

# Social & Cultural Diversity Ethics: Justice for All?

Dr. Sonja Sutherland  
Richmont Graduate University

# COMPONENTS OF MULTICULTURAL COMPETENCE

# Three Competencies

Competency 1 - Awareness: ***Therapist's awareness of one's own assumptions, values, and biases***

Competency 2 - Knowledge: ***Understanding the worldview of culturally diverse clients***

Competency 3 - Skill: ***Developing appropriate intervention strategies and techniques***



# Emotional Roadblocks to the Path of Cultural Competence

Strong emotions such as anger, sadness, and defensiveness are displayed when discussing experiences of race, culture, gender, and other sociodemographic variables.

# UNDERSTANDING SYSTEMIC OPPRESSION

# Beyond Gridlock: Two Views of Racism

- Racism at the individual level
  - *Defined as something overt that can be done only by one individual to another*
- Racism at the structural level
  - *Society can perpetuate racism even when individuals in the society do not intend to be racist.*

Yancey (2006)

# ETHNOCENTRIC MONOCULTURALISM

- The *individual, institutional, and societal* expression of the superiority of one group's cultural heritage over another's.
- In all cases, the dominant group or society has the ultimate *power to impose their beliefs and standards* upon the less powerful group.

# ETHNOCENTRIC MONOCULTURALISM

## 1. BELIEF IN SUPERIORITY

- Western cultures are “more advanced.”
- Lighter skin, eye, and hair color is valued.
- Belief in Christianity/Monotheism? (Sue & Sue)
- Individualism and the Protestant work ethic are highly valued.
- White privilege—advantages of Whites in society. Other forms of privilege . . .

# ETHNOCENTRIC MONOCULTURALISM

## 2. BELIEF IN THE INFERIORITY OF OTHERS

- Non-western characteristics (e.g., dark complexion, non-Christian religions?) are seen as inferior.
- Culturally diverse groups may be seen as less intelligent, less qualified, and less popular, and may possess undesirable traits.

# ETHNOCENTRIC MONOCULTURALISM

## 3. POWER TO IMPOSE STANDARDS

- The dominant group has the power to impose standards on non-dominant groups.
- Minorities can be biased, can hold stereotypes, and can believe that their way is the best way. Yet if they do not have the power to impose their values on others, then hypothetically they cannot oppress.

# ETHNOCENTRIC MONOCULTURALISM

## 4. MANIFESTATION IN INSTITUTIONS

- Includes institutional racism which is a set of policies and practices that subjugate and oppress individuals (e.g., systems of promotion and tenure).

# ETHNOCENTRIC MONOCULTURALISM

## 5. INVISIBLE VEIL

- Since people are all products of cultural conditioning, their values and beliefs (worldviews) represent an “invisible veil” that operates outside their level of conscious awareness.
- As a result, people assume universality: that the nature of reality and truth are shared by everyone regardless of race, culture, ethnicity, or gender.
- This assumption is erroneous, but seldom questioned because it is

# Therapeutic Impact of Ethnocentric Monoculturalism

Ethnic minorities can tend to:

- dissociate the true self,
- “play it cool,”
- use the “Uncle Tom Syndrome,” and
- increase their vigilance and sensitivity.

# CULTURE BOUND VALUES OF COUNSELING/THERAPY

- **1. Focus on the Individual**

Counseling promotes individualism, autonomy, and achievement, YET

Many people of color operate in a more collectivistic fashion.

# CULTURE BOUND VALUES OF COUNSELING/THERAPY

- **2. Verbal/Emotional/Behavioral Expressiveness**

Many counselors and therapists tend to emphasize the fact that verbal/emotional/behavioral expressiveness is important in individuals, YET

Many cultural groups value the restraint of strong feelings.

# CULTURE BOUND VALUES OF COUNSELING/THERAPY

- **3. Insight**

This characteristic assumes that it is mentally beneficial for individuals to obtain insight or understanding into their deep underlying dynamics and causes, YET

Several cultural groups and those from a lower socioeconomic status (SES) often do not perceive insight as appropriate or helpful.

# CULTURE BOUND VALUES OF COUNSELING/THERAPY

- **4. Self-Disclosure (Openness and Intimacy)**

Most forms of counseling and psychotherapy tend to value one's ability to self-disclose and to talk about the most intimate aspects of one's life, YET

Some cultures may not value self-disclosure for fear it brings shame to the family, and others may not feel comfortable self-disclosing to White therapists due to mistrust and oppression.

# CULTURE BOUND VALUES OF COUNSELING/THERAPY

- **5. Scientific Empiricism**

Counseling and psychotherapy in Western culture and society have been described as being highly linear, analytic, and verbal in their attempt to mimic the physical sciences, YET

Many cultural groups emphasize the harmonious aspects of the world and minimize the importance of analytical inquiries.

# CLASS-BOUND VALUES OF COUNSELING/THERAPY

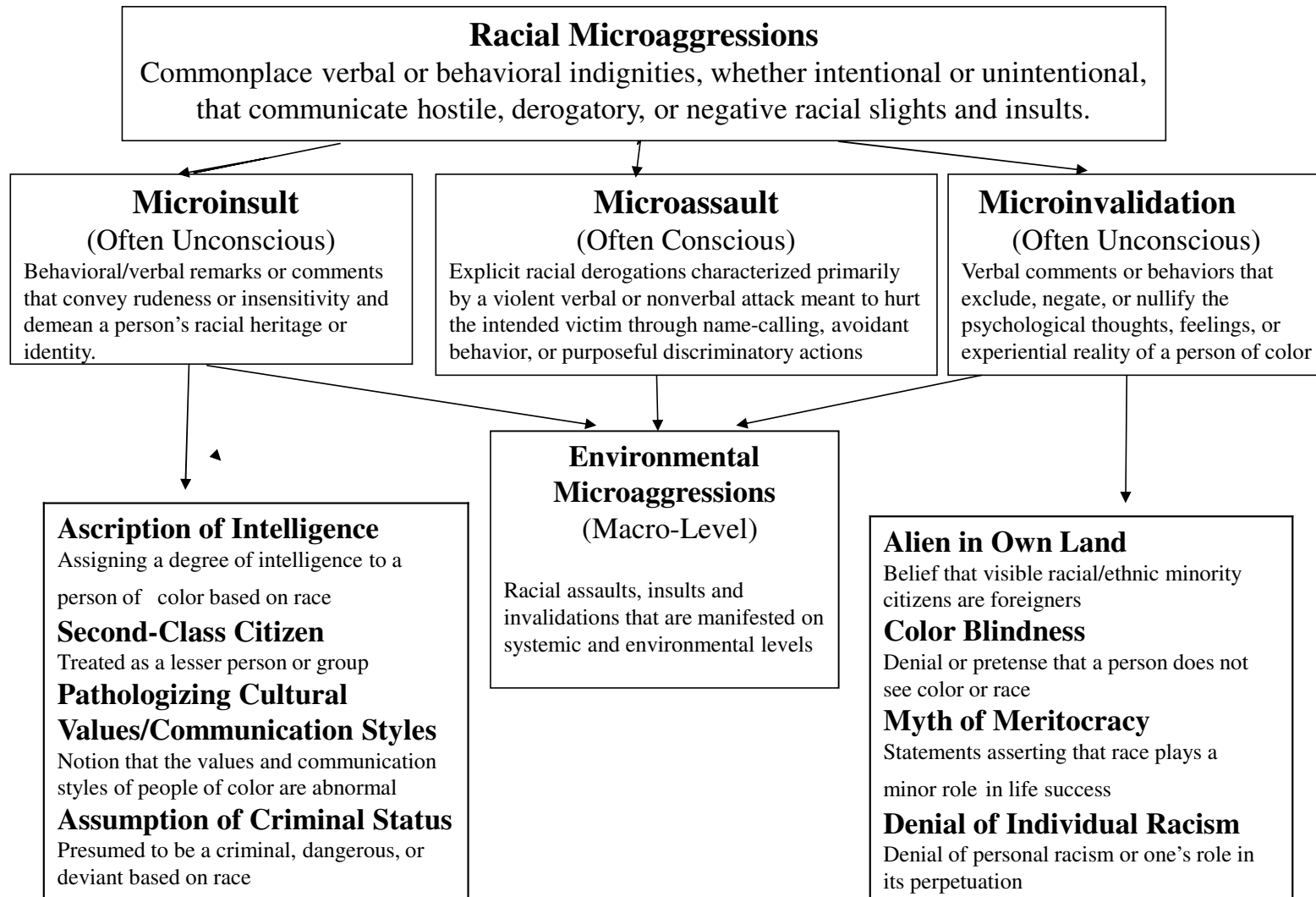
- 6. Socio-economic Status
  - To effectively work with low SES clients, counselors need to:
    - understand their own biases,
    - understand how poverty affects the lives of people,
    - be cognizant that sometimes behaviors for survival are pathologized, and
    - consider information-giving activities and a more active approach.

# MICROAGGRESSIONS IN COUNSELING AND PSYCHOTHERAPY

# Microaggressions

- Microaggressions are “brief, everyday exchanges that send denigrating messages” to a target group like people of color, religious minorities, women, people with disabilities, and LGBT individuals.
- These microaggressions are often subtle in nature and can be manifested in the verbal, nonverbal, visual, or behavioral realm; they are often enacted automatically and unconsciously (Solorzano, Ceja, & Yosso, 2000).

# Categories and Relationships of Racial Microaggressions



# Microaggressions: Personal Experiences

Are microaggressions really real?

Have you every experienced it?

Are they detrimental?

Based on your personal experiences, does this occur frequently in our society or is it a rare phenomenon?

## Therapeutic Implications of Microaggressions

- Clients of color tend to terminate prematurely.
- Microaggressions may lie at the core of the problem.
- Therapist must be credible.
- Effective counseling is likely to occur when there is a strong working alliance.

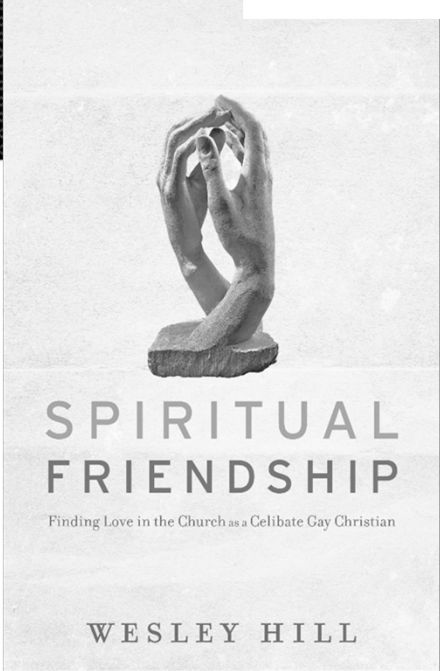
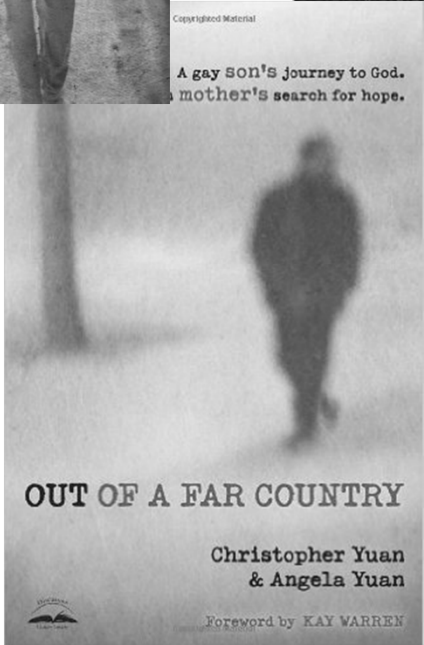
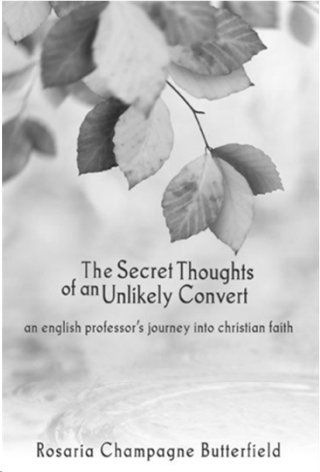
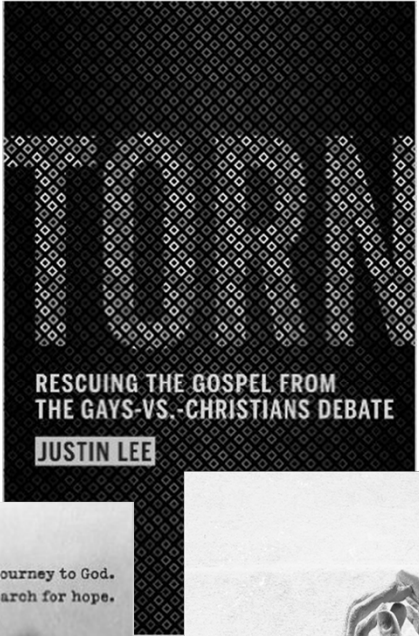
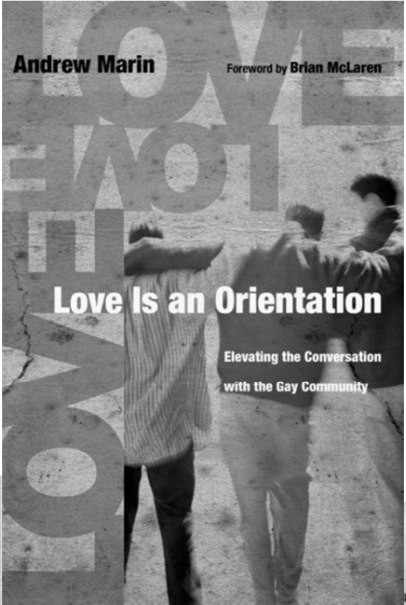
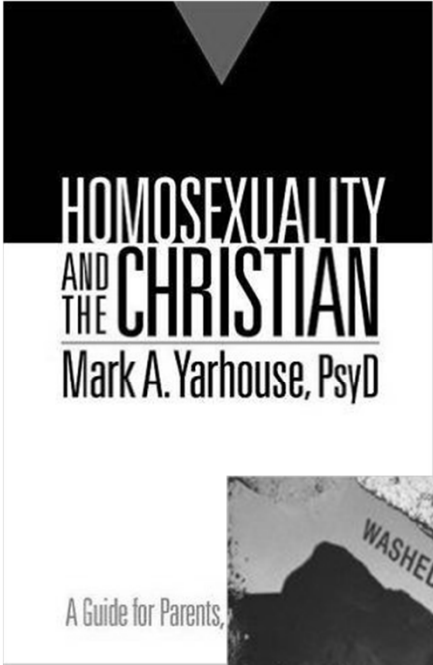
## Implications for Clinical Practice

- Be aware that microaggressions are a constant reality in the lives of culturally diverse groups and have a real psychological effect on clients.
- Be aware that everyone has and continues to engage in unintentional microaggressions.

## Implications for Clinical Practice

- Do not invalidate the experiential reality of culturally diverse groups. Don't get defensive if your culturally diverse client implies that you have engaged in a microaggressive remark or behavior. Instead, be open to exploring issues related to race, gender, and other identity groups.

# Understanding Ourselves & The Worldviews of Others



# What is a Sexual Minority?

- Begins with SSA in an environment where heterosexuality is the norm
- Attraction vs. Orientation vs. Identity
- A sexual minority is anyone who has SSA or SSB regardless of identity (Diamond, 2008)
  - Includes those who identify as gay, lesbian, bisexual, queer, no label, ex-gay, post-gay, and so many others.

LGBTQIAPD

*Lesbian, Gay, Bisexual, Transgender, Questioning,  
Queer, Intersex, Asexual, Pansexual, Demisexual*

# Sexual Identity (Yarhouse, 2005)

- Biological sex – as male or female
- Gender identity – your sense of being male or female
- Persistence & direction of sexual attraction – to the same- opposite- or both sexes
- Intention – what you intend to do with the attractions you have
- Valuative framework – your values about sexual behavior
- Behavior – what you do with the attractions you have



# Focus on IDENTITY rather than Orientation

## **Orientation**

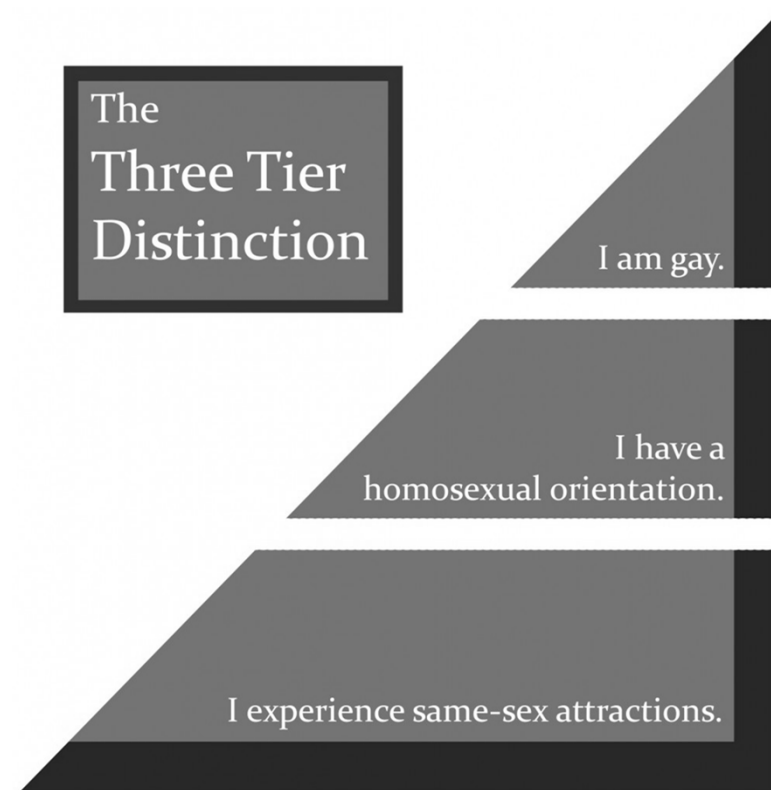
- Traditional Christian sexual ethic does not hinge on the causes of sexual attraction or orientation
- A focus on orientation places greater pressure on people to change (and what happens if that is partial or incomplete?)

## **Sexual Identity**

- Identity helps focus on the endpoint
- Identity brings to the foreground patterns of behavior and whether they are compatible with what Scripture teaches
- Identity speaks to what we treasure and of whose kingdom we are a part of

## Three-Tier Distinction (Yarhouse, 2005)

- Experiences of same-sex attraction
- Homosexual orientation
- Gay Identity



# Compelling Love & Sexual Identity

As you view the movie, reference the handout you received and begin to record your thoughts about the questions and any other thoughts and emotions that strike you.



NON-WESTERN  
INDIGENOUS METHODS OF HEALING

## Consulting with the Shaman

In your groups, share your reactions to both the video and the vignette your group has been assigned.

- What were the concerns in these cases and how were they explained within emic & etic cultural contexts?
- How would you feel summoning the help of a shaman in your clinical work?
- What are your thoughts and beliefs about spirits, and spirit possession?
- How might you react if the institution where you worked rejected notions of indigenous healing?

# INDIGENOUS HEALING GUIDELINES

## **1. DO NOT INVALIDATE THE INDIGENOUS CULTURAL BELIEF SYSTEMS OF YOUR CULTURALLY DIVERSE CLIENTS.**

- On the surface, the assumptions of indigenous healing methods might appear radically different from our own. When we encounter them, we are often shocked, find such beliefs to be unscientific and are likely to negate, invalidate, or dismiss them.
- Such an attitude will have the effect of invalidating our clients as well, since these beliefs are central to their worldview and reflect their cultural identity.

# INDIGENOUS HEALING GUIDELINES

## 2. BECOME KNOWLEDGEABLE ABOUT INDIGENOUS BELIEFS AND HEALING PRACTICES.

- Counselors/therapists have a professional responsibility to become knowledgeable about and conversant with the assumptions and practices of indigenous healing so that a desensitization and normalization process can occur.
- By becoming knowledgeable and understanding of indigenous helping approaches, the therapist will avoid equating differences with deviance!

# INDIGENOUS HEALING GUIDELINES

## 3. REALIZE THAT LEARNING ABOUT INDIGENOUS HEALING AND BELIEFS ENTAILS EXPERIENTIAL OR LIVED REALITIES.

- While reading books about non-Western forms of healing and attending seminars and lectures on the topic are valuable and helpful, understanding culturally different perspectives must be supplemented by lived experience.
- Even when we travel abroad, few of us actively place ourselves in situations that are unfamiliar, because doing so evokes discomfort, anxiety, and a feeling of differentness.

# INDIGENOUS HEALING GUIDELINES

## 4. AVOID OVERPATHOLOGIZING AND UNDERPATHOLOGIZING A CULTURALLY DIFFERENT CLIENT'S PROBLEMS.

- Therapists or counselors who are culturally unaware and who believe primarily in a universal psychology may oftentimes be culturally insensitive and inclined to see differences as deviance. They may be guilty of overpathologizing a culturally different client's problems by seeing them as more severe and pathological than they truly may be.

# INDIGENOUS HEALING GUIDELINES

## 4. AVOID OVERPATHOLOGIZING AND UNDERPATHOLOGIZING A CULTURALLY DIFFERENT CLIENT'S PROBLEMS.

- There is a danger, however, of also underpathologizing a culturally different client's symptoms as well. While being understanding of a client's cultural context, having knowledge of culture-bound syndromes and being aware of cultural relativism are desirable, being oversensitive to these factors may predispose the therapist to minimize problems, thereby underpathologizing disorders.

# INDIGENOUS HEALING GUIDELINES

## 4. AVOID OVERPATHOLOGIZING AND UNDERPATHOLOGIZING A CULTURALLY DIFFERENT CLIENT'S PROBLEMS.

- There is a danger, however, of also underpathologizing a culturally different client's symptoms as well. While being understanding of a client's cultural context, having knowledge of culture-bound syndromes and being aware of cultural relativism are desirable, being oversensitive to these factors may predispose the therapist to minimize problems, thereby underpathologizing disorders.

# INDIGENOUS HEALING GUIDELINES

5. BE WILLING TO CONSULT WITH TRADITIONAL HEALERS AND/OR MAKE USE OF THEIR SERVICES.

- Mental health professionals must be willing and able to form partnerships with indigenous healers or develop community liaisons.

# INDIGENOUS HEALING GUIDELINES

## 5. BE WILLING TO CONSULT WITH TRADITIONAL HEALERS AND/OR MAKE USE OF THEIR SERVICES.

- Such an outreach has several advantages: (a) traditional healers may provide knowledge and insights into client populations that would prove of value to the delivery of mental health services; (b) such an alliance will ultimately enhance the cultural credibility of therapists; and (c) it allows for referral to traditional healers (shamans, religious leaders, etc.) in which treatment is rooted in cultural traditions.

# INDIGENOUS HEALING GUIDELINES

6. RECOGNIZE THAT SPIRITUALITY IS AN INTIMATE ASPECT OF THE HUMAN CONDITION AND A LEGITIMATE ASPECT OF MENTAL HEALTH WORK.

- Spirituality is a belief in a higher power that allows us to make meaning of life and the universe. It may or may not be linked to a formal religion, but there is little doubt that it is a powerful force in the human condition.
- Many groups accept the prevalence of spirituality in nearly all aspects of life; thus, separating it from one's existence is not possible.

# INDIGENOUS HEALING GUIDELINES

7. BE WILLING TO EXPAND YOUR DEFINITION OF THE HELPING ROLE TO COMMUNITY WORK AND INVOLVEMENT.

- More than anything else, indigenous healing is community oriented and focused. Culturally competent mental health professionals must begin to expand their definition of the helping role to encompass a greater community involvement.

# INDIGENOUS HEALING GUIDELINES

The in-the-office setting is, oftentimes, nonfunctional in minority communities. Culturally sensitive helping requires making home visits, going to community centers, and visiting places of worship and other areas within the community. The types of help most likely to prevent mental health problems are building and maintaining healthy connections with one's family, one's god(s), and one's universe.

# Spirituality And Religion

- Although more than 80% of the U.S. population indicate religion as being important to their lives, therapists tend to shy away from this topic in session.
- Spirituality is a broader concept than religion, and speaks to the thoughts, feelings, and behaviors related to a transcendent state.
- Recent research suggests that there is a positive association between religion/spirituality and optimal health outcomes, and more mental health

# Understanding Individual and Systemic Worldviews

- Worldviews are composed of our attitudes, values, opinions, and concepts, but they also affect how we think, define events, make decisions, and behave.

# Locus of Control

- Internal control (IC) refers to people's beliefs that reinforcements are contingent on their own actions and that they can shape their own fate
- External control (EC) refers to people's beliefs that reinforcing events occur independently of their actions and that the future is determined more by chance and luck.

# Locus of Responsibility

- This dimension measures the degree of responsibility or blame placed on the individual or system.

# Formation of Worldviews

Worldviews are formed on a continuum:

- Internal locus of control, and internal locus of responsibility (IC-IR)
- External locus of control, and internal locus of responsibility (EC-IR)
- External locus of control, and external locus of responsibility (EC-ER)
- Internal locus of control, external locus of responsibility (IC-ER)

## “American” Cultural Assumptions And Multicultural Family Therapy

- Counselors need to become culturally aware of their own values, biases, and assumptions about human behavior (especially as it pertains to the definition of family).
- It is important to become aware of the worldview of the culturally different client and how that client views the definition, role, and function of the family.
- Appropriate intervention strategies need to be devised.

# Communication Styles

- It is important that the therapist and client send and receive both verbal and nonverbal messages accurately and appropriately.
- ◆ Most therapists seem more concerned with the accuracy of communication than with whether the communication is appropriate.



# Nonverbal Communication

- Generally occurs outside the level of conscious awareness
- Varies from culture to culture
- Is important within the counseling context

Proxemics : Kinesics : Paralanguage

# Proxemics

Refers to perception and use of personal and interpersonal space:

- Violation may cause one to withdraw, become angry, or create conflict.
- Some cultures are okay with being very close.
- If the counselor backs away, this may be seen as aloofness or coldness.
- Counselor may misinterpret client's closeness.

# Kinesics

Refers to bodily movements (e.g., facial expression, posture, gestures, eye contact):

- Japanese smile may mean discomfort.
- Latin Americans shake hands with vigor.
- Eye contact varies according to culture.

# Paralanguage

Refers to vocal cues other than words (i.e., loudness of voice, pauses, silences, etc.):

- Caseworker may misinterpret silences or speaking in a soft tone.
- Speaking loudly may not indicate anger but rather a cultural style.

# Context in Communication

- Directness of a conversation or the degree of frankness also varies considerably among various cultures.
- High-Context Communication—anchored in the physical context—less reliant on explicit code (*the environment matters* - e.g., many Asian cultures)
- Low-Context Communication—greater reliance on verbal parts of the message (more literal - e.g., Western)

# Counseling and Therapy as Communication Style

- Nonverbal cues are important because they can unconsciously reflect our biases and stereotypes of others.
- Communication styles of people of color are often denigrated and seen as inferior.
- Different forms of psychotherapy possess varied communication styles (e.g., Rogers emphasized attending skills; Shostrom relied on direct guidance; Lazarus took an active reeducative style).
- In general, people of color prefer more active, directive forms of helping than nondirective ones.

# Counseling, Therapy & Communication Style

As we view the following clips, make note of the communication styles of both the therapist and client. What do you notice about

- physical distance and spacing,
- paralinguage
- verbal versus nonverbal communications,
- the apparent values/beliefs of the therapist (based on the techniques he chose to use – are they culture-bound).
- What might happen if this were a client of a different culture?

Sophie : What Do You Want : It's Not Your Fault

# Counseling, Therapy & My Personal Communication Style

“What do you notice about your preferences for social distance?”

“How aware are you of nonverbal communications?”

“Are there any communication styles that are off-putting to you?”

Consider how your therapeutic style may be influenced by communication preferences. How might culturally diverse clients respond to you?

# THERAPEUTIC INTERVENTIONS

# What is MCT?

## **Multicultural Counseling Therapy (MCT):**

- **broadens the roles that counselors play;**
- **uses modalities and defines goals that are consistent with the racial, cultural, gender, and sexual orientation background of clients;**
- **acknowledges the individual, group, and universal levels of identity;**

# What is MCT?

## **Multicultural Counseling Therapy (MCT):**

- **utilizes culture-specific strategies of helping**
- **balances an individualist approach with the collective reality of clients of color; and**
- **assumes a dual role with clients (therapist and advocate).**

# Social Justice Counseling

- takes a social change perspective,
- believes that inequities that arise within our society are due to monopoly of power, and
- assumes that conflict is inevitable and not necessarily unhealthy.

# Social Justice Counseling: Clinicians' Responsibility

Requires Clinicians to

- actively work toward antiracism by spreading a curriculum of multiculturalism; and
- embrace systems interventions and take on advocacy roles at the level of legislation and social policy.

# Ethical Codes and Cultural Competence

**1) ACA (2014) Code of Ethics:**

- a) A.2.c
- b) A.11.b\*
- c) B.1.a
- d) E.5.b
- e) E.8
- f) F.2.b
- g) F.7.c
- h) F.11.a,b,c
- i) H.5.d

**2) AAMFT:**

- a) a.1.1
- b) b.6.7
- c) c.7.5

**3) AACC:**

- a) a.ES1: 500

**4) AMHCA:**

- a) Principle 1.E
- b) Principle 4.A.5
- c) Principle 4.C.5, 6
- d) Principle 7.C
- e) Principle 10.A

**5) ASERVIC:**

- a) Culture and World Views

# **Ethical Decision Making:**

## **Factors to consider in doing the “Next Right Thing”**

- ✓ **Internal compass that guides decisions and actions**
- ✓ **Kitchener’s Moral Principles (1984)**
  1. **Autonomy** - **freedom of choice; being responsible for one’s behavior**
  2. **Beneficence** - **contributing to the welfare of others**
  3. **Fidelity** - **faithfulness in fulfilling one’s obligations to one another**
  4. **Justice** - **fairness in dealings with all people**
  5. **Non-Maleficence** - **do no harm**
  6. **Veracity** - **honesty or truthfulness**

# Clients exist within systems

- ✓ How do we maintain ethical practice given knowledge of community and system inequities that impact our clients and their clinical progress?
- ✓ How much control do we have on these systems?
- ✓ What is our role then in moving past the roles we play in our offices in ways that benefit the client?
- ✓ How is this another aspect of beneficence? Aspirational ethics ?



## Community and Social Justice Advocacy Mandate

*“...Chung and Bemak (2012) contend that advocacy is an ethical and moral obligation for an effective mental health professional...by adhering to traditional roles, practitioners are maintain and reinforcing the status quo, which results in passively supporting the social injustices, inequalities, and discriminatory treatment of certain groups of people” (Corey et al., 2015, p. 464)*



## Community and Social Justice Advocacy Mandate

*“The foundation of all ethical practice is promoting the welfare of clients. To overlook the abilities, strengths, and resources within the community is doing a great disservice to the individuals we serve. If we hope to bring about significant changes within individuals...we need to change conditions that affect people, rather than merely changing people who are affected by these conditions” (Corey et al., 2015, p. 463)*



## Community and Social Justice Advocacy Mandate

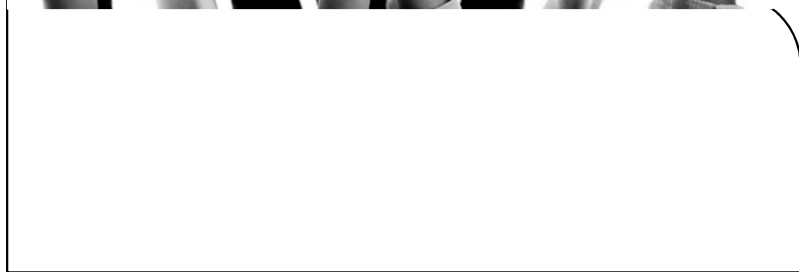
*“For social transformation to occur, Waller (2013) feels he must be willing to get out of the office and get involved with the community: ‘My social justice action tends to focus on changing policies within a system that impact the community rather than just and individual’...” (as cited in Corey et al., 2015, p. 462)*

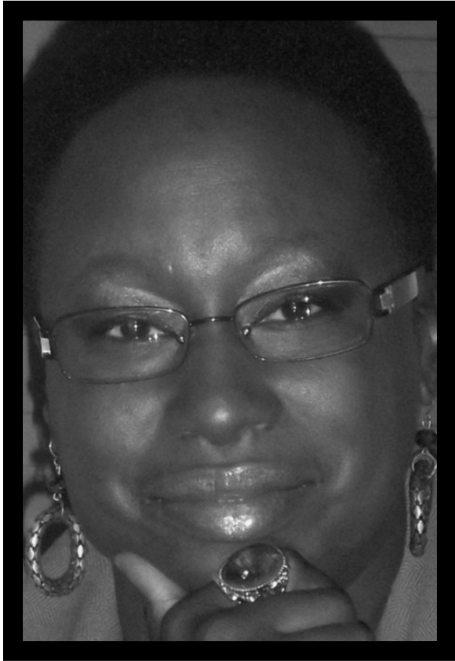


# The Case of Malachi

- The therapist “felt in danger,” but could it be that the White counselor was not used to passionate expression of feelings?
- The counselor imposed White, Western values of individualism and self-exploration onto the client, suggesting Malachi’s problems lay within himself.
- The counselor went into the session wanting to treat Malachi like “everyone else” thereby negating Malachi’s unique racial-cultural perspective.

Questions?





**Dr. Sonja Sutherland**

*Licensed Professional Counselor*

*Certified Professional Counselor Supervisor*

*Assistant Dean of Academic Affairs*

*Assistant Professor of Counseling*

*Richmont Graduate University*

*404-835-6119*

*[ssutherland@richmont.edu](mailto:ssutherland@richmont.edu)*