is not to have the counselor tell the individual how to run his or her life, have the researcher dictate to the subject to silently submit and cooperate with any procedure, nor have the teacher tell the students what and how to think. Instead, responsibility for change “is left with the individual” client (Miller & Rollnick, 1991, p. 52), research subjects actively share responsibility for their participation, and students actively self-determine what they come to think and know. Hence, multiculturally competent professionals no longer pose as “an authoritarian one-up pounding the truth” or their version of reality into others. Also, within the settings in which they practice, professionals foster others coming to see and accept a reality that is actively created by clients, research subjects, and students. Meanwhile, multiculturally competent professionals who no longer engage in covert, invisible forms of violence may reflect on how they have helped to create the prevailing climate in those organizational settings in which clients, research subjects, and students come to realize their potential for self-determination. Multiculturally competent professionals help to create settings within the field of mental health that are conducive to others feeling empowered to self-determine their own cognitions and behavior by promoting and sustaining a new cultural paradigm in their work settings.

Conclusion

This chapter provided a critical analysis of the influence of culture on the development of theory and practice in the field of mental health and also exposed how the organizational settings in which the counselor, researcher, and teacher work reflect the pernicious influence of the larger culture. To break the cycle of violence and oppression, counselors, researchers, and teachers need to stop role modeling and conditioning harmful behaviors and cognitions in the next generation of professionals. Toward this end, the chapter discussed multicultural competence training specifically designed to shift attitudes and beliefs as well as to transmit skills necessary for ethical conduct.

As we enter a new millennium, the multitude oppressed by racism, sexism, homophobia, and other forms of violence have demanded that society and the field of mental health implement a new cultural paradigm that guarantees their humanity and does no harm. It is imperative that mental health professionals engage in ethical behavior that serves to empower the historically oppressed. Oddly, by actively speaking aloud and demanding their liberation, the oppressed create the conditions for liberating the oppressors in the field of mental health from bondage to the old cultural paradigm rooted in the culture of violence in the United States. The consciousness of both the oppressed and the oppressor is raised through constructive dialogue. Even more odd is how by giving up their power responsibly and letting it be transformed by the power of mutuality (Heyward, 1993) while also seeking to empower the oppressed, the former oppressors also gain liberation. As equal cooperative creators of a new reality, under a new cultural paradigm, both the formerly oppressed and their oppressors...
may celebrate liberation and finally benefit from conditions conducive to all realizing their highest potential.

Within the overall process of expanding consciousness, or Freire’s (1970) conscientização, “learning to perceive social, political, and economic contradiction, and to take action against the oppressive elements of reality” (p. 19) is essential, as Ivey (1995, p. 54) also argues. Both the formerly oppressed and their oppressors may feel empowered to take action against the oppressive elements in the larger societal reality.

It has been asserted that a pedagogy of the oppressed and a pedagogy of hope must be made and remade (Freire, 1970) through multiple acts of reflection. Beginning with the use of empathic mirroring or the skills inherent in motivational interviewing, the formerly oppressed and their oppressors may engage in civil discourse. As a consequence, they may cooperatively create reality, experience the power of mutuality, and proceed to remake, again and again, the pedagogy for keeping society free from oppression and for sustaining hope for the future. The goal of not only continually expanding consciousness but also constantly creating reality is then earnestly pursued. Earnestly pursuing this goal, professionals entering the new millennium may be seen as functioning within a revitalized field of mental health that is evolving toward its highest potential as they work in diverse organizational settings. Counselors may be seen as engaging in the delivery of ethical and multiculturally competent counseling to foster liberation in clients (Ivey, 1995; Wallace, 1994). Researchers may be appreciated for internationalizing theory and research in psychology so that we understand the diversity of human behavior through the lens of a global psychology that respectfully engages research subjects throughout the world (Greenfield, 1994a; Kitayama & Markus, 1995). Teachers may be respected for practicing the art of teaching to transgress boundaries, making education the practice of freedom (hooks, 1994). Also, society benefits from ethical practice in diverse organizational settings. It is toward realization of these goals that this chapter has analyzed the influence of culture on the development of theory and practice in the field of mental health.


Chapter 9


References


Chapter 10


Making Mandated Addiction Treatment Work

Barbara C. Wallace
Overcoming Negative Countertransference

There are social-conditioning processes operating in our society that lead to the stigmatization of those with a drug addiction, as well as those with criminal behavior. These processes of stigmatization operate as a social-control tactic (Des Jarlais, 1995; Tucker, 1999). Those with the “stigmatized characteristics (the ‘marks’) as members of a social out-group” are denied advantages of the dominant in-group, while “stigmatization seeks to maintain the dominant social order and to promote greater cohesiveness among the in-group” (Tucker, 1999, p. 32). In addition, stigmatization seeks to promote “identification of the marks, thus allowing them to be segregated in stigma-defined groups that are sufficiently visible, so that they can be monitored and controlled by the dominant group” (Tucker, 1999, p. 32).

The National Institute on Drug Abuse (NIDA) convened experts in public health, academia, and government at Chantilly, Virginia, in November 1995, in order to decide whether or not drug addiction should be declared a disease of the brain, arriving at the decision to do so (Satel, 2002). The declaration of addiction as being a chronic brain disease, as well as a chronic and relapsing disorder—like diabetes, asthma, and high blood pressure—was intended to destigmatize compulsive drug taking (Satel, 2002). In addition, the intent was to shift the commonly held perception of addicts from ‘bad people’ to be dealt with by the criminal justice system to ‘chronic illness sufferers’ to be triaged to medical care” (Satel, 2002, p. 58), that is, to the perception of addiction as being a medical disorder and not something self-induced or reflecting a failure of will. A full-blown public-health campaign by NIDA followed, showing pictures of addicts’ brains that were “lit up” on PET scans as an “image of desire” (Satel, 2002, p. 55).
Overcoming Negative Countertransference

Practitioners’ expectations may operate as powerful self-fulfilling prophecies for clients, impacting client self-efficacy or confidence in their ability to cope in specific challenging situations (Miller, Wilbourne, & Hettema, 2003). Ideally, practitioners’ expectations reflect learned optimism/optimistic thinking with regard to clients’ potential for behavior change, and this approach is also taught to clients as a cognitive coping strategy (Seligman, 1998, 2002; Vaughan, 2001). Also, both practitioners and clients may need to learn to dispute cognitive distortions, such as catastrophic thinking (Seligman, 1998, 2002) about future treatment outcomes, as well as to dispute those cognitive distortions that lie at the root of stigmatization. Practitioners may also focus on client strengths (Aspinwall & Staudinger, 2003; van Wormer & Davis, 2003) as a way to shift away from any negative impact caused by the view that clients necessarily have a progressive, chronic disease; practitioners may go on to appreciate those strengths and attributes that clients are actually demonstrating that justify the practitioner’s attaining an optimistic view of that client’s potential for behavior change.

To the extent that practitioners and members of clients’ social-support networks shift toward an optimistic view of clients’ potential for behavior change, they may be contributing influential variables in treatment. This may include a focus on clients’ strengths (Aspinwall & Staudinger, 2003). Most importantly, these nonspecific or common factors (such as practitioner optimism and empathy versus negative countertransference of disdain and negative, low expectations for clients) may exert a stronger influence on treatment outcome than do the specific differences among treatment techniques (Miller, Wilbourne, & Hettema, 2003). Thus, the role of nonspecific factors in individual and group work is both discussed and demonstrated through a case example in this chapter.

This chapter will provide training in overcoming negative countertransference. The chapter will present the case of Ms. F. W., covering her first two months in outpatient community-based addiction treatment, and detailed commentary. Case discussion will highlight the many kinds of negative countertransference reactions a practitioner may have toward a contemporary client, as well as the goals of practitioners’ attaining adaptive cognitive, affective, and behavioral responses—such as optimism and empathy—and their engaging in fidelity in service delivery without discriminating against clients. A table (table 6.2) summarizes the process by which practitioners may move across stages of change toward the attainment of adaptive cognitive, affective, and behavioral coping responses to the challenge of treating clients they may have been socially conditioned to stigmatize, disdain, and discriminate against.

This chapter will also discuss the process of clients’ learning how to cope with the stress of encountering negative countertransference reactions toward them, as well as their learning new adaptive cognitive, affective, and behavioral responses to this stress and other more general life stress. In
addition, the chapter will illustrate how contemporary community-based addiction treatment routinely incorporates some evidence-based addiction interventions. The chapter also elucidates how practitioners must regularly thoughtfully select from a menu of evidence-based addiction treatments and recommended state-of-the-art practices those treatments and practices that should be integrated and adapted for use in the process of tailoring treatment for an individual client, given the client's characteristics, needs, and diversity. The chapter presents a table (Table 6.1) that shows how, from among all possible evidence-based interventions and recommended state-of-the-art practices discussed at length in chapter 2, those interventions and practices marked with an X were utilized in the case of Ms. F. W. across her two months of treatment reviewed in this chapter. In this manner, the chapter will illustrate the essential work of making mandated addiction treatment work by adapting evidence-based addiction treatments in the real world with heterogeneous clients.

Table 6.1. Options from the Menu Used (X) in the Case of Ms. F. W.: Evidence-Based Interventions and State-of-the-Art Practices

<table>
<thead>
<tr>
<th>Selections (X) for Ms. F. W. from category 1: Evidence-based addiction treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>X * Special focus on building a strong therapeutic alliance/social-support network (TASS)</td>
</tr>
<tr>
<td>X * Motivational interviewing/motivational enhancement therapy (MET)/brief interventions</td>
</tr>
<tr>
<td>X * Cognitive-behavioral therapy (CBT)/relapse prevention (RP)/social-skills training (SST)</td>
</tr>
<tr>
<td>X * Twelve-step facilitation (TSF)/guidance using Alcoholics and/or Narcotics Anonymous</td>
</tr>
<tr>
<td>X * Individual drug counseling (IDC) and/or supportive-expressive psychotherapy (SEP)</td>
</tr>
<tr>
<td>X * Community reinforcement approach (CRA/Vouchers: Contingency management (CM))</td>
</tr>
<tr>
<td>X * The Matrix Model—or, a day-treatment approach, or IEC outpatient model that is (I for intensive (4–5 days per week), E for extensive (6–12 months), and C for comprehensive (TASS, CBT/RP, IDC, group drug counseling (GDC), drug testing, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selections (X) for Ms. F. W. from category 2: Recommended state-of-the-art practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>X * Integration of motivational interviewing and stages of change**</td>
</tr>
<tr>
<td>X * Integration of stages of change and phases of treatment and recovery</td>
</tr>
<tr>
<td>X * Integration of harm reduction, moderation approaches, and abstinence models</td>
</tr>
<tr>
<td>X * Integration of psychoanalytic and cognitive-behavioral theories and techniques</td>
</tr>
<tr>
<td>X * Acquisition of affective, behavioral, and cognitive coping skills—learning new ABCs</td>
</tr>
<tr>
<td>X * Integration of motivational interviewing, stages of change, and identity development theory for a diverse identity involving race, sexual orientation, and/or disability</td>
</tr>
<tr>
<td>X * Incorporating contemporary trends in psychology. Multiculturalism, positive psychology, the strengths-based approach, and optimistic thinking/learned optimism</td>
</tr>
</tbody>
</table>

**Motivational interviewing was used, but not integrated with stages of change, as the client was already in an action stage, and the case only extends over a period of two months.
verbal reinforcement for making age talk, a verbal statement of an onto her custody. This positive re-It’s really important to do that.” progress in surrendering her old led to do, all too often engaging res. She seemed to have made me who was learning and refin-rom use of interventions reflect- Stages of Change, and Identity aling Race, Sexual Orientation, 

IVENTIONS AS A WHOLE

d their own personal material intense emotion, graphic story- up members proceeded to talk ving the group to a new focus, ed them to open up and hon-group. The group members saw lly naked and exposed, having ble, guilty, and ashamed, as the racted with Ms. F. W. with em-

, my displays of empathy, res-pire a number of group mem-also develop a therapeutic al- a safe place for them to share, were needed, perhaps I would to prevent negative outcomes tehow, we were all learning to-roup, and there were no “ones n,” nor was the practitioner in feelings of inferiority. And, as once reactions were leading to suggestive of stigmatization, imply, as the practitioner con-ood information to share, but up members whose eyes re-powerful and telling informa-

FIRST COMMENTARY ON CASE OF MS. F. W.

Ms. F. W.’s initial introduction of herself to the mental-health group might produce negative countertransference reactions in a practitioner. Her story might readily evoke any socially conditioned cognitive, affective, or behavioral responses one might have as a societal member living in contemporary times. One might readily stigmatize her, having typical socially conditioned cognitive responses, and likely thinking as follows: “She is just another addict involved in immoral and criminal behavior, and she is deserving of the punishment of incarceration and loss of child custody.” Apparently, one of the things that made her experiences in jail so torturous and traumatic involved being constantly talked down to by correctional staff who embodied what it means to stigmatize drug offenders. While such a response is very common in our contemporary society, for anyone who seeks to be a practitioner in addiction treatment, or a potential member of her social-support network, these would all represent maladaptive cognitive coping responses to the challenge of treating Ms. F. W.

Maladaptive Cognitive, Affective, and Behavioral Responses: Negative Countertransference Reactions

Maladaptive cognitive responses might lead to common conditioned affective responses of disdain. There might also follow socially conditioned behavioral responses that are also consistent with disrespecting, devaluing, or discriminating against a client like Ms. F. W. This might involve behaviors of cutting her off when she is talking, talking down to her, ending a session abruptly before the requisite time has passed, forgetting about a scheduled session made with her, or discriminating against her by not providing her with standard care or routine services. In a similar fashion, members of her social-support network might provide less than they normally would.

What has been described all constitutes maladaptive cognitive, affective, and behavioral coping responses to a contemporary client, or negative countertransference reactions. An alternative response to hearing her story would involve adaptive cognitive, affective, and behavioral responses. Such adaptive responses are recommended, particularly on the part of practitioners or those who seek to harness the power of those nonspecific or common factors that may potentially exert a strong influence on treatment outcome. In fact, practitioners may anticipate, envision, and embrace the process of moving across stages of change from not even having thought about these issues (precontemplation); to thinking about them (contemplation); to making a determination to change maladaptive cognitive, affective, and behavioral responses (preparation); to actively working to change them over the next six
months (action); to seeking greater sophistication in deploying new adaptive cognitive, affective, and behavioral responses that one will likely use for life (maintenance). This includes the possibility of potential relapse to what was maladaptive. Table 6.2 presents these stages of change, also suggesting how they represent progressively more mature and differentiated identity statuses, as practitioners move toward a new stable identity as one who is free from negative countertransference and old socialization processes to stigmatize, disdain, and unwittingly discriminate against clients with addictive and criminal behavior.

Positive Psychology, the Strengths-Based Approach, and Optimistic Thinking/Learned Optimism: Recommended State-of-the-Art Practices

A practitioner’s adaptive cognitive responses to all that Ms. F. W. shared in her first mental-health group might focus on this client’s strengths and positive attributes. A practitioner might have positive internal cognitive responses or think how “she is remarkably strong, resilient, and determined.” Other adaptive cognitive responses on the part of practitioners might involve having positive expectations about this client’s ability to change and maintain behavioral change over time so that it is enduring; such cognitive responses on the part of the practitioner might translate into a positive prophecy the client might fulfill. This might involve the practitioner engaging in optimistic thinking or having cognitions reflecting a learned optimism. For example, the practitioner might both observe a strength possessed by the client and optimistically think as follows: “She is working so hard in group. If she continues to work this hard, her chances of success are excellent.” In this manner, a practitioner would be combining the recommended state-of-the-art practices of drawing upon Positive Psychology, the Strengths-Based Approach, and Optimistic Thinking/Learned Optimism in work with Ms. F. W., as listed in table 6.1.

Adaptive Affective Coping: Empathy as a Key Nonspecific Factor in Treatment

A practitioner’s adaptive affective coping responses to the challenge of treating Ms. F. W. would include feeling empathy. Practitioner empathy may be the most important nonspecific factor influencing treatment outcome, and it is absolutely critical to the technically correct deployment of motivational interviewing within the evidence-based option of Motivational Interviewing/Motivational Enhancement Therapy (MET)/Brief Interventions included in table 6.1. Empathy is likely the key ingredient or most important common/nonspecific factor for determining the success of any treatment intervention, following the use of the evidence-based intervention of placing a Special Focus on Building a Strong Therapeutic Alliance/Social-Support Network (TASS), also listed in table 6.1.
Empathy Defined

Empathy may be defined as an affective state attained by successfully using one’s own capacity to feel in order to sense and sort out another individual’s inner affective experience. Empathy includes coming to accurately understand the meaning of another’s inner affective experience. To successfully achieve the affective state of empathy with another human being may constitute a powerful experience that is uniquely affirming and validating for the one whose private internal affective state has now become a shared reality with another human being. Thus, attaining the affective state of genuine empathy, alone, may constitute not only a vitaly important practitioner skill, but also an important nonspecific/common factor helping to create a positive treatment outcome.

As shown in the first mental-health-group session, a key moment of empathy with Ms. F. W.’s Inner affective experiences of guilt, shame, and feeling naked and exposed in front of the group was essentially a silent moment of both feeling and knowing the meaning of what Ms. F. W. was experiencing emotionally inside. There was no overt reflection or mirroring of Ms. F. W.’s inner feels back to her in this case of silent feeling and knowing. But, because of this state of empathy, an intervention was delivered that served to protect Ms. F. W. from any further exacerbation of her feelings of guilt, shame, and being naked and exposed. The intervention also served to deflect attention away from her as the only one possibly having this problem, given that I, the practitioner, used the word we in going on to deliver brief education about the negative impact of exposing children to violence.

Adaptive Affective Coping: Respect and Acceptance as Key Nonspecific Factors in Treatment

There is justification in viewing respect and acceptance as adaptive affective responses on the part of the practitioner that are also key nonspecific factors operating in treatment and impacting outcome. Moreover, it may be asserted that respect and acceptance are adaptive affective responses to the diversity commonly found among contemporary clients in community-based addiction treatment. In the case of Ms. F. W., the mental-health group included members who were diverse, including those who were poor; African American; Hispanic; Irish; gay; lesbian; and people with disabilities such as HIV/AIDS, learning disabilities, and mental disabilities/disorders, following the broad disability classification scheme of Linton (1998). Because such individuals have experienced stigmatization, disdain, and discrimination for not only their addictive and criminal behavior, but also for their race, ethnicity, sexual orientation, or disabilities, they are especially sensitive to moments when they are being disrespected and not accepted. Hence, experiences of being genuinely respected and accepted are of extreme importance to such clients. Moments of feeling genuinely respected and accepted are novel and go a long way in engaging clients in treatment, as well as in fostering a therapeutic alliance. This focus on respect is consistent with both the evidence-based intervention involving placing a Special Focus on Building a Strong Therapeutic Alliance/Social-Support Network (TASS) and the recommended state-of-the-art practice of Incorporating Contemporary Trends in Psychology: Multiculturalism, Positive Psychology, the Strengths-Based Approach, and Optimistic Thinking/Learned Optimism, especially by avoiding disdain/stigmatization via multicultural sensitivity/competence with regard to diversity. Both are checked off (X) in table 6.1.

Respect Defined

Respect may be defined as an affective state that follows from acknowledgment of another’s experience as valid, real, and worthy of recognition. Respect tends to be mutual and reciprocal, holding sway during interpersonal interactions. Thus, respect may also be seen as involving an experience of reciprocal recognition on the part of two individuals. Even as there may be degrees of respect, often there is also an either-or reality that prevails. The prevailing reality either involves respect and recognition or disrespect and nonrecognition. Thus, the opposite of respect and recognition, or disrespect and nonrecognition, may lead to an experience of invisibility (Ellison, 1952; Franklin, 2004; Wallace, 2003) or lack of any validation for even existing. Experiences of disrespect, nonrecognition, invisibility, and lack of any validation for even existing may damage identity. Hence, many who are diverse in our society have suffered damage to their identity (Wallace, 2003; Wallace et al., 2003). Typically, the perpetrators of this damage to identity have been those who presume themselves to be superior, and those they disrespect are presumed to be inferior (Wallace, 2003). Some of these dynamics are triggered by the perception of the overt marks associated with being diverse or stigmatized.

Respect precedes and allows for the experience of acceptance on the part of the practitioner with regard to a client. Especially in work with clients who are diverse, the first step is to respect them. Actually, this is what they demand and want.

Respect Relative to Acceptance

It is a much more rare and higher-order experience to actually be accepted. In fact, many diverse individuals do not expect to be accepted, especially after long histories of suffering stigmatization, disdain, and discrimination. But, at the very least, they want to be respected. For contemporary clients, whether those who have only suffered stigmatization for addictive and/or criminal behavior, or those who have also suffered stigmatization for their
other diverse characteristics, it is a rare privilege and honor to be accepted. Ideally, any practitioner electing to work with the contemporary population of clients in community-based addiction treatment must also be willing to pursue the attainment of the adaptive affective response of acceptance. This focus on acceptance is also consistent with the recommended state-of-the-art practice involving a focus on Incorporating Contemporary Trends in Psychology: Multiculturalism, Positive Psychology, the Strengths-Based Approach, and Optimistic Thinking/Learned Optimism and, more specifically, multiculturalism with acceptance of diversity. So, what is acceptance? How may it be defined?

Acceptance Defined

Acceptance may be defined as an affective state that results from embracing where another person is, what is going on with the person, and the nature of the person’s experience, while remaining free of harsh judgment, criticism, or condemnation. When accepting a person for where he or she is, this includes accepting the stage of change the person is currently negotiating, the person’s level of readiness to change, and the phase of treatment and recovery in which the person may be found, as well as the person’s diversity, characteristics, needs, and preferences. Accepting what is going on with a person means being open to whatever the person may be experiencing in any given moment on any given day, even if the person is engaging in defenses such as splitting, or is highly ambivalent, presenting alternating sides to his or her self or conflict. And, accepting the nature of the person’s experience means withholding any judgment, criticism, or condemnation about the person’s affects, values, behavioral practices, cultural traditions, or cognitive approach to his or her experiences in reality, even though one may not share any of these. One may personally judge the nature of the other person’s experience as something that is not suitable or appropriate for oneself, but this is very different from engaging in harsh judgment, criticism, or condemnation.

Acceptance also includes embracing clients’ possession of strengths, positive attributes, apparent potential, and evidence of resiliency, consistent with the recommended state-of-the-art practice involving Incorporating Contemporary Trends in Psychology: Multiculturalism, Positive Psychology, the Strengths-Based Approach, and Optimistic Thinking/Learned Optimism and, in particular, a focus on strengths.

Affects of Hope

Other adaptive affective responses include feeling hope about a client’s ability to change, following from Incorporating Contemporary Trends in Psychology: Multiculturalism, Positive Psychology, the Strengths-Based Approach, and Optimistic Thinking/Learned Optimism. There might even be feelings of admiration and pride that a client is working so hard to change, or has accomplished change. For example, in the case of Ms. F. W., the fact that she was changing so rapidly and working so hard in treatment justified a feeling of hope, as well as of pride. Affects of hope may influence a client, supporting eventual fulfillment of a positive prophecy. An affective response of hope may also impact the development of a strong therapeutic alliance.

Multiculturalism: Going Beyond Respect, Acceptance, and Optimism in Order to Attain Multicultural Sensitivity and Multicultural Competence

The diversity among clients in the mental-health group that Ms. F. W. had just joined reflects that which is commonly found in community-based addiction treatment. Hence, there is a need for training in multicultural sensitivity and competence (Bronstein & Quina, 2003; Carter, 2000; Sue, 2003; Sue & Sue, 2002; Sue et al., 1998; Wallace, 2003; Wallace & Carter, 2003). Wallace (2000a) offers two definitions that are helpful in this regard:

Multicultural sensitivity involves awareness of multiple cultural influences, and the ability to be able to adopt an attitude and stance of inquiry regarding what is appropriate in interacting and communicating with diverse others. An individual with multicultural sensitivity understands that all prior conditioned affective responses (for example, . . . hate), assumptions (all conditioned cognitions), and automatic conditioned behaviors should be questioned or suspended, as one seeks to discover what is appropriate interpersonal behavior. Often this requires entering the worldview of the individual . . . and coming to understand the values, traditions, expectations, and behaviors that are a part of that culture. This involves observation, empathic listening, asking well-timed and appropriate questions, or entering into an ongoing dialogue with an individual member of a cultural group. New affective, cognitive, and behavioral responses may be established to replace the old conditioned ones.

Multicultural competence involves an individual going beyond the mere possession of multicultural sensitivity to also attain an acceptable level of knowledge, a sufficient shift in attitude, and the production of a repertoire of behaviors consistent with successfully interacting with diverse populations in multicultural settings. The ability to convey genuine respect and acceptance is a part of multicultural competence. (p. 1101)

Thus, multicultural competence means going way beyond tolerance of those who are diverse and different, including as it does genuine respect and acceptance. If a practitioner has successfully shifted away from cognitions consistent with stigmatization, shifted toward positive optimistic thinking, and shifted toward affects of respect and acceptance, then there should be success in developing a repertoire of behaviors consistent with successfully interacting with diverse clients. The desired repertoire of behaviors may be described as adaptive behavioral coping.
Becoming multiculturally competent is a process that can take time. However, there are steps by which any practitioner may become free of maladaptive cognitive responses of stigmatizing clients, maladaptive affective responses of disclaiming addict criminals, and maladaptive behavioral responses of discriminating against clients via infidelity in service delivery (i.e., failing to adequately perform the task of deploying evidence-based addiction treatments and recommended state-of-the-art practices). This process has already been depicted, in effect, in Table 6.2, which shows the stages of change a practitioner transverses, as well as how these are actually progressively more mature identity statuses. However, three practical steps may also be recommended in this process: (1) learn to observe oneself in the act of deploying maladaptive responses, and ideally right before one is about to deploy them; (2) proceed to stop or interrupt these maladaptive responses, perhaps literally stating silently the word *stop*; and (3) replace the maladaptive response with any of the recommended adaptive responses presented in this chapter (e.g., focus on strengths, optimistic thinking, respect, acceptance, fidelity in service delivery by deploying an evidence-based intervention), doing this repeatedly over time so that these adaptive responses become increasingly refined and sophisticated with use.

**Adaptive Behavioral Coping: Deploying Evidence-Based Interventions from a Menu of Options and Recommended State-of-the-Art Practices**

In the case of Ms. F. W., adaptive behavioral responses on the part of myself, as the practitioner, included seeking to carefully integrate the interventions selected (X) from Table 6.1, thereby tailoring treatment for her. This involved adapting these selected evidence-based addiction-treatment interventions and recommended state-of-the-art practices in work with her in the real world.

Of note, practitioners must appreciate the role of other, more subtle, yet specific adaptive behavioral responses that operated in the case of Ms. F. W. These involved my actively listening to her, looking directly into her eyes, nodding my head while she was speaking, asking questions, and making appropriate supportive verbal comments. All of these were used, starting in the first mental-health group with Ms. F. W.

**Use of the Evidence-Based Intervention of Motivational Interviewing**

Given that Ms. F. W. entered the first mental-health group in an action stage for working on her marijuana dependence and violence in the real world outside of jail, as the practitioner, I used the evidence-based intervention of *Motivational Interviewing/Motivational Enhancement Therapy (MET)/Brief Interventions;* motivational interviewing was deemed ideally suited for use with Ms. F. W. in her first session in the mental-health group and across the four weeks of treatment described in this chapter. Given that she was already in an action stage during our short period of therapeutic work, it was not