

Heesoon Jun

Social Justice, Multicultural Counseling, and Practice

Beyond a Conventional Approach

Third Edition



Springer

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ISBN 978-3-031-50360-3 ISBN 978-3-031-50361-0 (eBook)
<https://doi.org/10.1007/978-3-031-50361-0>

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This book is dedicated to my current and former clients and students who have shown me transformation is possible through diligent practice of discovering hidden self. They were able to revitalize their fairness to self and others, the trait they showed in their early childhood.

Preface

If we are interested in equity and justice for all people beyond the lip service, we need to work on deconstructing barriers that perpetuate inequity and injustice and taking responsible steps toward changing the status quo. This entails the arduous task of dismantling unconscious learning and ethnocentrism. It requires a deeper examination of the inappropriate generalizations, inappropriate binary thinking, sometimes inappropriate intrapersonal communication (self-talk), and the defense mechanisms that are engaged such as impatience, being easily distracted, lack of introspection, and inability to reflect. I was puzzled by no real changes in the system despite the Civil Rights Act of 1964 and wondered why despite subsequent changes in some laws and policies nothing had changed. In my explorations, I have found that often textbooks acknowledge the importance of a counselor's self-awareness conceptually, but they do not provide experiential and reflective learning activities that can assist the counselor in connecting with their lived experience which is essential. Conceptual learning was also the main medium of instruction in *Antibias*, *Implicit Bias*, and *DEI* trainings. The trainings increased awareness, but the awareness did not change the trainee's behavior. In addition, the training programs stated they were going to cover identifying bias; however, that was rarely what happened. Furthermore, there are trainings that are based on misunderstanding of central concepts like unconscious bias. For example, when Starbucks's former CEO said he wanted to create "transformative moments in history," a nationwide one-day "Unconscious Bias Training" was mandated for all Starbucks employees in 2018. What seemed to escape their notice regardless of the intention was that their idea for unconscious bias training was to have employees view videos and distribute workbooks. Hardly a solution, let alone a helpful one when the element that is necessary for *real change* is transformative learning. The individual's awareness does not transform the individual since transformation is experienced by the individual. To access a trainee's unconscious, personal inquiry (subjective) is essential because objective inquiry will bypass the transformative process that connects the training to the trainee's experience.

This book is meant to assist you in your own efforts and explorations to address barriers to justice and equity. It is my intent by writing this edition, a holistic model

which emphasizes co-existence framed by multiple dimensions, such as intellect and emotion, linearity and non-linearity, binary and complexity, and clinical inquiry and scientific inquiry. A holistic model pays regard to the conscious and unconscious processes and the influence of extrinsic and intrinsic valuation on our theories and practices. A profoundly concerning observation during my own explorations (research, teaching, and clinical practice) was the discovery that democratic values have begun to be questioned and there is an absence of real guidance. In fact, there is regression since 1964. This is why I felt it was critical to start a comprehensive approach that will assist those who are wanting to dismantle the barriers to what they say they value and want for all but cannot seem to make that leap from intention to behavior or walking the talk. This book is based on my lived experience, as a human, Korean, American, woman, educator, clinician, and a mother. The evidence basis for this book is derived from research, teaching a yearlong multicultural counseling course for over 11 years, my experiences in facilitating DEI training workshops, being a member of Diversity and Equity Committee, and practicing psychology as a therapist.

Although the scope and tone of this book has been written primarily to assist providers working and training in the healthcare, psychological, and counseling arenas, I have found that it can yield benefits for anyone who is interested in discovering authentic self who has been hidden for various reasons. In my experience, managers, administrators, and researchers are also desiring to practice social justice, equity, diversity, and inclusion at all levels of the ecosystem [micro- (family), meso- (school, business), and macro- (cultural/societal)]. I thought of those who find themselves serving in governments, institutions, and organizations who hold the responsibility to change laws, policies, and rules and really felt compassion for their struggle to walk the talk. All in all, I thought this may be a helpful guide to navigate how to dismantle barriers to achieving a lasting equitable justice which is what many say they are wanting but cannot seem to make the leap from talk to walk.

“Relational integration emerges as individuals are honored for their differences and connections are established with respectful, compassionate communication” (Siegel & Drulis, 2023, p. 9).

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Heesoon Jun

Reference

- Siegel, D. J., & Drulis, C. (2023). An interpersonal neurobiology perspective on the mind and mental health: Personal, public, and planetary well-being. *Annals of General Hospital Psychiatry*, 22(1), 5. <https://doi.org/10.1186/s12991-023-00434-5>

Acknowledgments

First, I would like to express heartfelt appreciation to Earle McNeil and his wife, Sue, for their support. I not only appreciate his feedback on the manuscript but also appreciate their emotional support. Earle was my program coordinator when I came to Evergreen as a visiting faculty from a traditional college. We taught a yearlong interdisciplinary program, *Human Health and Behavior*. It was a four-faculty program representing three disciplines, sociology, biology, and psychology. Earle made sure I had my voice during faculty book seminars and had my voice in teaching. He was mindful of equity and justice then. I appreciated his fairness and Earle, Sue, and I became good friends since then.

Second, warm regards to my students, clients, participants of DEI training, and professors who adopted my textbook and their students for feedback on the power of uncensored written responses (*concrete strategies*) on their self-knowledge. It was magical to be informed by them as they accessed their values, ingrained beliefs, and biases. Witnessing or reading their transformation (reclaiming authentic self as a result of dismantling ingrained beliefs) was magical.

Third, sincere appreciation to the Springer team. Megan McManus, Praveena John, and Catherine Thoms are ideal editors. Their ability to be flexible and supportive have been outstanding. Their support has been instrumental for the completion of the project.

Fourth, deep appreciation to my Evergreen community colleagues (Earle McNeil, sociology; Betty Kutter, phage biology; Andy Brabban, microbiology; Mukti Khanna, integrative medicine; Bob Leverich, visual arts and architecture; Don Middendorf, physics and consciousness studies; Nancy Murray, neurobiology; Neal Nelson, math and computer science; Toska Olson, sociology; Bret Weinstein, evolutionary biology) for nourishing my intellectual curiosity and creativity. Teaching interdisciplinary multi-quarter (2–3 quarters) programs with them expanded my way of understanding complexities of being a human.

Last, I express gratitude to my son Eliot for his love and care. He cooked and created East-West abstract watercolor paintings to nourish my body, mind, and soul.

I am indebted to each contributor for their generous gift of support.

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About the Author

Heesoon Jun was born in Seoul, South Korea, and was socialized by a family which valued honor, commitment, and religious and intellectual freedom but held implicit bias on race and class. She came to the United States as a young adult to study psychology. There, her sense of self shattered as her status changed from majority to minority, privileged to oppressed, and self-confident to self-doubting student. Her bicultural and bilingual experiences, being an academician and practitioner, and searching for balance between two worldviews have been instrumental in emphasizing providers' awareness of their own cultural values, beliefs, and biases in order to understand clients' worldviews and to be aware of their inner experience. Paradigm shifts in thinking (from binary to holistic) and learning (from conceptual to transformative) integrating psychology research with cognitive neuroscience, neurobiology, and mindfulness are emphasized in order to walk the talk of social justice. Dr. Jun has a master's degree in clinical psychology from Radford University and a PhD in educational psychology from the University of Washington. Currently, she resides in Washington State where she works as a part-time licensed psychologist and DEI consultant. She is Professor Emerita of Psychology at Evergreen State College.

Chapter 1

Introduction



1.1 Finally Visible as a Whole Person Through Intersectionality

The focus of the *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*, 2017 (APA, 2017) is on reconceptualizing diversity with intersectionality “as its primary purview” of multicultural competency for psychologists in the twenty-first century (APA, 2017, p. 6). Framing reconceptualizing diversity on conventional categorical (hierarchical, dichotomous, and linear) thinking styles reduces the complexities of intersectionality to fit into conventional (binary) categories. Thus, paradigm shift in thinking from categorical/binary to complex/holistic is a prerequisite to encompass the complexities of intersectionality.

There have been numerous research articles embracing intersectionality since the COVID-19 pandemic. They revealed complexities of a real person whose multiple identities were interwoven with experience of privilege and oppression to different degrees. These articles validated my theoretical framework of shifting from a single identity to multiple identities since the first edition of this book in 2009. “If complexities of multiple identities, intersections of multiple identities, and socio-cultural contexts are simplified into static, dichotomous and hierarchical categories, the individual is totally missed” (Jun, 2009, p. 3). In other words, if a person’s thinking is binary (hierarchical and dichotomous), intersectionality is not visible to the person. Kolivoski (2022) states, “...instead of examining these as separate, intersectionality recognizes that they cannot be understood in isolation and they mutually impact one another” (pp. 135–136). Paradigm shift to holistic (*complex*) thinking enables us to conceptualize real people’s identities as linear, categorical, nonlinear, and non-categorical. Then, we are able to see variations within and between a demographic identity. In other words, we are able to see variations within a race, between races, and among races. In addition, we can see variations of an individual’s degrees

of experienced oppression and privilege among multiple identities and their intersectionality.

However, conceptualization of intersectionality of multiple identities alone does not activate affective processing of generational perpetuation of two different socialization paths (one for Whites and the other for non-Whites) by the system (e.g., government, institutions, and organizations). In fact, the recent traumatic events (e.g., the COVID-19 pandemic in 2020, death of Georgy Floyd in 2020, January 6, 2021, insurrection, and frequent gun violence) trigger past traumatic experiences of being targets of systemic and institutional oppression (e.g., racism, sexism, cissexism, classism, heterosexism, ableism, ageism, adultism, linguisticism, and “isms” related to religion and region). Addressing inequity and injustice stirs emotions of both oppressed and privileged but for different reasons. I have witnessed my clients’ suffering and found that there are different types of emotional suffering as a result of clients’ lived experiences; clients who have been targets of “isms” such as racism suffer deep-rooted emotional pain (e.g., hypervigilance, tear, horror, anger, and inability to experience positive emotions), while White clients who are race conscious suffer from guilt and shame because of their ancestors’ and other White people’s ability to dehumanize other people based on the skin color. White clients, who have no idea that their “normal” (*dominant group’s standard*) is the result of the system favoring them, are anxious and afraid. These emotions need to be processed for healing and then learned to coexist with new understanding of each other. Therefore, a paradigm shift in thinking (from binary to holistic) must accompany a paradigm shift in learning (from conceptual to transformative) to allow affective processing of emotions. I will discuss how to engage in difficult conversations in order to heal. Transformative learning is learning by integrating conceptual (*intellectual*) understanding with emotional understanding. For learning to be transformative, it must reach the emotional core of our beliefs and values in order to change internally as well as externally and intellectually as well as emotionally (Mezirow, 2012).

1.2 Theory to Practice: Does Awareness Change Behavior?

Multicultural counseling competencies (Roysircar et al., 2003) are adopted by the American Psychological Association (APA, 2003) and address three areas: (1) counselor awareness of their own cultural values and biases, (2) awareness of the client’s worldview, and (3) culturally appropriate intervention strategies. Each area is further divided into three sections ((a) attitude, (b) knowledge, (c) skills) with emphasis on both cognitive and the affective process. Even though the counseling textbooks acknowledged the importance of a counselor’s self-awareness, they did not provide experiential and reflective learning activities for counselors to access their own values and biases. The textbooks included case studies and videos as if they facilitated self-knowledge of a reader’s beliefs, values, and biases. Self-awareness of the reader’s own cultural values and biases requires the reader’s reflection, introspection, and

mindfulness which are not valued in extrinsically oriented cultures like the USA. Thus, learning to pay attention to our inner experience to gain self-knowledge has been a challenging task. Furthermore, the technological revolution has made the task more challenging since our ability to be conscious and pay attention to our inner experience has been distracted by the revolution (e.g., social media). Conceptual learning was also the main medium of instruction in *antibias*, *implicit bias*, and *DEI* trainings (Kim & Roberson, 2021; Schmader et al., 2022). Kim and Roberson (2021) compared the implicit bias training programs of six big organizations (American Bar Association, Facebook, Google, Microsoft, PwC, and Salesforce). They found that the training increased awareness, but the awareness did not change the trainee's behavior. Furthermore, identifying bias was barely covered even though it was included in the training programs.

The review of literature in 2008 for the first edition of this book, 2017–2018 for the second edition, and 2019–2023 for the third edition found the only noticeable change was that blatant “isms” became subtle despite changes in laws and policies since the Civil Rights Act of 1964. One of the major reasons for no real change is the instructional medium being conceptual learning (objective or third-person inquiry) without connecting it to a reader's and a trainee's experience (personal or first-person inquiry). Both multicultural counseling textbooks and *antibias*, unconscious bias, or *DEI* trainings focus on conceptual (cognitive) instructional methods without providing strategies to implement the conceptual learning into action. For example, textbooks acknowledge the importance of a counselor's self-awareness and include case studies and videos. But they do not provide specific instructions on how to connect the case studies and videos to readers' experience. Eberhardt's work with police officers is a good example of showing police officers how to connect to their experience. She asked them to ask first-person inquiry to themselves like, “Is this stop intelligence-led?” Officers asking specific questions to themselves (**first-person inquiry**) reduced the number of stops. Contrary to third-person (**objective**) inquiry, first-person (**subjective**) inquiry connects to a reader or a trainee (Luscome, 2020). “Personal inquiry (first person), which has been considered trivial in academic settings, is **essential** to gain **awareness of inner experience**” (Jun 2018, p. 63) since “...transformation **does not simply emerge due to the individual's awareness...but is experienced**” (Benetka & Joerchel, 2016, p. 22). Authors of multicultural textbooks and *DEI* trainers must provide tools which assist their readers and trainees to apply their conceptual learning (theory) in their work situations and other interpersonal relationships (practice).

Another reason for no real change is there are trainings that are based on misunderstanding of the basic concepts like unconscious bias. Starbucks' nationwide 1-day “Unconscious Bias Training” in 2018 is a good example. Two Afro-American men were refused access to the bathroom at a Philadelphia store. They were arrested because the manager called 911 when they refused to leave. I was impressed by Starbucks CEO, Johnson, who was interviewed by CNN's Don Lemon on 4/17/18. His explanation of Starbucks' nationwide 1-day “Unconscious Bias” training sounded like he knew what unconscious bias was and his apology with teary eyes appeared to be sincere. Schultz, former Starbucks's CEO, said he wanted to create

“transformative moments in the history” (Time article by Calfas on 5/29/18). However, I was disappointed to read their training consisted of employees watching two dozen videos and distributing workbooks. According to Calfas’ article on May 29, 2018, “Starbucks sought the aid of former US Attorney General, Erick Holder; Antidefamation League CEO, Johnathan Greenblatt;” and President and Director-Counsel of the NAACP Legal Defense and Education Fund, Sherrilyn Ifill, for their nationwide 1-day training. I am positive they were great in suggesting strategies in dismantling injustice and inequity related to laws and organizational policies. However, I do not consider them as experts in dismantling unconscious bias. The unconscious is comprised of what is below a person’s conscious and is impossible to learn to access it via a 1-day training. Merriam-Webster defines “transformative” as “causing or able to cause an important and lasting change in someone or something.” Thus, for *unconscious bias training* to lead to “transformative moments,” the training must be of longer duration (e.g., once a week for 20 weeks), facilitated by a psychologist who not only has an excellent communication skill but also has in-depth knowledge on the unconscious and its relationship to conscious including reasons for its role in our personality development theorized by Freud and Jung. The psychologist must be familiar with social psychology, cognitive neuroscience, and neurobiology research findings on automaticity of neurobiology, unconscious learning (e.g., stereotypes and prejudice), beliefs being processed unconsciously, challenges involved in dismantling ingrained beliefs, the relationship between language and the brain, and the effect of repetition on automatic activation of information. Ms. Calfas’ article “Was Starbucks’ Racial Bias Training Effective?” validated the previous research findings that a 1-day *diversity and inclusion* or *unconscious bias* training does not lead to trainees accessing their unconscious bias (Time, 5/30/18). To access a trainee’s unconscious, personal inquiry (*subjective*) is essential because objective inquiry bypasses the transformative process that connects the training to the trainee’s experience. “...transformation does not simply emerge due to the individual’s awareness...but is experienced” (Benetka & Joerchel, 2016, p. 22).

Finally, there are two essential concepts for equity and justice that are not addressed. They are (a) providing tools to readers and trainees so they can access their own unconscious bias and (b) processing emotions to heal. “Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our *inner* experience” (van der Kolk, 2014, p. 208).

- (a) *Unconscious bias training*: Having a conceptual understanding of unconscious bias does not automatically make unconscious bias visible to the person who is biased because it is hidden under their conscious. “The best intentions do not and cannot override the unfolding of unconscious processes, for the triggers of automatic thought, feeling, and behavior live breathe outside conscious awareness and control” (Banaji & Bhaskar, 2001, pp. 142–143). This statement was from their article, *Implicit Stereotypes and Memory: The bounded rationality of social beliefs* which is published in the book, *Memory, Belief, and Brain*. Jung (1963) states, “The salvation lies in our ability to bring the unconscious urges to consciousness...” (p. 245). However, this task is very difficult in extrinsic

value-oriented cultures because socialization process does not emphasize self-reflection and introspection which are the foundation for being aware of our inner experience. Thus, most of us do not know how to open ourselves to the unconscious, or we ignore, distort, and screen before the unconscious has had an opportunity to be fully visible. Banaji and Bhaskar (2001) conclude

...when stereotypes are unconsciously activated and used, two different challenges to the implementation are posed: (a) Perceivers and targets are often unaware of the steady and continuous rendering of judgment, and (b) judgments are based on beliefs about targets' social groups rather than on targets' actions. (pp. 143–144)

Banaji and colleagues (Banaji & Bhaskar, 2001; Banaji & Greenwald, 2016) have discussed the role of unconscious process in prejudice and stereotyping. They illustrated that transcending racism, sexism, ableism, classism, biases, and prejudice are extremely difficult due to the unconscious. Eichenbaum and Bodkin (2001) concluded that beliefs are processed unconsciously. In other words, new information is distorted to be congruent with existing beliefs without conscious awareness. Thus, our perception is influenced by our beliefs on race, gender, class, disability, sexual orientation, age, religion, region, language, and so on without our conscious awareness. This is why much of racial privilege is invisible to Whites, resulting in their lack of ability to understand racism, while racial oppression (racism, racial prejudice, or racial discrimination) is so visible to non-Whites resulting in their inability to comprehend Whites' lack of understanding racism. **Not understanding this comprehension gap** between Whites and non-Whites is **one of the major barriers** to racial equity and justice.

- (b) *Processing emotions to heal*: Addressing injustice and inequity stirs intense and uncomfortable emotions for both oppressed and privileged for different reasons. For example, in relation to race, "...a history that has viewed American as European in ancestry" despite "America has been racially diverse since our very beginning..." (Takaki, 1993, p. 2). Thus, children in the USA have been exposed to this concept (e.g., tribalism/ingroup favoritism) implicitly and explicitly by multiple social agents (e.g., parents, teachers, peers, social media, TV, and music) throughout socialization process. As a result, they have learned dominant cultural values and beliefs as norm. The learning from their emotion requires learning from the heart, but the devaluation of emotion in the USA, especially in academic settings, makes learning from emotion difficult. Telling one's story of intergenerational racial trauma or historical racial trauma from their experience in the presence of others who listen to their story without judgment is a powerful predictor of whether they improve over time from the actual trauma (Malchiodi, 2020). However, I was not able to find multicultural counseling textbooks and DEI training programs that addressed how to process complex emotions related to systemic and institutional inequity and injustice. Healing deep-rooted emotional pain from the dehumanizing and pervasive experience of racism (e.g., sexism, classism, or other "isms") cannot be dissipated by intellect (conceptual understanding) alone. It needs to be processed by

all readers and trainees. “The only way we can change the way we feel is by becoming aware of our inner experience...” (van der Kolk, p. 208). To be aware of our inner experience we need to tell the story from our experience.

Awareness alone does not change unconscious bias, but awareness and “...insight into his own actions, and has thus found access to the unconscious...” (Jung 1990, p. 59). We need to identify our barriers to dismantle before we are able to show our conceptual understanding of equity and justice in our behavior.

1.3 Barriers to Theory to Practice

I was puzzled by no real changes in the system despite the Civil Rights Act of 1964 and subsequent changes in laws and policies. My desire to solve this puzzle led to examine psychology research in learning theories, developmental, social, trauma, cognitive psychology, neurobiology, and cognitive neuroscience. I also reviewed my learning from teaching a yearlong multicultural counseling course for 11 years, as well as 1–3 quarter interdisciplinary programs with colleagues from 17 disciplines, being a member of Evergreen State College Equity Standing committee for 15 years, being a therapist, and being a DEI workshop trainer. The following barriers are what I found by incorporating findings from various research with my diverse experiences related to diversity, equity, and inclusion. Dismantling these barriers for each of us is prerequisites for theory to be implemented in practice since systemic and institutional injustice and inequity are enforced by individuals who work at the governments, institutions, and businesses.

1. *Unconscious learning*: Both multicultural textbooks and research on antibias, unconscious bias, and DEI training acknowledge that unconscious bias, implicit attitudes, and prejudice are automatically activated, but they do not connect the automatic activation to unconscious learning. They have not provided specific tools for identifying implicitly or unconsciously learned cultural values, beliefs, and biases which are ingrained in children’s psyche throughout their socialization process. According to cognitive neuroscience research, beliefs are processed unconsciously by interpreting new information to validate existing habits and emotions. In other words, new information is distorted to be congruent with existing beliefs (Eichenbaum & Bodkin, 2001; Lupyan & Bergen, 2016; Rnic et al., 2016). This implies our perception, ways of thinking, and self-talk have been distorted by our group membership and beliefs, assumptions, and expectations of the group (e.g., race, gender, class, religion, sexual orientation, and age) without conscious awareness. For example, due to two different socialization paths [one for dominant group (Whites) and one for non-dominant group (mostly non-Whites)], a great deal of racial privilege has remained **invisible to Whites**, obscuring visibility to the deep and dark bowels of racism and oppression, while racial oppression has been so visible to non-Whites resulting in their inability to comprehend Whites’ lack of understanding racism. **Not understanding this**

comprehension gap between Whites and non-Whites is **one of the major barriers** to racial equity and justice. For example, when Senator Murkowski responded to an emotional debate by Senators Booker and Harris over an anti-lynching bill, Senator Murkowski stated, "...As a white woman born and raised in Alaska with a family that was privileged, I cannot feel that openness and rawness that I just heard expressed by my friends Cory and Kamala. I have not lived their life. I can listen, and I can educate myself, and I can try to be a healer when we need to be healed" (6/4/2020). When Lawrence O'Donnell (MSNBC) asked Joy Reid what she thought of Murkowski's comment, Reid said, "...if she wanted to understand the challenges of policing of People of Color, maybe she should start listening to some native Alaskans...I'd be happy to send her some links...The ignorance is willful." Murkowski was courageous to admit she could not feel raw emotions like Senators who had been targets of systemic oppression. However, her comment, "I can listen" indicated her inability to understand that her privileged experience would prevent her from listening **accurately** if she "cannot feel that openness and rawness" of her colleagues. On one level, she understood that the system allowed her to walk the privileged path ("I have not lived their life") and that was why "I cannot feel that openness and rawness." On another level, she couldn't consider the impact of her privileged experience on her ability to listen to the experience of oppression. Her comment, "I can listen," and Reid's comment, "The ignorance is willful," are from their lived experiences. Both Reid and Murkowski illustrated the power of internalized oppression and internalized privilege without their awareness. Internalized oppression and privilege operate *unconsciously* but influence behaviors of both oppressed and privileged.

2. *Ethnocentrism (attribution error, social projection, and asymmetric perception):* Ethnocentrism is based on dichotomous and hierarchical thinking. Attribution error (bias) was initially researched by social psychologist Heider (1958). It is favoring ingroup over outgroup as if internal traits of the ingroup are superior to the outgroup. Social projection was created by a founder of experimental social psychology, Floyd Allport in 1924. It is expecting that others should have the same beliefs, values, and ideas. Pronin et al.'s (2004) review of research in asymmetric perception from 1949 to 2004 indicated participants stated that they were more objective and less biased than others. It describes our perception is tilted toward favoring ourselves. Asymmetric perception is activated automatically without conscious awareness. What is needed is a regular and mindful practice to deconstruct automatic activation.
3. *Inappropriate generalization:* Generalization takes place **inside** the individual (**internally**), and it is difficult to stop and analyze the process since it is due to the lack of an internal feedback system. Attribution error, social projection, asymmetric perception, and ethnocentrism are often based on inappropriate generalizations.
4. *Inappropriate conventional thinking styles (hierarchical, dichotomous, linear):* Individuals who are socialized in a culture where dichotomous, hierarchical, linear thinking are valued, **internalize these thinking** through repetition. Repetition leads to automatic activation (without the user's conscious awareness) of the

thinking (muscle memory). Saarinen et al. (2021) found people favor ingroups over outgroups. Egocentrism and ethnocentrism (attribution error, social projection, asymmetric perception) are examples of inappropriate dichotomous, hierarchical, and linear thinking.

5. *Some intrapersonal communication (self-talk, inner dialogue, inner monologue):* A communicator talks or thinks to themselves. They are both a message sender to them (the self) and a message receiver (the self) in an ongoing internal process. It is an active internal process ranging from conscious to altered, to unconscious states. The conscious part of intrapersonal communication ranges from thinking to interpreting the verbal and nonverbal communication of others. It is a mirror image of one's own cultural values, beliefs, and biases. It is a self-confirming process since the sender and the receiver have the same worldview and endless internal repetitions without outside feedback (self-confirming process) become distorted as facts in the self's mind. Intrapersonal communication can be a barrier if the person believes discrimination, injustice, and inequity are justified on the basis of facts (as the result of endless internal repetitions). As stated earlier, beliefs are processed *unconsciously* by interpreting new information to be congruent with existing beliefs (Rnic et al., 2016). A good example is the news still reports there are some who believe Trump won the election in 2020.
6. *Defense mechanisms:* Operate unconsciously and distort or falsify reality to cope with anxiety. However, it does not work if one does not deal with the real source for anxiety. The readers will be able to find out defense mechanisms that are their barriers through uncensored writing, one of the experiential learning activities in this book.
7. *The lack of ability to be patient, conscious, reflective, and introspective:* The technological revolution has changed our ability to be patient, conscious, and pay attention to our inner experience. "As our window onto the world, and onto ourselves, a popular medium molds what we see and how we see it...and eventually, if we use it enough, it changes who we are, as individuals and as a society" (Carr, 2011, p. 3). We need to practice mindfully and diligently on a regular basis with patience to change since we have been exposed to divisive environment (e.g., tribalism/ingroup favoritism) from birth and have learned dominant cultural values and beliefs as norm from multiple social agents who rewarded us for confirming and punished us for not confirming regardless of our group memberships. Banaji and colleagues (Banaji & Bhaskar, 2001; Banaji & Greenwald, 2016) discuss the role of unconscious process in prejudice and stereotyping and how difficult it is to transcend racism, sexism, ableism, classism, biases, and prejudice. Banaji and Bhaskar (2001) conclude as follows:

The best intentions do not and cannot override the unfolding of unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control...Second, when stereotypes are unconsciously activated and used, two different challenges to the implementation are posed: (a) Perceivers and targets are often unaware of the steady and continuous rendering of judgment, and (b) judgments are based on beliefs about targets' social groups rather than on targets' actions. (pp. 142–144)

8. *Not sufficient time given for changes to occur:* Sennett (2012) explains that change takes time. He discusses skill mastery for playing sports, performing music, or making cabinets takes about 10,000 hours. This means if children show ingroup favoritism at the age 3 (Baron & Dunham, 2015) for 4 hours a day for 40 years, they will have spent over 50,000 hours on this habit. They have achieved a level of mastery five times over; their ingroup favoritism shows automatically because of 50,000 hours of practice. I use this example when clients are disappointed by their “slow” progress. There are some things we can do fast, and there are others we need to practice until we see the results. Deconstructing ingrained implicit and unconscious beliefs and biases requires mindful and diligent practice until we see the results. A thorough and comprehensive review on implicit bias remedies by one of Implicit Association Test developers; Greenwald and his associates (2022) conclude: “There is no theoretical basis for expecting these long-established implicit attitudes and stereotypes to be easily modifiable.”

A variety of procedures designed to reduce implicit biases have been tested in experimental studies. The biases tested in these studies are often ones believed to be acquired early in life...Such long-established implicit attitudes and stereotypes are mostly those associated with easily detected demographic characteristics (e.g., age, gender, and race)...Early established associations are likely not only to be strong but also to be sustained by interconnections within an associative-knowledge structure centered on the self...*There is no theoretical basis for expecting these long-established implicit attitudes and stereotypes to be easily modifiable.* (p. 18)

In addition to the above eight barriers, conceptual learning, internalized privilege and oppression, privilege being invisible to privilege holders, and oppression being so visible to oppressed are also barriers. “Concrete strategies,” which are experiential learning activities, are designed for readers to connect concepts (e.g., barriers) to their lived experiences and thoughts to assess their relationship to concepts as they are to gain knowledge on themselves since “the only way we can change the way we feel is by becoming aware of our *inner* experience” (van der Kolk, 2014, p. 208). Self-knowledge comes from first-person inquiry of self and responding to the inquiry without censoring and without judgment. When we practice telling of the truth to ourselves enough without judgment, we will start to be aware of our inner experience.

Concrete strategies are inserted immediately after each important concept for readers to connect the concept to their inner experiences. This is based on “Neuroscience research [which] shows that the only way we can change the way we feel is by becoming aware of our *inner* experience” (van der Kolk, 2014, p. 208). Uncensored first-person inquiry is one way to access our inner experience. *Concrete strategies* focus on specific questions related to self-knowledge ((e.g., your intrapersonal communication (self-talk), thinking, defense mechanisms, and multiple identities and their intersectionality (e.g., race, gender, class, sexual orientation, disability/impairment, religious affiliation, age, region, language, and so on)). For example:

- Have you ever been minimized, marginalized, or laughed at because of your race (gender, class, sexual orientation, disability, age, language, region, religion, etc.)?
- Have you ever minimized, marginalized, or laughed at someone because of their race (gender, class, sexual orientation, disability, age, language, region, religion, etc.)?

Concrete strategies are provided for you to connect your conceptual understanding to your lived experience. I did not think about the applicability of first-person inquiry to diversity, equity, and inclusion trainings prior to teaching *Memories, Dreams, and Beliefs* (a yearlong interdisciplinary course in 2012) which was not a counseling program. My interdisciplinary teaching partner was a physicist who specialized in consciousness studies thought the best textbook for students to learn to access their own ingrained beliefs was my textbook. I was hesitant, but it turned out he was correct. Our students transcended some of their ingrained beliefs and biases through completing *concrete strategies* on a weekly basis. The key to their transformation was that they knew that their professors did not read their written responses to promote their honesty with themselves (I will briefly explain here our unconventional model of interdisciplinary program for you to know how students knew their professor was not reading their uncensored written responses. Our interdisciplinary program met three times a week, 6 hours a day for 2 days and 4 hours for 1 day. My colleague and I spent 2 long days a week in the same classroom with all students to teach. My colleague and I spent a short day separately with our seminar group students for a book seminar. Thus, I was my colleagues' student when my colleague taught his discipline to all students, and my colleague was one of my students when I taught psychology to all students.). The students' *concrete strategies* were checked by my colleague or me when we were the other's student. We sat next to students and checked each assigned concrete strategy question number, and to check whether something was written. If a student missed a question, we wrote a note that the question needed to be answered in order to receive the assignment credit. Students near us knew we were not reading the content. Students in both counseling and non-counseling courses reported that uncensored first-person written responses on a weekly basis transformed them, even though they resisted writing at the beginning of the quarter. Since then, I had assigned *concrete strategies* on a weekly basis to students regardless of what I taught in both single and multiple quarter courses. Students and I noticed students' transformation in their action; they listened to other students mindfully, they expressed their opinions using "I" messages, and they were compassionate to each other. Students were empowered by their self-knowledge.

The unsolicited powerful feedback from professors and students in the USA and Europe on the effectiveness of the theoretical framework led me to continue to promote the same theoretical framework in each new edition. A portion of an email from a grad student in social work typifies feedback on the second edition. This was from 2021.

Dear Dr. Jun,

Your book is the only material or even space I have ever come across with actual concrete strategies on how to do the work to address and unlearn my own biases -as opposed to typi-

cal materials even at the graduate level that only allow one to develop nothing more than a shallow awareness about 'equity and diversity' -these materials do nothing to guide me to reflect on my OWN role in the system outside of "reflect and keep a journal." Simply put, in a world of ubiquitous 'whats', your book was a 'how',... As a BIPOC, disabled, and queer Third Culture Kid with a background in both biochemistry and psychology, due to my complex identity, I always struggled with navigating evidence-based practice while simultaneously being true to the need for cultural sensitivity. Your textbook was a profound tool in helping me learn more about this, as well as develop and navigate my own mixed-race identity. Without even knowing it, you helped our entire class become competent and ethical practitioners, which is no easy feat. I intend to use your textbook for a lifetime of learning, and I felt it was necessary to thank you for making such a meaningful and profound contribution to the field of social work and psychology. So once again, thank you.

1.4 Uniqueness of This Book

The uniqueness of this book is to address discussed missing pieces to walk the talk of equity and justice. It is framed on a holistic model which emphasizes coexistence of intellect and emotion, linearity and nonlinearity, binary and complexity, conscious and unconscious, product and process, scientific inquiry and clinical inquiry, extrinsic and intrinsic valuation, and theory and practice. It provides practical strategies for readers to learn: (1) to see themselves as a whole person through affective and cognitive information processing, (2) to value emotion and intellect, (3) the power of unconscious learning, (4) to value the process, (5) to learn to think and feel from a complex perspective, and (6) to develop what it means to be a mental health provider or a DEI trainer.

- *Comprehending the whole person:* As of July 2023, the first and second editions are the only multicultural counseling textbooks which provide practical tools for readers to shift categorical binary thinking to a complex and holistic thinking to comprehend complexities of the whole person whose multiple identities intersect and interweave with each other. "...therapy only really begins after the investigation of that wholly personal story...In therapy the problem is always the whole person never the symptom alone" (Jung, 1963, p. 117). The whole person consists of physical, psychological, emotional, sociocultural, and spiritual selves which intersect with each other. Thus, emphasizing complex (holistic) thinking must accompany affective processing for accurate assessment, diagnosis, and treatment. Sapolsky (2017) states, "But while emotion and cognition can be somewhat separable, they're rarely in opposition. Instead they are intertwined in a collaborative relationship needed for normal function,..." (p. 58). However, the affective processing is an enormously challenging task, primarily due to devaluation of emotion from academic contexts. This book provides experiential learning activities, *concrete strategies* for you to learn how to affectively process your conceptual learning by connecting it to your experiences. Most of these learning activities are intentionally designed for individuals since it is for an individual to identify their own ingrained beliefs, values, and biases that trigger automatic

activation of prejudice, discrimination, inequity, and injustice. Uncensored writings about your values, beliefs, and biases must be repeated until you have reduced your biases. When this happens, you are less controlled by automatic activation of prejudice, discrimination, and “isms.” You will begin to develop thoughts that are for equity and justice for all people.

- *Written in both linear and nonlinear voices:* A teaching partner, who is an artist and architect, belongs to both dominant and nondominant identity groups wrote in his peer evaluation of me, “Sometimes I found your lectures obscure, but the lessons have come to roost later – Perhaps that says more about me than you!” (R. Leverich, personal communication, May 4, 2017). This was one of the examples of me teaching with both linear and nonlinear voices. Events in the outer world are linear, but events experienced in the inner world are not always linear. When traumatized individuals are triggered, they react to the current trigger as if it is the original trauma because of their trauma experience is alive internally. They want to move on, but they can’t. Statements like “let’s move on” and “don’t dwell on the past” are based on external clock time without considering their internal time. No real change in inequity and injustice despite of the Civil Rights Act of 1964 is partly due to linear approach to equity and justice.
- *Incorporation of scientific inquiry into clinical inquiry:* If we want to read sound research articles, we apply objective inquiry with critical reasoning skills to examine hypothesis, research design (experimental or correlational), independent and dependent variables, sample sizes, statistical significance if any, results, internal and external validity, accuracy in interpreting tables, generalizability, and so on. Incorporating scientific inquiry with clinical inquiry is integrating skills we learned from critiquing research articles to counseling; (a) paying close attention to generalizations made by both the client and the provider, (b) the provider’s ability to ask clarifying questions instead of interpreting the client’s statements with the provider’s worldview, and (c) the ability to ask clarifying questions with both scientific (*objective*) inquiry and clinical inquiry (warm and nonjudgmental). To obtain accurate information, the provider must use objective scientific inquiry with a warm and nonjudgmental attitude. This approach enables accurate assessment which is fundamental for appropriate assessment, diagnosis, and effective treatment.
- *No conventional categories of racial groups:* Conventional categories of racial groups do not represent real people. Real people may look like they belong to the same race according to their skin color (phenotypes), but their genotypes may indicate mixed ancestry representing multiple ancestries since genome classifier indicates the range of genetic differentials was 0.1–3% (Baker et al., 2017). Some people are miscategorized because their skin color is different from their biological family (e.g., Afro-American with white skin color). Real people are complex, dynamic, and fluid with multiple identities intersecting according to sociocultural contexts. Some of these people, who belong to the same group in relation to race, gender, class, sexual orientation, disability/impairment, religious affiliation, and language, do not feel, think, and behave the same way as other people in the same group. They often feel, think, and behave differently due to

their unique relationships to their intersectionality of multiple identities. For example, there are heterogeneous racial identities within the same racial group because each member's racial identities are determined by multiple factors (e.g., region, experience with systemic oppression/privilege, internalized oppression/privilege, and racialized/non-racialized socialization).

- *No learning objectives and no summaries:* It does not begin with learning objectives and end with the chapter summary in each chapter. It begins with a short mindfulness practice to connect the chapter reading with a reader's experience. It ends with an experiential learning activity on consciousness like "Did I read the chapter consciously?" to allow a reader to observe their inner experience without judging.
- *Integrating neurobiology and cognitive neuroscience research:* Neurobiology and cognitive neuroscience research findings explain some challenges involved in implementing conceptual understanding of justice and equity into action. Their research indicates implicit attitudes are spontaneous, automatic, emotional, and hard to change because they are based on long-held beliefs (Banaji & Bhaskar, 2001; Banaji & Greenwald, 2016; Greenwald et al., 2022). According to them, the structure and function of the brain change as the brain interacts with the environment (Lupyan & Bergen, 2016; Moreira et al., 2017; Olivier et al., 2022; Sapolsky, 2017). Thus, trauma and stress from injustice and inequity can change functions of the brain. *Concrete strategies* are designed by integrating neurobiology, consciousness studies, and cognitive neuroscience research findings with various areas of psychology research findings. Structures of some *concrete strategies*, some quotations, and phrases are repeated intentionally throughout this book to dismantle mechanized neural pathways (e.g., prejudice, ingroup favoritism, and implicit and unconscious bias) that block information on justice and equity for all people (Decety et al., 2021; Saarinen et al., 2021).
- *Suggestions for using this book:* It is imperative that a reader reads this book sequentially from Introduction, Part I, Part II, and Part III since each part is a building block for the next. Part I is learning about your own worldview since it is almost impossible to understand others' worldviews without knowing your own. It is learning about your communication styles, thinking styles, targets of your defense mechanisms, ingrained values, beliefs, biases, and multiple identities and their intersectionality. Part II is learning about the impact of a system on your identity construction resulting in different degrees of experience in privilege and oppression among multiple identities and their intersectionality. Part III is learning to understand a client's worldview through knowledge gained in Part I and II for accurate assessment, diagnosis, and treatment. Your conceptual and transformative learning in Part I and II will assist you to learn how to be a multi-culturally competent provider or DEI trainer in Part III. Each chapter in all three parts is designed to provide the opportunity for you to improve transformative learning skills and implement conceptual learning into action. Certain concepts are designed for you to learn through feeling before moving on to the next. It is crucial for you to complete each experiential learning activity (*concrete strategy*) before reading the next section. You may feel resistant to experiential learning

activities due your unfamiliarity and/or a habit of excluding emotion from academic learning. Only through acknowledging of these feelings and completing the activities, however, will a new level of understanding be possible. Change happens gradually because it requires a new or different way of thinking and learning. As you complete the experiential learning activities diligently, mindfully, and consistently, the resentment or awkwardness will gradually disappear.

- Read Chap. 2 before Chap. 3 since learning to observe and understand your intrapersonal communication content will assist you to identify your values, beliefs, and biases.
- You can read Chaps. 4, 5, 6, 7, 8, 9 and 10 according to preferences of multiple identities. The only adjustment you need to make is making your own list of intersectionality section. For example, if your preference rank is cissexism, heterosexism, sexism, classism, disability/ableism, other “isms,” and racism, you need to examine intersectionality according to your reading order.
- Chapter 11 needs to be read after completing all the chapters in Part II.
- Chapters in Part III need to be read sequentially since each chapter is a building block for the next chapter.

1.5 The Purpose of the Third Edition

The first purpose is to update the review of literature and to show readers how to link research updates to your inner experiences since “Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our inner experience” (van der Kolk, 2014, p. 208). Becoming aware of inner experience requires raising your consciousness. Being conscious relies on introspection and being aware of self. Emphasis on self-awareness of a provider started long before it became an essential component of multicultural competency. Jung (1963) wrote, “The psychotherapist, however, must understand not only the patient; it is important that he should understand himself” (p. 132). What is different compared to Jung’s era is that rapid technological changes revolutionized sociocultural, economic, and political systems at individual, institutional, societal, and global levels. As a result, there are a wide range of complex responses to these changes at every level of the ecosystem of the society (micro, meso, and macro) are discussed throughout this book. Technological revolution has changed our ability to be conscious and pay attention to our inner experience. Digital devices have changed our relationships to others as well as to ourselves. For example, more people are attentive to digital media than friends and family sitting next to them, and more people are less clear on their priorities (Carr, 2011, 2014; Turkle, 2015). Thus, mental health providers’ roles become more important in assisting clients to navigate their paths in highly mechanized and increasingly complex environments.

The second purpose is for you to reexamine how your aspirational goals of being multiculturally competent provider and DEI trainer are formulated, as you complete uncensored *concrete strategies* mindfully and honestly while paying attention to your inner experience. I had former students who were disillusioned by their agencies' discrepancies between their talk and their walk of caring for clients. Former students whose aspirational goals were formulated on their intrinsic valuation with awareness of the impact of sociopolitical change on mental health practice coped by developing innovative and creative strategies to maintain a balance between keeping their core values and performing their mandated tasks. The rapid sociopolitical, economic, and technological changes brought changes in psychology in the USA. Focusing on quantifiable aspect of psychology brought less emphasis on knowing the client's lived experiences and more emphasis on evidence-based practice defined by easily quantifiable qualities. Emphasis on evidence- and efficiency-based practices pressures mental health providers implicitly or explicitly to pay attention to leaving paper trails on achieving their goals or evidence. For example, take notes using a computer to increase efficiency rather than finding out the client's lived experience by being attentive to the client's tone of voice, content of the story, nonverbal language, mood, and ask questions relevant to the client's subjective experience. Providers are present physically, but their designated duties by the system take them away from paying attention to their clients. In other words, the mandated tasks take time away from seeing a client as a whole person which is an essential part of developing culturally appropriate assessment and treatment. Jung (1963) wrote, "...therapy only really begins after the investigation of that wholly personal story...In therapy the problem is always the whole person never the symptom alone" (p. 117). The symptom is the tip of the iceberg, and the rest of the iceberg needs to be viewed to understand the whole person. Assessment based on partial information of the whole person cannot provide accurate information for diagnosis and treatment. Reducing complexities of being human to observable and quantifiable aspects of a client as if these represent their subjective inner experience is marginalizing the client in the name of helping. "For psychotherapy to be effective a close rapport is needed..." for client to share their inner experience (Jung, 1963, p. 143). Walking the talk of multicultural counseling competencies requires a provider's ability to explore inner life of a client with empathy. "Even primary care physicians who take a moment to identify the internal experience of their patients have improved clinical outcomes..." (Siegel & Drulis, 2023, p. 2). Evidence- and efficiency-based counseling often neglect the importance of the quality of therapeutic relationship. Psychology has neglected human beings' qualities that are not visible, nonverbal, delicate, complex, and dynamic in the process of defining psychology as science. Human experiences from these qualities often cannot be quantified, observed, measurable, conscious, and articulated in words. However, they are essential parts of being human. A provider needs to observe her inner experience without judgment when she does not gather information on the client's experience as a human being because she is focused on quantifiable scientific psychology. Due to less emphasis on the quality of therapeutic relationship, the provider must cultivate a path to bring out the client's experience if she were interested in a mental health provider who walks the

talk of multicultural counseling competencies. The process of reexamining your aspirational goals leads you to be mindful, to listen to your inner experience (e.g., your body and your emotion), and to be grounded within you.

1.6 New in the Third Edition

1. Each chapter starts with “Mindfulness Practice” and ends with “Consciousness Practice.” Mindfulness is “to wake up” according to Tibetans (T. Paldro, personal communication, Sept. 12, 2023). Paldro is from Tibet, and you will read a bit more of his writing on mindfulness in Chap. 11. I would like you to observe your feelings and thoughts of the first Mindfulness Practice before reading and the first Consciousness Practice after reading. Jot down your thoughts and feelings without judgment since you are the only one who will be reading what you wrote. Please read what you wrote after completing “Consciousness Practice” at the end of Chap. 14. You will learn something about you which you don’t know now. Like Proggoff (1992) wrote, “Thinking about what you would write is not the same as actually writing” (p.11).
2. Interpersonal communication discussed in Chap. 13 in the second edition is moved to Chap. 2. Multicultural issues stir emotions of both parties (privileged and oppressed) for different reasons. Learning to communicate with “I” messages instead of “you” messages early in the quarter and early part of the unconscious bias/DEI trainings assist students and trainees to engage in difficult issues from the beginning. Emotional pain is interwoven with complexities from generational injustice and inequity and needs to be processed affectively. Learning to identify your communication styles and effective communication styles to process difficult emotions reduce internal tension enough to pay attention to the material.
3. The appropriateness of *DSM-5* (American Psychiatric Association, 2013) and *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017) for the multicultural population are examined. Inherent problems with *DSM-5* for multicultural population are discussed in Chap. 6: Cisexism and in Chap. 14: Professional Ethics. The relational social factors are sources of mental health issues of those who have been marginalized, minimized, discriminated, and insulted for who they are (Moreira et al., 2017). Chapter 14 explores professional ethics of APA and DSM to examine their effectiveness for clients with multicultural backgrounds.
4. Mental health from systemic and institutional injustice and inequity are examined from an interpersonal neurobiology perspective. It postulates “Relational integration emerges as individuals are honored for their differences and connections are established with respectful, compassionate communication” (Siegel & Drulis, 2023, p. 9).
5. Similarities between multicultural counseling textbooks and unconscious bias and (DEI) trainings are addressed since they have been operating on the assumption that conceptual learning alone is enough to achieve equity and social justice in practice.

1.7 Theoretical Framework: Paradigm Shifts in Thinking and Learning

The theoretical framework of this edition continues to be paradigm shifts in thinking (binary to complex) and learning [from conceptual (*logic*) to transformational (*logic and emotion*)] to represent a real person. In fact, the current political tribalism that threatens democracy led me to realize paradigm shifts in thinking and learning are essential components to save democracy.

1.7.1 *Paradigm Shift in Thinking*

If children are socialized in a culture where dichotomous and hierarchical thinking styles are valued, they are more likely to internalize these binary thinking due to repeated exposure and practice, resulting in valuing competition, superiority, and the importance of external images without awareness (Adams, 2016; Shavitt et al., 2011). These binary thinking led them to focus on winning, being right, and being correct (*dichotomous thinking*) and to believe these are better than losing, being wrong, and being incorrect (*hierarchical thinking*). These types of thinking lead to unintentional racism, sexism, cissexism, heterosexism, ableism, classism, ageism, linguicism, and “isms” related to religion, region, etc. I discussed the comprehension gap between Whites and non-Whites over privilege as being invisible to the privileged, while oppression is so visible to the oppressed in *barriers to theory and practice*. This is because not only both parties’ lived experiences in the same country have been dramatically different but also their binary (*dichotomous and hierarchical*) thinking do not allow understanding the other’s perspective. Thus, racial equity and justice in action are not possible without paradigm shift in thinking from binary to holistic (*complex*).

If children are socialized in a culture that emphasizes either multilayered and multidimensional or both (diunital) thinking, they are more likely to internalize this holistic thinking. The inclusion of multiple identities and their intersectionality requires a holistic thinking that comprises appropriate dichotomous and hierarchical thinking in addition to multilayered and multidimensional complex thinking. A holistic thinking allows mental health providers to understand clients from their (clients’) sociocultural historical contexts with multiple identities and their intersectionality. This requires being cautious of conventional racial categorizing and being aware of the effect of a provider’s own culture, worldview, and thinking pattern on assessing, diagnosing, and treating clients. This book postulates that deconstructing inappropriate dichotomous and hierarchical thinking is one way to shift to holistic thinking.

Multicultural counseling is just lip service as long as providers perpetuate inappropriate dichotomous and hierarchical thinking patterns in their assessment, diagnosis, and treatment of culturally diverse clients. Assessment based on inappropriate

dichotomous and hierarchical thinking is inaccurate since the provider interpreted the client's story from binary thinking. Diagnosis based on an inaccurate assessment results in inaccurate diagnosis and treatment. Providers are not likely to understand clients' worldviews or accurately assess their own worldviews without deconstructing inappropriate dichotomous, linear, and hierarchical thinking. Racism, sexism, classism, heterosexism, ableism, and other *isms* are based on such binary thinking, and providers must understand the complexities of these "isms" and their intersectionality to provide effective assessment, diagnosis, and treatment. Binary thinking hinders providers' ability to implement multicultural counseling competencies.

1.7.2 Paradigm Shift in Learning

The other proposed shift, delivering practical implementation through transformative learning, begins with the definition of transformative learning. It is learning by integrating intellectual understanding (knowledge, concept) with emotional understanding (*affect*). It requires engagement in in-depth emotional processing (Kolb, 2020). It needs to be facilitated by a provider's ability to introspect, reflect, feel, and be aware of her inner experience as well as reaching out to connect to the client's inner experience. "Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our *inner* experience" (van der Kolk, 2014, p. 208). Transformative learning brings life-changing experiences, and it bridges theory to practice. This book considers transformative learning along with deconstructing inappropriate thinking patterns as essential ingredients of bridging the gap between theory and practice. As I stated earlier, multicultural counseling textbooks and DEI training programs formulated on conceptual understanding of diversity, equity, and inclusion as if understanding the concepts automatically translated into action.

Conceptual learning alone does not transcend egocentric and ethnocentric attitudes, values, and beliefs that are learned throughout socialization process from birth on. Conceptual understanding is a prerequisite to action, but the action requires learning several new skills. This is an enormously challenging task, primarily due to the US cultural devaluation of the importance of emotion and unconscious in being aware of one's inner experience (e.g., The long-held belief that responding emotionally to academic material is a sign of weakness). Such cultures, like the USA, which value intellectual understanding throughout academic life, have learned to equate intelligence and logical thinking with academic achievement. Often, parents and teachers unintentionally or intentionally devalue the emotional aspects of development to encourage high academic achievement—a guarantee, they assume, that students will get into a "good college," receive "good scholarships," get a "good job," and/or be accepted by a "good graduate school." As a result, most children from this type of cultural context learn to disconnect their emotion from academic learning. Some parents and teachers punish children when they do not perform at their

expected level on the assumption that they would do “better” next time to avoid punishment. It may appear to work for some children because they maintain expected academic achievement. However, we do not know their emotional status for maintaining expected academic achievement. They may be achieving out of fear or anxiety. Some children perform poorly due to feelings of inferiority that may contribute to long-lasting emotional scars. By the time these children become young adults, they believe that academic learning occurs within rational, logical, and intellectual framework that seems like fact and not belief.

Often, devaluation of emotion in academic settings is treated as if it is a core learning principle. For example, most students in psychology, counseling, social work, education, and communication intellectually understand that perception is the way people organize and interpret sensory input to make meaning. Such students are also likely to understand that perception is influenced by their own culture, gender, class, sexual orientation, birth order, religion, language, disability motivation, education, socioeconomic status, age, race, ethnicity, expectations, and region. They also understand that people make meaning only based on the information they have in their mind and that people’s different experiences influence how they process information. Therefore, they intellectually understand the concept that ten people can see the same object and interpret it in ten different ways. For example, one simple picture shown to a college class may elicit various responses. Students are asked to describe a picture of two women with a single adjective; their responses may range from *beautiful* to *ugly*. If they are then asked why the same picture received such a broad range of interpretations (from *beautiful* to *ugly*), they may have no problem attributing it to individual differences in perception. However, these same students may express frustration and anger when others do not behave according to their expectations because they are not able to apply their conceptual (intellectual) understanding of “individual difference in perception” to their life (real situation). They have a theoretical and conceptual understanding of perception without practical application to their situation. This is partly due to the fact that conventional learning excludes the opportunity for students to integrate their intellectual understanding of perception with their emotional understanding of it. Conventional learning is conceptual learning. It often does not provide the opportunity for students to access whether they have learned through transformative learning. The same type of conventional approaches was applied by the governments, institutions, and businesses to implement the Civil Rights Act of 1964 into practice for the past 59 years. It is understandable why there has not been no real change despite changes in laws and policies.

Transformative learning must be incorporated to conventional (conceptual) learning. For learning to be transformative, it must reach the emotional core so that it transforms the individual internally and externally and intellectually as well as emotionally (Mezirow, 2012). This means readers must connect their conceptual learning to their inner experience. The emotional component of transformative learning cannot be hurried. It takes time to process complex emotions, desires, wants, and *should* since “...transformation does not simply emerge due to the individual’s awareness...but is experienced...” (Benetka & Joerchel, 2016, p. 22).

Paradigm shifts in thinking from binary to holistic and learning from conceptual to transformative enable a real person to be finally visible as a whole person. Real people are complex, dynamic, and fluid with multiple identities and their intersectionality. For example, real people are not visible when conventional categories of racial grouping are used to identify their racial identity. This is because there are heterogeneous racial identities within the same racial group since each member's racial identity is determined by multiple factors (e.g., region, experience with systemic oppression/privilege, internalized oppression/privilege, racialized/non-racialized socialization, and other identities and their intersectionality). The real people, who belong to the same group in relation to race, gender, class, sexual orientation, disability/impairment, religion, age, region, and language, do not feel, think, and behave the same way as other people in the group. They feel, think, and behave different from one another due to variations in their lived experience.

1.7.3 Integration of Paradigm Shifts in Thinking and Learning to Walk the Talk

It is not possible to walk the talk of equity and justice without integrating holistic thinking and transformative learning simultaneously. Integration with mindfulness, courage to be honest with self, and patient enough to observe feelings without judgment are essential formula for developing action strategies that will deliver the walk the talk of equity and justice. Complexities of real people are invisible to people with binary thinking because their “either or” thinking reduces complexities to “either or.” A paradigm shift in thinking from binary to holistic (*complex*) enables you to conceptualize your identities from linear, categorical to nonlinear, and go beyond categories. As a result, variations within and between demographic identities are visible to you. For example, a holistic thinking style allows you to see variations within a race, between races, and among races. A paradigm shift in learning from conceptual to transformative (integrate conceptual learning with emotion) will allow affective processing for healing to occur. At the personal and interpersonal levels, walk the talk strategies need to be connected with your intrapersonal communication that are focused on expressing your feelings to yourself using “I” messages and not “you” messages (blaming the other). Chapter 2 is about intrapersonal communication and interpersonal communication.

Fictitious first names for individuals who gave both written and verbal permissions are used to protect their privacy. Case studies, former students' writings, and my stories are real. I used the real stories because they have the power to connect to readers' affective processing. The term provider is used to imply a psychologist, a counselor, a social worker, a therapist, and so on. He is used for a client, and she is used for a provider.

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Part I
A Provider's Awareness of Her Own
Worldview

Chapter 2

Intrapersonal Communication and Interpersonal Communication



Mindfulness Practice:

Close your eyes and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreath, two outbreath). Observe your mind and body without judgment as you breathe in and out. Slowly open your eyes. Are you ready to read the chapter?

2.1 Difference Between Intrapersonal and Interpersonal Communication

All communication starts from intrapersonal communication (Ruesch & Bateson, 1987; Vocate, 2009; Vohs & Finkel, 2006). Intrapersonal communication is a mirror image of a reader's own cultural values, beliefs, and biases. There are several types of intrapersonal communication, and the type that is relevant to belief and value is self-talk and thinking. Interpersonal communication occurs when a communicator interacts with others, while intrapersonal communication occurs when a communicator talks or thinks to themselves. In intrapersonal communication, a communicator (the *self*) is their own message sender and receiver in an ongoing internal process. Intrapersonal communication is also known as self-talk, inner dialogue, inner monologue, self-dialogue, inner speech, and self-verbalization. It is an active internal process ranging from conscious to altered to unconscious states. The conscious part of intrapersonal communication ranges from thinking to interpreting the verbal and nonverbal communication of others. The altered states of intrapersonal communication range from daydreaming to nocturnal dreaming to body language, which can appear anywhere in the spectrum of conscious to unconscious. There is a dynamic relationship between intrapersonal communications and interpersonal communication (Park et al., 2017).

2.2 Intrapersonal Communication

Intrapersonal communication starts in early childhood as children internalize external messages (both verbal and nonverbal) of their social agents such as parents, teachers, siblings, peers, media, and cultures. A provider's understanding of her intrapersonal communication is one of the important elements in understanding her values, beliefs, and biases. When a provider is not aware of the impact of her values, beliefs, and biases on her ability to assist clients, she may unintentionally marginalize them. This point is well illustrated in the reality therapy section of Corey's (2001, p. 146) casebook:

Ruth:	It was really bad last night, all horrible feelings.
Therapist: [interrupting]	The sweats, the palpitations, the fear of impending doom, the whole kit and kaboodle of your midnight misery. I will grant you this, if you've learned anything in your 39 years, it's how to panic. Don't you think it's time to learn something better to do at night?
Ruth:	How can you talk like that? Do you really believe I'm choosing this panic, that I enjoy these attacks? How can I possibly be choosing them? They come on while I'm sleeping, and they wake me up.
Therapist:	Tell me if you're not choosing them, who is? You've read about choice theory. You choose all you do, just as I do and just as everyone does. Of course, you're not enjoying this choice, but—I know this is hard to believe—to you it's better than anything else you could choose in the middle of the night.

In this case, the therapist assumes what Ruth is feeling without letting her finish her story. By interrupting and telling Ruth about her feelings, the therapist is not only marginalizing the client but also assuming she knows the client's internal world (*hierarchical* and *patriarchal thinking*). The therapist needs to listen to Ruth with empathy and respect so she would feel comfortable about sharing her intrapersonal communication with the therapist. Ruth's therapist is damaging her in the name of helping. Stating "if you've learned anything in your 39 years, it's how to panic" is belittling the client—a practice that does not ensure that enhancement of "human well-being" (APA, 2017; ACA, 2014; NASW, 2021). The therapist could ask Ruth about her intrapersonal communication when she is panicked or ask Ruth to describe "panic." The therapist's comment about choice indicates that she is generalizing her own beliefs about choice. The therapist's concept of choice is based on European American individualistic values. Most people from collectivism-oriented cultures are not socialized to value choice in the same way that European Americans are (read *Personal Story: Culture and the Meaning of Words* at the end of this section). The therapist in the above example might know intellectually that a therapist-client relationship is a power differential relationship, and most clients believe that therapists are experts who have more knowledge with which to assist them. The therapist, it appears, is engaging in "unfair discrimination" [American Psychological Association (APA), 2017, Sect. 3: Human Relations, 3.01; American Counseling Association (ACA), 2014, Code of Ethics, A. 1. a. primary responsibility; National Association of Social Workers (NASW), 2021, Preamble]. The therapist might have

had every intention of assisting Ruth. Then, what prevented the therapist from applying her knowledge into practice? Was it due to unconscious bias? Was it due to misinterpretation of the role of therapist? What do you think? Imagine you are Ruth. What would your self-talk be (*intrapersonal communication*)? If you are the therapist, what is your intrapersonal communication behind each statement and questions?

The purpose of citing the above example is to remind you to pay attention to your intrapersonal communication and how it is manifested in interpersonal communication, especially, during the therapeutic process. One way to minimize an incident like the above is a provider's awareness of her cultural values, beliefs, and biases and their impact on her intrapersonal communication. In intrapersonal communication, unlike interpersonal communication, there is no feedback loop for a reality check because the sender and the receiver are the same person, the self. Thus, the process of intrapersonal communication is not visible to anyone. It is a difficult process as the result of the sender and the receiver not only have the same values, beliefs, and biases but also have the same worldviews and meaning making since they are one, the self. Endless internal repetitions of self-talk (*intrapersonal communication*) become distorted as *fact* because it is crystal clear in the self's mind as a result of repetitive reinforcement between the sender, the self and the receiver, the self (*self-confirming process*). Language (in this case *self-talk*) automatically activates neural pathways of perception, motor, and emotion that are related to meaning of the language (Bergen, 2012). For example, people who are anxious describe physical symptoms even though anxiety is due to anticipation and not a fact because of an automatic activation of neural pathways. I will discuss the power of self-talk on maintaining unconscious bias, prejudice, discrimination, and "isms" (e.g., racism, sexism, cissexism, heterosexism, classism, ableism, ageism, linguisticism, and isms related to religion and region) throughout the book.

My clients, students, and DEI trainees have reported that they found their intrapersonal communication is mostly negative, especially toward themselves through uncensored written response to specific questions in *concrete strategies*. They found out they compared themselves to others and judged themselves by applying binary (*dichotomous* and *hierarchical*) thinking. According to them, their intrapersonal communication was based on the values, beliefs, and biases of their external world. I asked students to think and feel about the impact of their binary thinking and negative intrapersonal communication on their client. I also asked them to explore the impact of their binary thinking and intrapersonal communication on their interpretation of the client's words. I did not expect their immediate responses. However, I wanted them to pay attention to their inner experience as they thought and felt about my request. None of the existing textbooks on multicultural counseling addresses the impact of therapist's intrapersonal communication on their ability to demonstrate multicultural competencies. Intrapersonal communication reflects an individual's cultural values, beliefs, and biases, regardless of who they are and what they do.

Studies show the powerful relationship between culture and values (Mone et al., 2016; Taras et al., 2014). Individualism-oriented cultures like that of the United States tend to emphasize competition over cooperation, independence over interdependence, and personal achievement over group achievement throughout the socialization process. While collectivism-oriented cultures like Japan tend to emphasize

cooperation over individual recognition, interdependence over independence, and group achievement over individual achievement. Some children experience conflict throughout the socialization process due to a discrepancy between their home values and dominant cultural values. These children have very different intrapersonal communication from their peers who have been socialized with similar cultural values in the home as the dominant culture. For example, some children of Native American descent, Alaska Natives, Latinos, African descent, Asian descent, Native Hawaiian descent, Pacific Islanders, Muslims in each race and each ethnic background, White members of the lower socioeconomic class, nonheterosexual parents, refugees, and gender-variant parents may experience internal conflict due to incongruence between the two values (Shavitt et al., 2011; Shawahin, 2016). Values, beliefs, and biases from childhood shape their intrapersonal communication and influence their adulthood (Greenwald et al., 2022).

Intrapersonal communication can be fixated in the past, future, or present. It can move fluidly among different times. It can be dynamic, with multiple dimensions and layers, if an individual's values and beliefs are multidimensional and multifaceted. It is all up to the individual's thinking styles (e.g., binary, complex, or combination of binary and complex).

According to cognitive neuroscience research, intrapersonal communication interacts with neural pathways which simultaneously affect and are affected by the brain. For example, Hurlburt et al. (2016) found that there is a correlation between type of inner speech and variations in the activity level of the brain. Functional magnetic resonance imaging (fMRI) shows when doing a required (elicited) task there is decreased activity in auditory perception region (bilateral Heschl's gyrus) and increased activity in speech production region (left inferior frontal gyrus). However, when doing a spontaneous task, there is increased activity in auditory perception region and no significant change in speech production region.

Personal Story

Culture and the Meaning of Words: A Vietnamese Perspective on "Choice" vs. "Duty"

I have a Vietnamese friend who paid for his younger brother's education (college to dental school). He said it was the right thing to do according to his culture. He said it was not his choice to support his brother, but it was his duty. If I were to understand his worldview, I would need to accept and honor his cultural concept of duty without looking through my cultural lens.

2.2.1 Socialization, Internalized Privilege/Oppression, and Intrapersonal Communication

Children learn implicitly and explicitly about their cultural values and beliefs through socialization (Bian et al., 2017; Davis & Hines, 2020; Hackel et al., 2022; King et al., 2021). Multiple agents from multiple social contexts [(micro (family),

meso (school, church), and macro (culture) levels)] model and/or reinforce culturally appropriate behaviors and model and/or punish culturally inappropriate behaviors throughout their socialization process. Children show ingroup favoritism as they interact with their environment. In the beginning their worldview is heavily influenced by their family values and beliefs.

There are numerous definitions of the term worldview, and I selected Sire's (2015) interpretation of Dilthey's (German philosopher) worldview for the book:

A worldview is a set of mental categories arising from deeply lived experience which essentially determine how a person understands, feels, and responds in action to what he or she perceives of the surrounding world and the riddles it presents. (p. 43)

The construction of children's worldview changes as their cognitive, emotional, physical, moral, or psycho-neurobiological development interacts with various sociocultural contexts (Endendijk et al., 2017; Amodio & Cikara, 2021). They learn about their group membership in relation to race, gender, class, disability, religion, and so on. Children also learn who has the power in the family, in school, and in society. Children in nondominant groups understand the basic concept of the systemic privilege and oppression.

Children from nondominant groups experience racism, sexism, cissexism, classism, ableism, and other *isms* for who they are (Canty-Barnes, 2016). Or they experience discrimination for who they are. Children from dominant groups experience their life as "normal" without noticing the benefits from the system since privilege is often invisible to the privilege holders, while oppression is visible to the oppressed (this concept is repeated throughout the book since this is the crux of understanding *isms*, discrimination, and prejudice). However, both the privileged and the oppressed often have no knowledge of these concepts. I will cite two studies to illustrate how children's group memberships (privileged vs. oppressed) shape two distinctively different intrapersonal communication and worldviews even though they grew up in the same town. The first study is by Brown and Bigler (2004). They found children learn about gender and racial inequity through socialization at an early age. They studied children between the ages of 5 and 10, and the majority of whom perceived discrimination or likely discrimination when contextual information was unambiguous. When contextual information was either ambiguous or unlikely, however, only the children from multicultural population perceived discrimination. This study also showed girls had a higher tendency to see girls as victims of discrimination than boys. The second study, by Jackson et al. (2006), illustrates the power of internalized privilege and oppression in decision-making. They found the White children in their study were chosen as leaders by both their White and Black peers even though there were substantially less White children in class. Black children were chosen as leaders only when they were the substantial numerical majority and had a Black teacher. Black children were rated *less* than White children even when more of them were present. This study is an excellent example of how children learn to internalize privilege and oppression in early age. White children *internalize privilege* because of repeated benefits which were normal to them. This is why White people have difficulty of understanding White privilege. Non-White children learn *internalized oppression* as a result of being targets of systemic oppression. Internalized oppression in this study is that Black children adopted

dominant groups' messages that Black is less than White. They marginalized their own group just like their oppressors *without conscious awareness* due to repeated experiences of systemic oppression from a multitude of sources. By viewing their group like their oppressor, they also oppress themselves like an oppressor. Chen (2017) discusses seven ways to understand the harm of oppression: "(1) political deprivation, (2) economic deprivation, (3) freedom deprivation, (4) social deprivation, (5) psychological harm, (6) the deprived capability to self-develop, or (7) some combination of the former" (p. 421). He proposes that depriving "capability to self-develop" is the core of oppression because it is diminishing "the real freedom to do or be what one has reason to value" (p. 430) and it is the foundation of the other six oppressions listed. It is diminishing one's ability to experience authentic life.

The fact that both groups in Jackson et al.'s study value White children was indicative of their lived experience. White children chose White children as leaders as a result of *internalized privilege*, and Black children chose White children as their leaders as a result of *internalized oppression*. Repeated experiences of minimization, marginalization, and discrimination were added to worldviews of children of color. Repeated experience of "normal" was added to White children's worldviews. These worldviews were constructed on conventional (dichotomous and hierarchical) thinking according to social learning theory and learning through modeling. These binary thinking became automatic by repetition without conscious awareness (the neurobiology of automaticity). Thus, thinking, self-talk, or intrapersonal communication became automatic by repetition. These two studies support Greenwald et al.'s (2022) conclusion that "Early established associations are likely not only to be strong but also to be sustained by interconnections within an associative-knowledge structure centered on the self... There is no theoretical basis for expecting these long-established implicit attitudes and stereotypes to be easily modifiable" (p. 18).

The following reflection-based learning activities are designed to highlight your inner experiences by paying attention to your intrapersonal communication.

Concrete Strategies

Reflection-Based Learning Activities on Intrapersonal Communication

The purpose of this exercise is to be aware of your intrapersonal communication. Please do not judge your inner dialogue (intrapersonal communication) as "appropriate" or "inappropriate" or "good" or "bad." When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Proffoff (1992) depicted the important difference between thinking about writing and the act of writing; He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience your learning.

Learning Activities (Nonlinear Activity to Integrate Cognitive and Affective Information Processing)

Carry a small notebook with you for about 7 days, and jot down what you are thinking, feeling, and saying to yourself each day. After 7 days reread what you wrote and group your notes into similar categories.

1. List ten frequently used thoughts, feelings, or statements to yourself (intrapersonal communication).
2. What did you learn about yourself by analyzing your intrapersonal communication?

2.2.2 The Formation of Automatic Thought Patterns (Neurobiology of Automaticity)

Intrapersonal communication reflects thinking and thinking styles. Many of my clients' and students' daily recordings (for 7–10 days) of their intrapersonal communication revealed that they made degrading and marginalizing remarks to themselves about themselves by focusing on the negatives. Such negative intrapersonal communications—not only centered around negatives but also magnifying them—often lead to cognitive distortions (Beck & Haigh, 2014). In cognitive distortion, thinking starts with one piece of information or one opinion, but the thinker's active imagination can fabricate, leap, generalize, and create new stories based on that one fact or belief. Cognitive distortions such as arbitrary inferences, selective abstraction, magnification and minimization, personalization, and polarized thinking are due to the thinker's active imagination. Thinking is a private process, and cognitive distortion becomes clearer and more intense by endless automatic repetition since there is no external feedback to question the degree of the exaggerations. The only feedback is from the thinker, the self, who is both the message sender and receiver agree with one another because they are the same person, the self (*self-confirming process*). My students and clients reported that most negative messages were a result of what they derived as children from the messages of social agents such as parents, church, media, peers, school, temple, social media, or society. Most children repeat thoughts of culture, parents, church, temple, digital image, and so on. This repeating not only becomes the foundation for autonomic thought formation but also is the basis of intrapersonal communication. Children as young as 2 years old have some understanding of their environment and other people (Kärtner, 2015).

Developmental psychology explores the importance of learning in psychosocial development (Erikson's trust vs. mistrust) and cognitive development (Piaget's sensory motor stage) in infancy as the foundation for their later development (Santrock, 2021). I discussed Sennett's (2012) position that it takes about 10,000 hours to master a skill (e.g., playing a sport, performing music, and making cabinets). If at the age of 2 children started to think (one type of intrapersonal communication) in

a particular way about themselves as a result of their interactions with the environment and they spent 6 hours a day, their thought patterns will be automatic by the time they are 50 years old (spent over 50,000 hours of thinking).

Individuals' automatic thought patterns and styles do not disappear simply because they have decided to become mental health or social services providers. Most academic studies focus on helping clients rather than on helping providers to deconstruct their own negative automatic thought patterns to help their clients. Even courses with an emphasis on providers' awareness of their own worldview often do not provide concrete strategies or a structure for students to practice deconstructing inappropriate thinking styles/patterns. Structured safe spaces, accountability for completing uncensored writings, and nonlinear activities to improve introspections and reflections need to be incorporated so that students learn to be aware of themselves objectively and subjectively, intellectually and emotionally, consciously and unconsciously, and able to observe their thinking styles.

2.2.3 *Types of Thinking Styles*

Four types of thinking styles are discussed in this section: (1) holistic, (2) linear, (3) hierarchical, and (4) dichotomous.

Holistic Thinking

It is nonjudgmental, is based on a multilayered and multidimensional perspective, and considers weight to all opinions. It is thinking in terms of both "either/or" and "both/and" (*diunital* thinking). It is knowing when it is appropriate to use linear, dichotomous, or hierarchical thinking and when to use different degrees of multilayered and multidimensional thinking. An example of *holistic thinking* is "I see she is upset and has called me a racist. I understand her point from America's historical perspective." Holistic thinkers reflect on and examine the remarks from a multilayered and multidimensional perspective rather than being defensive of their position. After reflecting, a holistic thinker may say to themselves "I do not think my remark was racist but let me think further to see whether it could be interpreted as an intentional racist remark." After further critical examination, they may say, "I can see where both of us are coming from. I need to figure out *my purpose for saying what I said*."

Linear Thinking

According to a linear thinking perspective, a particular behavior or attitude of an individual or a group of people [e.g., a certain racial or ethnic group; men, trans people, or women; lesbian, gay, bisexual, transsexual, or queer (LGBTQ); white-collar or blue-collar workers; the elderly; people with disability/impairment; people representing a certain religion; city people; farmers] is perceived as if it is identical to one's past experience or one's ingrained belief. Linear thinking is attempting to predict the future based on the past. It is projecting and generalizing because of the past. It is assuming that event, things, and people stay the same regardless of sociocultural contextual changes, time changes, and developmental stage changes. Some events in

life are linear, and others are not, but most human affairs do not happen linearly. Discriminating against, stereotyping, oppressing, minimizing, or marginalizing others based on long-held cultural beliefs or a one-time experience with a certain group or person who represents a certain group is thinking linearly. Racial profiling and a woman calling a man sexist not based on the man's behavior but on the basis of past experiences are due to linear thinking. This type of thinking is characterized by judging others or oneself as if a particular behavior or attitude now is the same as it was in the past. Some examples of linear thinking are as follows: "I will not do well on the test because I didn't do well last time"; "I am struggling with my life, and I know it will not get better"; "She dumped me, and I know no one will ever love me again"; "This happened because I am a lucky person, and I will always be lucky"; and "I know I am a loser—I know it." Not all linear thinking is inappropriate. There are appropriate situations for linear thinking—for example, "If I watch TV instead of studying, I won't be able to get the grade I want"; "If I spent \$40 for dinner tonight, I would only have \$20 left to spend until Thursday"; and "If I eat ice cream now, I will gain weight like before." Only inappropriate linear thinking hinders individuals' attempts to be aware of their own values, beliefs, and biases, which foster *isms*.

Racialized socialization is also an example of linear thinking because it is motivated by parents' past pain and not due to children's experience from interacting with children of another race. Children learn to stereotype and discriminate against individuals of another race because of their parents' experience and not their own. Discrimination, prejudice, and *isms* related to race, gender, class, sexual orientation, impairment/disability, age, language, religion, and region are conceptualized on linear thinking. Their roots are in the past experience or in the cultural myths that have been perpetuated generation after generation. Due to projecting the past experience to the future, linear thinkers discriminate against a person or a group of people without knowing anything about the person or the group except their group membership. For example, when a White provider stereotypes a person who is not White as lazy because she had an experience with one lazy person with the same racial background, she is not only thinking linearly but is also generalizing. She is thinking linearly because she is assuming that all individuals in a particular racial group are lazy and will be for the rest of their lives. She is generalizing from her experience with one lazy person that all people with the same racial background are lazy. *Generalizing* about all people in a racial group based on one, two, or three negative experiences is detrimental not only to the provider but also to individuals from that racial group. It is detrimental to the provider because she did not consider the fact that there are variations within the same racial group. She abandoned her opportunity to learn about the racial group's culture, language, traditions, and so on. She knows nothing about the client's worldview, his salient identity, his multiple identities, and their intersectionality. Her assumption based on linear thinking is a barrier for her ability to assess, diagnose, and treat the client. It is detrimental to individuals from the same racial group because the provider will not be able to see them as who they are.

Inappropriate linear thinking blinds individuals' ability to view others' worldviews. It hinders their ability to expand knowing, creativity, and enjoy unfolding life's mysteries. It limits their intellectual, emotional, and spiritual growth.

The following learning activities are designed for you to reflect on inappropriate linear thinking styles and their impact on your intrapersonal communication.

Concrete Strategies

Inappropriate Linear Thinking and Intrapersonal Communication

The purpose of these activities is to gain conscious awareness of how you think and how your thinking styles affect your interpersonal communication. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). You can only be aware of your values, beliefs, and biases by accepting your inner thoughts as they are.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes.

Experiential Learning Activities

Record your inner dialogue (intrapersonal communication) daily for at least a week or 10 days. Your recording will be used for assessing your thinking styles in this chapter. Please answer the following questions based on your recording:

1. Examine whether you used an inappropriate linear thinking and what happened as a result. Draw a picture to symbolize the results or write them down.
2. If you used an inappropriate linear thinking, do you recall the first time you were exposed to it?
3. Did your parents, siblings, and/or schoolteachers use inappropriate linear thinking while you were growing up? How did this shape your intrapersonal communication?
4. Close your eyes for about 3 minutes while breathing in and out slowly and evenly. Reflect on your answers to the previous questions. Open your eyes and write down your relationship to the inappropriate linear thinking style.
5. Think of one incident where you were frustrated with a client, boss, coworker, or friend. What were your assumptions? What did you expect? Was your frustration related to inappropriate linear thinking? If so, explain.
6. Estimate the percentage of inappropriate linear thinking in your inner dialogue each day.

Hierarchical Thinking

When individuals put others or themselves into a superior or an inferior position, they are using hierarchical thinking. As stated earlier, cultures that value competitiveness and individual achievement over group achievement foster hierarchical thinking (Mone et al., 2016). The long-held emphasis on the intellectual superiority (scientific racism) of White over other races is a prime example of inappropriate hierarchical thinking. Some White North Americans tend to claim their superiority without being aware that they have this tendency [*internalized privilege*], which makes it difficult to assess its impact on the oppression, marginalization, and minimization of people from different cultural backgrounds (Taras et al., 2014). Examples of putting one group (race, gender, class, secular orientation, age, disability, religious affiliation, language, region, size, etc.) or an individual in a superior category are “We [Whites] are more intelligent than Blacks”; “Men are more intelligent than women”; and “School is boring because I am much more intelligent than the rest of the class.” Examples of putting one group or individual in an inferior category are “My race is less intelligent than the White.” “Women are weaker than men”; and “Heterosexuals are better.” I once had a client who, upon hearing his friend say, “I finished my homework,” interpreted it as “She thinks she is better than me.” Then the client generalized, “She thinks she is smarter than me.” When I asked him how he knew that his friend thought, she was better than him based on one comment, “I finished my homework.” It took a while for the client to realize that his assumption came from his own hierarchical thinking. When he understood his thought patterns, he said that it was possible for his friend to have stated that she completed her homework out of relief and not out of wanting to put him down.

There are no problems of people favoring their ingroups. Ingroup favoritism becomes a problem when it discriminates against intergroups to favor ingroups. Intergroup discrimination begins when people’s thinking is based on inappropriate hierarchical and dichotomous thinking. Western ideology formulated in inappropriate dichotomous, hierarchical, and linear thinking paradigm results in asymmetric perceptions. Participants from individualism-oriented cultures have shown that they believed they were less biased than their peers, and their peers were more biased than them (Shavitt et al., 2011; Vazire, 2010). The concept of less or more is formulated on hierarchical thinking.

A provider’s ability to evaluate her own tendency for asymmetric perception determines her ability to access whether the client’s statement is derived from his interpretation or the facts. She needs to ask the client-specific questions rather than taking the client’s statement at face value. For example, when the client says, “She thinks she is better than me,” the provider may ask, “Would you help me to understand what specific words your friend said made you think that?” If rapport has been established between the provider and the client and the provider says this with empathy, the client is likely to ponder the question without being defensive. If the provider determines the client’s statement is based on asymmetric perception, she may decide to psychoeducate the client about the process of perception and how to distinguish his own thought process (i.e., inner dialogue) from that of others. Psychoeducation needs to be done through dialogical conversation where the client

feels he is respected and is learning new information which assists his understanding of his worldview. The provider may want to facilitate a concept that there is no way an individual can know exactly what another is thinking because he is not the other. The provider may explore the client's thinking styles and whether he has made the generalization based on his thinking style or whether it is evidence based. This may gradually assist the client with differentiating between his beliefs from his intrapersonal communication and others' beliefs and attitudes.

The following learning activities are designed for reflecting on your inappropriate hierarchical thinking style and its impact on your intrapersonal communication.

Concrete Strategies

Inappropriate Hierarchical Thinking and Intrapersonal Communication

The purpose of these activities is to gain conscious awareness of how you think and how your thinking style affects your intrapersonal communication. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge and censor whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your thinking styles.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes.

Experiential Learning Activities

Reread your recorded inner dialogue (intrapersonal communication) again to complete the following:

1. Examine whether you used inappropriate hierarchical thinking and what happened as a result. Draw a picture to symbolize the results or describe the results in writing.
2. If you used inappropriate hierarchical thinking, describe the first time you were exposed to it.
3. Did your parents, siblings, and/or schoolteachers use inappropriate hierarchical thinking while you were growing up? What did they say? How did these statements shape your intrapersonal communication?

4. Close your eyes for about 3 minutes while breathing in and out slowly and evenly. Reflect on your answers to the previous questions. Open your eyes and write down your relationship to the inappropriate hierarchical thinking.
5. Think of one incident where you were frustrated with a client, a coworker, a family member, or a friend. What were your assumptions? What did you expect? Was your frustration related to inappropriate hierarchical thinking? If so, explain.
6. Estimate the percentage of inappropriate hierarchical thinking in your inner dialogue each day.

Dichotomous Thinking

Dichotomous thinking is conceptualizing with an “either/or” mindset, which leads to only two extremes: I am either “good” or “bad” and either “right” or “wrong.” Most individuals with Western ideology do not want to be on the negative side (“bad” or “wrong”), so they put themselves on the positive side (“good” or “right”). This results in others being put on the negative side by default since there are only two choices (good vs. bad, right vs. wrong) in a dichotomous mindset. The logic behind this thinking may be explained by statements such as “If I am good, you must be bad” and “if I am right, you must be wrong.” This type of thinking does not facilitate “both/and” (diunital) thinking. It does not lead to “We can both be right even though our opinions are different from each other.” Dichotomous thinking divides “us” from “them,” and it often operates in tandem with hierarchical thinking (Allport, 1954; Berry, 2015). This type of thinking leads to classifying the values of the dominant group as superior or the norm rather than classifying the values of both dominant and nondominant groups equally. Research findings indicate that White identity is often experienced and socialized as the norm in the United States (Fallace, 2015).

Racialized socialization is also based on dichotomous thinking. Parents may intend to protect their children, but by doing so, they may teach their children division between the dominant culture and their own. Numerous studies have demonstrated a high correlation among dichotomous thinking and discrimination, internal and external oppression or privilege, and marginalization. Hierarchical and dichotomous thinking are the basis for ethnocentrism and ethnocentric biases (Bizumic, 2021; Bizumic et al., 2009).

The following learning activities are designed for reflecting on your inappropriate dichotomous thinking and their impact on your intrapersonal communication through narrative writing, imagery, drawing, and centering.

Concrete Strategies*Inappropriate Dichotomous Thinking and Intrapersonal Communication*

The purpose of these activities is to gain conscious awareness of how you think and how your thinking styles affect your intrapersonal communication. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is a key to accessing your real values, beliefs, and biases.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes.

Reflection-Based Experiential Learning Activities

Reread your recorded inner dialogue (intrapersonal communication) again to complete the following:

1. Examine whether you used inappropriate dichotomous thinking and what happened as a result. Draw a picture to symbolize the results or write them down.
2. If you used an inappropriate dichotomous thinking, do you recall the first time you were exposed to it?
3. Did your parents, siblings, and/or schoolteachers use inappropriate dichotomous thinking while you were growing up? How did this shape your intrapersonal communication?
4. Close your eyes for about 3 minutes while breathing in and out slowly and evenly. Reflect on your answers to the previous questions. Open your eyes and write down your relationship to inappropriate dichotomous thinking.
5. Think of one incident where you were frustrated with a client, boss, or friend. What were your assumptions? What did you expect? Was your frustration related to inappropriate dichotomous thinking? If so, explain.
6. Estimate the percentage of inappropriate dichotomous thinking in your inner dialogue each day.

If you have not been censoring while completing the *concrete strategies*, you probably have found that your thinking patterns are linear, hierarchical, and dichotomous, and these patterns probably have assisted and still assist you with succeeding in certain situations. As a result, you may feel ambivalent and defensive about giving up the inappropriate linear, dichotomous, and hierarchical thinking and resist the experiential learning activities. You may resist because dichotomy and hierarchy are important cultural values, or you may resist because you have been using inappropriate thinking that became automatic through repetitions. You may be uncomfortable with the fact that these automatic thinking became your thought patterns and operate unconsciously (Banaji & Bhaskar, 2001).

Completing the experiential learning activities is difficult because linear, dichotomous, and hierarchical thinking (thought patterns) and generalizations operate simultaneously. They have been foundations of many of US cultural values. It is difficult because you may not want to admit or may not be aware that you are using inappropriate thinking that are inconsistent with your ideal self-image. Your ideal self-image, such as believing in equity and social justice for all people and working for underprivileged populations, interferes with your ability to examine a part of yourself which is considered not desirable by your standard. Jung called it as *shadow*, one of his archetypes. Campbell (1976) described Jung's concept of shadow as follows:

The archetypes most clearly characterized from the empirical point of view are...the shadow, the anima, and the animus...To become conscious of it [shadow] involves recognizing the dark aspect of the personality as present and real. This act is the essential condition of any kind of self-knowledge, and it therefore, as a rule, meets with considerable resistance. (p. 145)

What may assist you with seeing your hidden self is reflecting on your own behavior, thoughts, and feelings without screening (censoring) and judging. About 69 years ago, Allport (1954) was concerned about individuals' inability to deal with human relationships despite their advanced capabilities in other areas, but so little progress has been made in "human relationships" (Allport, 1954, p. xiii) for people who are different from the dominant group. This *might be due to ethnocentrism which is based on hierarchical and dichotomous thinking styles*.

2.2.4 The Historical Understanding of Hierarchical, Dichotomous, and Linear Thinking

Takaki (1993) chronicles an American history that is not taught in public schools. In his book, *A Different Mirror: A History of Multicultural America*, he reminds us that America's foundation was multicultural. He concludes:

Personal Story

Summary of a Student's Learning from Completing Concrete Strategies of Hierarchical and Dichotomous Thinking

I had a hard time writing the paper because I did not want to admit to my peers and to myself that I have been having a difficult time. The difficulty is that I have been struggling with honesty. I struggled with uncensored writing. I want to be honest with myself and with my close friends and family, but I am so scared they don't like me if they really know me. I am torn between a perceived image of how likable and successful people act and who I really am. I realized it is due to my hierarchical and dichotomous thinking. Constructing new, healthier thinking style is difficult and takes a mindful awareness that I am not used to.

—Susan

As Americans, we originally came from many different shores, and our diversity has been at the center of the making of America. Filled with what Walt Whitman celebrated as the “varied carols” of America, our history generously gives all of us our “mystic chords of memory.” Throughout our past of oppressions and struggles for equality, Americans of different races and ethnicities have been “singing with open mouths their strong melodious songs.”...Our denied history “bursts with telling.” As we hear America singing, we find ourselves invited to bring our rich cultural diversity on deck, to accept ourselves. (p. 428)

Takaki's book is an emotionally challenging read for most White students but it (a) illustrates why it is difficult to transcend inappropriate thinking patterns and (b) provides the opportunity to reframe coexistence among culturally different people through understanding the history of White ethnocentrism. He suggests that justice and equity are possible for all people if we embrace each other's differences; only then can we “hear America singing,” share “our rich cultural diversity,” and “accept ourselves.”

According to Takaki, the first English colonizers in the United States brought their old country's hierarchical and dichotomous thinking patterns with them. They treated the American Indians as the Irish had been treated in England; the English view the Irish as “other” and therefore inferior (*hierarchical thinking*), and English colonizers likewise viewed the American Indians as “other.” *Dichotomous and hierarchical thinking* led “other” to be less (lower on the hierarchy) than they, and if they were good, “other” must be bad (*dichotomous thinking*). Initially, American Indians, whose cultural values emphasized collectivism, shared their food and resources with the English settlers. However, the English settlers were not satisfied with being helped. They wanted to secure their economic status on the American Indians' land, so they started to attack the American Indians to take their food and land instead of appreciating them for their generosity.

I would like you to pause for a moment and use your active imagination and create the scene in your mind's eyes. Observe your inner experience. North America was built based on inappropriate hierarchical and dichotomous thinking by settlers who knew what it was like to be the victims of marginalization and oppression. However, they treated Indians, who were kind, generous, and nice to them, like they were treated (*learning through modeling or internalized oppression*) in England. Understanding this history of the origin of inappropriate dichotomous and

hierarchical thinking is crucial in understanding why we still have difficulty walking the talk of multicultural competencies and social justice and equity.

As indicated from the history, ideas about claiming White racial superiority came with White settlers, and some of these ideas are still persistent, partially because they are embedded in Americans' psyche (Singer, 2014). There is a body of evidence to support the embedded nature of White racial superiority. Ideas from the eugenics movement, which branched off from Darwin's theory of evolution, and ideas about treating Africans as if they were subhuman continued under the disguise of scientific racism. Psychologists like Lewis Madison Terman and Arthur Jensen perpetuated White's intellectual superiority (Terman, 2016). The dominant value emphasis on socialization practices; the dominant value placed on advertisements, education, and living standards are examples of the dominant value superiority (Bliss, 2020; Liu et al., 2023). You will read stories of many whose sense of self has been shattered by unfair treatment and socially constructed systemic oppression (Part II). These people may be too traumatized to take care of themselves physically, psychologically, and emotionally. I will discuss trauma changing the brain from neurobiology research findings in Part II starting with racism.

I am hoping that understanding the origin of inappropriate dichotomous and hierarchical thinking leads you to have a deeper level of comprehending its pervasiveness at the individual, institutional, and societal levels. I am hoping you will spend less time being frustrated by the system and people and more time being diligent in deconstructing inappropriate hierarchical, dichotomous, and linear thinking each day with persistence, kindness, and civility by communicating with *I messages* and not *You messages*.

Feedback

My Students on Takaki's Book

My students gave me permission to share the following selections from their weekly seminar reading responses. Their reactions to learning a different North American history and their new perspectives on racism may help other Takaki readers who respond to the book with uncomfortable and complex feelings that range from resistance to anger to guilt to sorrow. Takaki's book is a catalyst for transformative learning, and my students expressed a wide range of emotion. Despite the difficulty of processing information in the book, both White students and students of color bonded. Students of color felt that they really had allies who showed their emotions (anger, shame, guilt, rage, sorrow) as a gesture of understanding how people of color had been oppressed, marginalized, and victimized throughout history due to systemic oppression:

Looking back at the last week of reading brings up many feelings. Frustration, anger, and sadness were prevalent while I read Takaki. This book brings to light internalized national scars that have been buried by decades of lies. The words of this book are hard to swallow in the same way that horror movies based on real-life events are the scariest because they actually happened. The reality is shockingly surreal.

—Jane

(continued)

A Different Mirror by Ronald Takaki is the story of multicultural America that was not taught to me while I was growing up. To read that the English conquerors came to this country and stole the land from indigenous people, enacted harsh slavery, and established systemic racism created a mixture of anger, sadness, and shame within me. I learned great deal about immigration and the discriminatory policies of the United States used throughout history. —May

I relate to others' expression of frustration regarding the history presented in *a Different Mirror* and frustration that this text is not implemented into the school system. I had not realized those same feelings within myself until I went to seminar both times and heard the class feedback. —Nan

I am so mad for being lied to at such a young age. I have now seen and experienced the point of my life. TRUTH, my truth is nothing. It's a lie. Others will never know and never have the opportunity to relearn or see that their truths are based on the same lie! History—our history told from one perspective, is what children are taught to be truth. These truths of colonization, immigration, and seeing racism so deeply ingrained in society. I feel hopeless. I feel free, but at the same time I'm having a really hard time knowing what has happened to me happened to almost all others and is continuing to happen and will continue until our country as a whole puts an end to this blind life. The whites with privilege need to stop. Relearn, be open enough to really look at their beliefs and see what has shaped them. —Amy

2.2.5 *Understanding Inappropriate Thinking from Social Learning Theory*

For the last 46 years, Bandura (1977) and his followers demonstrated the *power of learning through* observation (Endendijk et al., 2017). Research on violence and sexual abuse has shown repeatedly that people tend to model the behavior of the oppressor even when they disagree with or despise that behavior. White settlers, who were outcasts in their own society, treated the American Indians who were kind to them the same way as they were treated in their own country (Takaki, 1993). If we examine the ethnocentrism practiced by settlers at the beginning of North American history from Bandura's learning-through-modeling perspective, we may come to understand the complexities of modeling despised behavior

The traditional media (e.g., movies, TV programs, DVDs, etc.) generally model stereotypical images to portray people who are culturally different from the dominant culture. Numerous researchers examined the media portrayal of gender (Davis & Hines, 2020; Santoniccolo et al., 2023; Wang et al., 2023; Ward & Grower, 2020). Their content, analysis of popular films, children's television programs, toys, movies, games, and books suggest how the media have been participating in the preservation of the North American cultural complex. A cultural complex is defined as "unquestioned assumptions, underlying beliefs held to be true by most of the members of the group, certainly by the group's power elite" (Meador, 2004, p. 172). It is

in the personal and collective psyche of a culture. Singer describes Jung's theoretical framework as "constantly evolving" (Singer, 2014, p. 5) and states "a cultural complex has bits and pieces of thought, memory, affect, and behavior that gloom together in a mass that defies rationality but very powerfully influences, even takes over, the more everyday 'issue' of social reality that surrounds it" (p. 7). Thus, White North Americans whose country was born out of a White racial frame and perpetuated throughout socialization may talk about equity and social justice while modeling and reinforcing the very behavior that would hinder equity and social justice for people with multicultural backgrounds. Consciously, people may really want to empower those who are targets of prejudice, discrimination, and oppression; unconsciously, however, they may not have had the opportunity to sort out the complexities involved in their own emotions, values, beliefs, thinking styles, and implicit and explicit biases. Research on implicit learning, color blind or tacit racism, and White racial frame has repeatedly found inconsistencies between behavior and knowledge (Banaji & Bhaskar, 2001; Bliss, 2020; Liu et al., 2023). As long as people intentionally and/or unintentionally reinforce and model the dominant culture's assigned gender, race, class, sexual orientation, age, role, attitudes, beliefs, and values that are based on inappropriate dichotomous and hieratical thinking, they will perpetuate racism, sexism, classism, ableism, heterosexism, ageism, and other *isms*. Ethnocentric bias will continue as long as inappropriate dichotomous, hierarchical, and linear thinking is the dominant thinking style since media (both traditional and social), institutions, peers, and family model dominant group values as better, superior, powerful, right, and normal (Jaxon et al., 2019).

The social learning theory implies that it is up to individuals and institutions to create equity- and justice-based role models for children to learn from. Good intentions of individuals to create equity and justice are necessary but not sufficient. Individuals need to work on deconstructing inappropriate hierarchical, dichotomous, and linear thinking (Jun, 2018). When they discover their intrapersonal communication is nondichotomous, nonhierarchical, and nonlinear, they know they are ready to become role models for equity and justice.

2.2.6 Intrapersonal Communication and Ethnocentrism

If you have completed concrete strategies without censoring and with intention to learn about your values, beliefs, and biases through your intrapersonal communication, you probably noticed a general tendency of your ideology reflected in you. If you are more toward Eastern ideology, you probably view the world as complex, holistic, and context bound (Xu & Xie, 2021). You are more likely to think many beliefs can coexist and contradictions like being both true and false are a part of life. However, if you lean more toward Western ideology, you probably view the world from a dualistic and logical perspective. You may well feel there is only one truth, and contradictions are negative (Shavitt et al., 2011). It is also possible your general ideology is context bound which means you fluctuate from Western to Eastern philosophy according to the situation. Dominant cultural ideology in the United States has been based on Western ideology (Mone et al., 2016). Regardless of your own

ideology, you and others who live in the United States have been exposed to it from all levels of the ecosystem (micro-family, meso-institutions, macro-culture, society). Understanding the historical background of Western ideology related to thinking style and its interwoven relationships to ethnocentric concepts such as ingroup favoritism assists you to know origins of your intrapersonal communication (Bizumic, 2021; Bliss, 2020; Liu et al., 2023; Takaki, 1993).

Ethnocentrism started in the United States with White newcomers' strong desire to secure their economic status. Thus, they created racial separation based on hierarchy ("Whites are superior to Blacks") and dichotomy ("us" vs. "them"). Hierarchical thinking and dichotomous thinking have been embedded in the North American people's psyche and have been perpetuated as a desirable goal to reach throughout socialization process (Takaki, 1993). As a result, these thought patterns are common in the United States, and accomplishments made by using these thinking patterns are often considered a success in both the academic and the business world. Thus, it is a challenging task to deconstruct ingrained thinking since the birth of America. However, providers' inappropriate dichotomous and hierarchical thinking are detrimental for clients because providers are likely to minimize, marginalize, and belittle clients without awareness like Ruth's therapist earlier in this chapter (Jun, 2018).

Being conscious of the impact of dichotomous and hierarchical thinking on multicultural competencies is one of the most challenging tasks, because inappropriate thinking is automatically activated (unconsciously). I once had a student whose dichotomous thinking was automatically activated throughout his counseling practice session. He kept interpreting a client's comments in a dichotomous way when he was role-playing as a counselor. For example, when another student, playing a client, said, "My feelings toward my sister are ambivalent. I love her, but I don't want to spend too much time with her," he said, "If you don't like her, do you need to spend time with her?" His dichotomous thinking did not allow him to hear the client's expression of her complex emotions toward her sister. Even though the client said, "I love her," he was not able to hear that because he interpreted "ambivalent" as "dislike," and there was no room for him to understand the client's multilayered emotions toward her sister. If he understood what she meant by "ambivalent" and "love" simultaneously, his comments and or questions would focus on exploring the client's complex feelings. Instead, his dichotomous thinking silenced the client. The client could have learned how to deal with her sister if she was listened to and guided to explore her complex feelings. His intension of helping was interrupted by his ingrained dichotomous thinking without his awareness.

When providers use inappropriate thinking with their clients, their inappropriate thinking prevents them from putting their conceptual understanding of multicultural competencies into practice. Their hierarchical and dichotomous thinking automatically interpret they are experts and clients are nonexperts due to their "either/or" thinking (*ethnocentrism-asymmetric perception*). Thus, the providers unintentionally put themselves in the power position resulting in unintentional marginalization or minimization of the client in the name of helping. Their hierarchical thinking automatically leads them to think they know better about the clients than the clients themselves. For example, a provider who was raised with dominant North American values that emphasize individualism over collectivism may think that her role as a provider is to

make sure the client does what is best for the client. If she sees a Mexican American female client who says, “I feel selfish for doing stuff for myself because I was raised to consider my family first,” she may interpret the client’s concern for her family as a sign of dysfunction. She may not be aware that her assessment of the client is inaccurate because it is based on her cultural values and not those of the client’s. Inaccurate assessment may occur not as a result of the provider’s desire to marginalize or minimize the client but as a result of her inability to distinguish the cultural differences between her culture and that of the client’s (*countertransference*). The provider may care and want to develop an effective assessment and treatment for the client. However, caring alone does not automatically ensure multicultural competencies.

Seeing a client through his worldview requires the provider to see her blind spots (Banaji & Greenwald, 2016). Seeing the blind spots is a complex and difficult process, which the provider may start by reflecting on her own behaviors, thoughts, and feelings without screening or judging. Identifying her own thinking styles or patterns without judgment may lead her to assess the impact of her thinking on her assessment, diagnosis, and treatment. Most students (99%) I had since 2009 stated they were openminded, and their thinking styles were not dichotomous, hierarchical, and linear prior to completing *concrete strategies*. They were “shocked” to find out their dichotomous, hierarchical, and linear thinking styles from their uncensored written responses to specific questions related to their thinking. I explained to them the power of history of conventional thinking styles and how much these thinking styles were part of their socialization process. They were surprised and amazed to learn the value of uncensored writing to discover their thinking styles which were opposite to their beliefs or assumptions. Progoff, depth psychologist, states thinking about writing is not the same as writing. “When our attention is focused inwardly at the depth of our being in the context of the wholeness of our life, resources for a profound knowledge of life become accessible to us” (Progoff, 1992, p. 9). Identifying your thinking styles will allow you to work on deconstructing your inappropriate thinking styles.

Deconstructing an inappropriate thinking style (thought pattern) requires diligent and mindful practice on a daily basis because it takes a long time to deconstruct existing neural pathways that were constructed since early childhood and have been repeated throughout your life without conscious awareness. The more you work on deconstructing the inappropriate thought patterns, the clearer your understanding of your cultural values, beliefs, and biases. This expands your ability to understand the others from their worldviews.

Personal Story

After playing the role of counselor, receiving feedback from his peers, professor, videotaping, and completing assignments on uncensored writing (*concrete strategies*) for a quarter, Allen wrote:

I did not think myself to have a pattern of hierarchical and dichotomous thinking. I did not think I had hidden prejudices and biases. I thought of myself as a liberal and open-minded person...

These biases interfere with my ability to hear...My assumptions tell me that I know what the others mean before they tell me what they mean. I realized that I have often confused insight with assumptions.

I would like to reemphasize that if a provider's intrapersonal communication is based on inappropriate dichotomous, linear, and hierarchical thinking, she might interpret the client's statements in dichotomous, linear, and hierarchical ways. All providers need to assess whether they use inappropriate dichotomous, linear, and hierarchical thinking to interpret their clients' statements.

The following experiential learning activities are designed to illustrate the impact of a provider's misinterpretations on the effectiveness of therapy.

Concrete Strategies

Misunderstanding Clients Due to a Provider's Hierarchical and Dichotomous Thinking

The purpose of these activities is for you to gain conscious awareness of how you think and how your thinking affects your intrapersonal communication. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to accessing your thinking styles.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes.

Experiential Learning Activities

1. Provide an example of a provider interpreting a client's statement in a dichotomous and hierarchical way.
 - (a) Provide the client's statement.
 - (b) Provide the provider's hierarchical interpretation of the client's statement.
 - (c) Provide the provider's dichotomous interpretation of the client's statement.
2. Provide an example of a provider interpreting a client's statement in a linear way.
 - (a) Provide the client's statement.
 - (b) Provide the provider's linear interpretation of the client's statement.

For Professors

After students have completed the above activities, divide your students into groups of four and perform from the following:

3. (a) Role-play the provider and client roles by using students' responses to questions 1 and 2.
 (b) Each group member must play the role of a provider and that of a client.
 (c) Discuss how they felt as the client and as the provider.
4. (a) Let the small groups share their discussions on how they felt as a client with the entire class.
 (b) Let the small groups share their discussions on how they felt as a provider with the class.
 (c) Let the small groups to describe a multiculturally competent provider based on lessons learned from role playing and feedback on the role playing from the classmates.

Attribution Error and Social Projection

Fundamental attribution error theory and social projection theory are products of ethnocentrism and often lay the foundation for stereotyping, discrimination, prejudice, racism, sexism, classism, heterosexism, cissexism, ableism, ageism, and other *isms* (Bizumic, 2021). Attribution error theory is favoring the ingroup over the outgroup to suggest positive behaviors as the internal traits of the ingroup and negative behaviors as the internal traits of the outgroup (Dorrough et al., 2015). Social projection theory is “a process or set of processes, by which individuals come to expect others to be similar to themselves” (Robbins & Krueger, 2005, p. 32). In other words, they are assuming that their perception (sample size one, $N = 1$) is the representation of many ($N = 1 = \text{many}$). Both attribution error and social projection divide “us” and “them” and contribute more positive aspects to the ingroup (“us”) than to the outgroup (“them”). Both social projection and attribution error distort reality to support the ingroup (Eichenbaum & Bodkin, 2001) resulting in intergroup discrimination. Severe forms of intergroup discrimination lead to *isms* such as racism, sexism, classism, heterosexism, ableism, and ageism and so on. Often, intergroup discriminations are perpetuated by generalizations of attribution error and social projection. In turn, they become a part of the ingroup's automatic thinking patterns due to repetitions in their intrapersonal communication (*self-confirming process*).

Beliefs, values, rituals, and biases of ingroup are presented to children implicitly and explicitly throughout socialization process and become ingrained through repeated exposures to them from multidimensions and multilayers by multiple social agents simultaneously and persistently (Hackel et al., 2022; King et al., 2021; Santoniccolo et al., 2023). According to cognitive neuroscience research, beliefs and knowledge take different neural pathways; beliefs are processed unconsciously by interpreting new information to validate existing habits and emotions, whereas knowledge is processed consciously by integrating new information with existing information (Eichenbaum & Bodkin, 2001; Rnic et al., 2016). In other words, perception is distorted by the group membership and beliefs, assumptions, and expectations of the group (e.g., race, gender, class, religion, region, sexual orientation, age, and education, etc.). Attribution error and social projection theories may explain why some people often are frustrated, confused, angry, enraged, and feel abandoned because they expect others to behave, think, and feel the same way as they do. Research

findings on the fundamental attribution error and social projection theories have existed in social psychology literature for at least two to three decades. However, it was not applied to multicultural counseling and Diversity, Equity, and Inclusion (DEI) competencies because psychology has been compartmentalizing each division as if each division is mutually exclusive from one another. This approach might have been effective for some divisions but not with counseling and clinical psychology since these divisions needed to know all the research information relating to human beings from all divisions. Human beings are composed of the neurobiology, physiology, genetics, chemistry, developmental biology, emotions, motivation, memories, and so on. These components change according to interactions with region (e.g., degree of toxicity, clean air, noisy, etc.), social media, technology, sociopolitical contexts, economics, institutions (family, schools, churches and temples, organizations, local governments), and cultural (societal, national governmental) influences. Understanding interwoven and complex relationships among components is an essential part of increasing multicultural counseling and DEI competencies.

Personal Story, Me

Examples of Social Projection and Attribution Error

When I came to the United States alone to study psychology, I knew intellectually I was in a different culture, but I did not develop a new way of making meaning. My meaning making was based on my ($N = 1$) limited experience in Korea. When I applied Korean values and beliefs to make sense out of my new culture, it came out as applying attribution error (*dirty, no manners*) and social projection (*don't use shoes in the house, call a professor as Professor or Dr.*).

I used to think North Americans were dirty because they wore shoes in the house, which is not a Korean custom (*ingroup favoritism*). I used to think North American students had no manners because of the way they interacted with their professors: The North American students waved at the professor instead of bowing or calling them by "Mr.____." In Korea, calling someone "Mr." does not show him respect as it does in the United States. When Koreans call someone "Mr.," it means his status is somewhat equal to theirs. If Koreans want to show respect, they use professional titles like *Shunsaingnim* ("teacher"), *Sajangnim* ("president," "business owner"), or *gukjangnim* ("director," "manager"). Again, I was judging an outgroup on the basis of my ingroup values and customs. I did not know I was judging.

The following experiential learning activities are designed for you to reflect on your value formation by significant others and their impact on your intrapersonal communication through narrative writing, imagery, drawing, and centering. You may not feel comfortable about drawing and centering which are not expected in conventional counseling or clinical psychology classroom learning.

The purpose of the concrete strategies is for you to be open to a wide range of experiences to increase your multicultural counseling or DEI competencies. Remember this is just for you to experience your feelings. You are the only one who will see or read your responses.

Concrete Strategies*Experiential Learning Activities on Values*

The purpose of these activities is for you to gain conscious awareness of how your values affect your intrapersonal communication. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writings, images, and drawings are ways to access your hidden values.

Have crayons, colored pencils, or watercolors; pens; drawing pads; and paper to write on. Find a quiet place and make sure you will not be distracted by the radio, TV, phone, or music. Sit as comfortably as you can and close your eyes and breathe in and breathe out slowly and evenly. Capture an image, or images, a word or words, a phrase or phrases, a sentence or sentences... whatever comes to your mind. If judgment and censoring come automatically, breathe them out in your outbreath slowly and evenly until they disappear since they interfere with your ability to access your inner experience. Continue breathing at least seven times or however many times it takes to create calmness and stillness within you. Open your eyes slowly.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write without censoring or judging to access your inner experience.

1. Write down the word or words, phrase or phrases, or sentence or sentences that came to your mind. You may also choose to draw a picture of the image, or images.
2. Look at your response to Question 1. Expand on what you have written or draw a picture to represent what came to your mind.
3. What values did your father (or a person who played the father's role for you) emphasize?
4. What values did your mother (or a person who played the mother's role for you) emphasize?
5. What type of interpersonal communication style did your father or father figure use to communicate his values?
6. What type of interpersonal communication style did your mother or mother figure use to communicate her values?
7. What types of values were emphasized by your siblings, if any, and your schoolteachers while you were growing up?
8. Which values do you still practice?
9. What are your prejudices, and what role do the values you listed in response to Question 8 play in your prejudice?

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10. Do you seek approval from others? If so, compare the most important person's approval to the least important person's approval. If you think it is equally important to get approval from everyone, write that down.
11. Are your parents' communication styles and your approval seeking related?
12. Rate the importance of your ingroups and describe your relationship to them.
13. Describe your relationship to social projection (e.g., if you are upset because no one seems to understand you, you may be implying that you want others to agree with you or perceive something the same way you do).

Reread your answers to Questions 1–13. Close your eyes for about 3 minutes and think about your answers.

Write about or draw a picture of what you have learned through these experiential activities.

2.2.7 Intrapersonal Communication and Inappropriate Generalizations

Attribution error, social projection, stereotyping, discrimination, and inappropriate thinking styles that result from ethnocentrism are based on inappropriate generalizations. A generalization starts with one specific event—for example, a single display of less-than-intelligent behavior by X (“X must not be intelligent”). However, if an individual talks about the particular incident as an indication of X’s overall intelligence without gathering further evidence (“Since X did not show intelligent behavior in this particular situation, X must not show intelligent behavior in all other situations”), they are generalizing inappropriately. The individual in this situation generalizes further about the intelligence of X’s family and race (“X’s family must not be intelligent.” “X’s race must not be intelligent.”). This generalization influences the individual’s perception. By repeating generalizations frequently but unconsciously, generalizing becomes a habit, and this habit forms the person’s thinking or thought pattern. The process is like Beck’s cognitive distortion (Beck & Haigh, 2014) discussed earlier (Sect. 2.2.2 *The Formation of Automatic Thought Patterns*). In other words, $N = 1$ (a behavior in a specific situation) becomes $N = \text{many}$ (a behavior in a specific situation becomes a behavior in all situations) through generalization. Generalizations take place inside the individual (internally) without adequate feedback system, so it is difficult to stop and analyze the process critically. Inappropriate generalizations, whether they are inter- or intrapersonal communications, often lead to prejudice, discrimination, systemic oppression, and internalized oppression.

Some individuals are constantly busy in their minds, thinking in linear, hierarchical, and dichotomous ways while adding generalizations. Thinking styles and generalizations about these thinking styles often work simultaneously with other

generalizations such as individuals' believing that other people think the same way they do (*social projections*). I have discovered through private practice and teaching that some individuals whose thinking styles are dichotomous, hierarchical, and linear tend to perceive others' thinking in the same way regardless of what others say or do (*social projection*). Furthermore, the positive experience with the ingroup is more strongly generalized to subsequent ingroup members, while the negative experience with the outgroup is more strongly generalized for the subsequent outgroup members (Barlow et al., 2012). This explains why generalizations about members of a particular outgroup are based on one's experience with a single individual of that group, and the process is unconscious. Statements like "never," "always," "everybody," "everyone," "nobody," "no one," and "all the time" are generalized statements which add intensity to generalizations because "Producing and comprehending language involve automatic engagement of neural systems that reflect the perceptual, motor, and affective features of the content of the language" (Lupyan & Bergen, 2016, p. 414).

The generalization is when $N = 1$ becomes $N = \text{everyone}$ and generalizations often lead to stereotypes, prejudice, and oppression. Generalizing in inappropriate dichotomous and hierarchical thinking leads to an ethnocentric perspective (or the inability to see from someone else's perspective) when individuals are thinking and expressing their thoughts verbally about their ideas, beliefs, and values as if they are universal ideas, beliefs, and values for all people. If the dominant cultural group members intentionally or unintentionally think, believe, or express that people from nondominant cultural backgrounds should have the same values and beliefs as they do, they are ethnocentric.

One way to minimize generalizations, which hinder gathering information from a client for effective diagnosis, assessment, and treatment, is to acquire specific information by quantitative skills. How to incorporate learning from research methods and criteria for generalizability to developing inquires for assessment and treatment will be discussed in the latter chapters. The following reflection activities are designed for you to explore your relationship with generalizations. Please respond with mindfulness.

Concrete Strategies

Experiential Learning Activities on Generalization

The purpose of these activities is to find out whether you generalize. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge yourself, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out

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tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes.

1. Jot down your intrapersonal communication during a single day. Then identify total number of generalizations you used.
2. If you used generalizations, do you remember the first time you were exposed to them? If you don't, try to recall earliest time you remember using generalization by going backward from today.
3. Did your parents, siblings, and/or schoolteachers use generalizations while you were growing up? Write down as many memories as you can remember.
4. Reflect on your answers to the previous questions by closing your eyes for about 3 minutes. Open your eyes and write down what stood out to you.
5. Think of one incident where you were frustrated with a client, a trainee, or a friend. What were your assumptions? What did you expect? Was your frustration due to generalizations?
6. How much of your inner dialogue is related to generalizations?

There are various situations to which generalizations apply. For example, providers become providers because they have successfully completed the necessary academic and training standards. They applied linear, dichotomous, and hierarchical thinking and generalizations appropriately to achieve their success. These thinking styles/pattern and generalizations become problems when they are used inappropriately to marginalize other people who do not belong to their ingroup (e.g., race, gender, class, sexual orientation, age, etc.). If inappropriate generalizations are used by providers to assess and treat clients, the assessment and treatment will be ineffective. In addition, intrapersonal communication that is based on inappropriate generalizations and thinking styles often create interpersonal conflicts. I have been in several situations where students were angry or behaved inappropriately in multicultural counseling classes. In one situation, a White female student believed that a Black male student was "humiliating" her in front of "everybody." The alleged incident happened on the last class day of the quarter, and the White student agreed to process the incident with me when the new quarter began. However, when I returned to school on the first day of the quarter, I found the notice from the dean's office to have a conference with her and the dean. I was disappointed in her for not being accountable for her words, but I went to the meeting with all the necessary documents relating to her (e.g., the course covenant she signed and the class syllabus which stated the learning objectives and students' responsibilities as co-learners in the learning community). My focus was how to facilitate the student's learning by allowing her to reflect on her behavior in a nonthreatening atmosphere. I felt the student's way of resolving the conflict was based on a hierarchical model (*going to the dean even though she agreed to process the incident with me*). At the meeting, the student said she went to the dean because I was "siding" with the African American student, and by this she meant that

I did not perceive the African American student the same way she did (*dichotomous thinking* and *social projection*). I did not agree to remove the African American student from the class, as the White student demanded. Asking her specific questions with a warm and caring attitude led her to realize her accusation was based not on evidence but on her interpretation of the African American student's statement during his presentation. Through processing her interpretation and reading the covenant, the syllabus, the course learning objectives, and her responsibilities as a student, she was able to understand that her reaction to the situation came from her ethnocentric socialization, which emphasized that White is better than Black (dominant value and *hierarchical thinking*). Her reaction also was due partially to racial tension in the particular region from which both students came (contextual *generalization*).

I was glad both students were able to tolerate each other enough to continue for two more quarters to complete the course. This is an example of what one sees is not always objective reality. What one sees is interpreted objective reality through subjective experience. The situation (African American's presentation) triggered the White student's ingrained beliefs (e.g., racialized and gendered beliefs) unconsciously and how her beliefs interacted with her ethnocentrism, thinking style, and generalizations for her to come to her conclusion. Knowing your values, beliefs, bias, and your role as a provider will assist you to maintain professionalism. Citizens of the United States are not the only people exhibiting ethnocentrism. I have observed different degrees of ethnocentrism in 17 European countries, 3 South American countries, 2 Asian countries, Russia, Australia, and New Zealand as I was engaged in sabbatical projects in 2001 and 2008, as well as attending psychological conferences in Russia in 2003 and Vienna in 2017. Being proud of one's own country will not lead to ethnocentrism if holistic thinking is the dominant thinking pattern of the country. From a holistic perspective, individuals can be proud of their own culture, traditions, values, and beliefs and understand that others are also proud of their own culture, traditions, values, and beliefs. I wonder whether ethnocentrism will persist if the dominant thinking style is holistic throughout the world. Adopting a holistic thinking style can be accomplished by deconstructing inappropriate generalizations, dichotomous, hierarchical, and linear thinking through transformative learning (Jun, 2016). As I stated in the beginning of the chapter, our intrapersonal communication reflects our thinking, cultural and family values, and beliefs.

Concrete Strategies

Experiential Learning Activities Through Reflection on Generalization

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge yourself, you cannot access your inner experience. Uncensored writing is a key to accessing your inner experience.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out

(continued)

tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance. It is extremely important not to judge your emotions, behaviors, or thoughts but to simply observe as you breathe in and out slowly and evenly. If judgment and censoring come automatically, breathe them out in your outbreath slowly and evenly until they disappear since they interfere with your ability to access your inner experience. Continue breathing at least seven times or however many times it takes to create calmness and stillness within you. Open your eyes slowly.

Uncensored writing is one way to access your inner experience. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write without censoring or judging to access your inner experience.

1. List some appropriate generalizations.
2. Describe a situation in which generalization is beneficial.
3. Describe a situation in which generalization is inappropriate or harmful.
4. How do you know when to generalize and when to discriminate?
5. Close your eyes for about 3 minutes and think of an instance where you were stereotyped and how you felt. Open your eyes and write down or draw a picture of your feelings.

2.2.8 *Intrapersonal Communication and Transformative Learning*

Chapter 1 described transformative learning as one of two essential ingredients for multicultural competencies. As pointed out, transcending ethnocentrism by deconstructing inappropriate hierarchical and dichotomous thinking is one way to shift to a holistic thinking. This process is almost impossible without transformative learning because emotional aspects of learning are essential components of transformation. The consequences of transformation are *experiencing the dialectical unity which is experiencing the unity of opposites internally* (Friedman, 2022). This will be discussed in Chap. 11 after you have learned to replace inappropriate binary thinking with holistic thinking and to integrate conceptual learning with emotion.

There are various kinds of emotion from the positive to negative. Plutchik’s (1980) emotion wheel indicates eight primary emotions (joy, acceptance, fear, surprise, sadness, disgust, anger, and anticipation). More complex emotions are created by combining adjacent primaries such as love (joy and acceptance), submission (acceptance and fear), awe (fear and surprise), disappointment (sadness and surprise), remorse (disgust and sadness), contempt (anger and disgust), aggressiveness (anticipation and anger), and optimism (joy and anticipation). The expression of emotion and the values put on a particular emotion are determined by a culture’s

traditions, customs, and beliefs. For instance, some individuals are socialized that expression of anger is not appropriate, and when they see a person, whose cultural values encourage expressing anger as culturally appropriate, they interpret it from their own cultural frame of references. It is important to consider culture-specific expression of emotions while allowing variations within a particular culture.

Transformative learning occurs by integrating emotion, which is culture specific, with conceptual learning. All emotions must be integrated, even though learning to accept what is culturally labeled as “undesirable” or “negative” is a challenging task. When a culture deemphasizes emotional aspects of learning, most individuals are not aware of inconsistencies between their inter- and intrapersonal communication and their emotional reactions. For instance, an individual may raise their voice at another person while uttering, “I don’t care what you do. You can do whatever you want!” If they do not care, there is no need for them to be emotionally charged (*raise voice*). If an individual who yells “I don’t care what you do. You can do whatever you want!” could observe their own body language for a few minutes, they would be able to feel emotions in various parts of their body. An individual may say they are “fine”; however, their body language and tone of voice may show something different from “fine.” Part of the contradiction between verbal and nonverbal communication is a result of learning devaluation of emotional awareness throughout socialization practice. Miller and Miller (2011) summarize the importance of emotion in both verbal and nonverbal communication. They state that feelings “give you a reliable reading—positive to negative, and strong to weak—of a situation” (p. 47) if emotions are not distorted by substance abuse or organic disease.

The following experiential learning activity is designed for you to assess your emotional state.

Concrete Strategies

Experiential Learning Activities on Emotion

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge yourself, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes.

1. Rate your ability to be aware of your intrapersonal emotional state on a scale of 1 (very low) to 10 (very high).
2. What factors contributed to your rating in Question 1?

Banerjee et al. (2014) propose an alternative socialization practice that will facilitate the emotional aspect of learning. They promote Social and Emotional Aspects of Learning (SEAL) which is a whole child education. Durlak et al. (2016) state “Promoting social and emotional development for all students in classrooms involves teaching and modeling social and emotional skills, then finding opportunities for students to reinforce their use throughout the day” (p. 8).

One of the valuable tools for facilitating transformative learning is analysis of individuals’ defense mechanisms. Individuals use defense mechanisms (e.g., regression, displacement, rationalization, reaction formation, projection, intellectualization, identification, etc.) without conscious awareness to cope with their anxiety. Defense mechanisms operate unconsciously by weaving through the conscious and the unconscious and intra- and interpersonal communication. Jung’s pioneer work on the concept of the interrelationship of the conscious and the unconscious is well portrayed in *The Portable Jung* (Campbell, 1976). Whenever I assign defense mechanism awareness homework assignment to students they initially resist, but once they make themselves do it, they are fascinated by their inner world’s dynamics of defense mechanisms, values, beliefs, expectations, and sense of self. They become aware of the fact that they often use more than one defense mechanism simultaneously to deal with a particular situation. By tallying their targets of defense mechanisms, they also find they are upset more often with family members or people they live with. Such defense mechanisms as regression, displacement, projection, rationalization, intellectualization, reaction formation, and denial are evident in their journal entries. However, it is hard to detect repression.

Being aware of when and with whom you use defense mechanisms can assist in paying more attention to the emotional aspects of your meaning-making process. Research by Banaji and Bhaskar (2001) and Banaji and Greenwald (2016) have contributed to dispelling the negative connotation attached to the unconscious. Banaji and Bhaskar (2001) write:

In contrast to the first hundred years of research, which conveyed a view of memory and beliefs as operating exclusively in a conscious mode, the past two decades have shown increasingly that both memory and belief also operate implicitly in powerful yet unconscious ways, outside the actor’s awareness of control. (p. 140)

You need to observe your emotional inner dialogue (intrapersonal communication) without judgment or censoring to assess your emotional characteristics. An ideal self-image that is carved out by your logic (intellect) from conventional learning may interfere with your attempt not to censor. For example, when your ideal self-image takes over and your self-talk (*intrapersonal communication*) says that it is a waste of time to pay attention to “undesirable” emotions, you need to learn to replace your inner dialogue (*intrapersonal communication*) with no emotions are “undesirable” as long as they do not harm anyone. Feelings are what they are. They need to be observed by you who is feeling them. Feelings do not need to be justified, denied, or avoided for transformative learning to occur. “If you do not attend to your emotions, you miss important self-information that is essential for making good decisions or resolving conflicts” (Miller & Miller, 2011, p. 47). Transformative

learning has a long history beginning with Dewey (2000), who emphasizes experiential application of knowledge. His educational philosophy is that learning should be process oriented and learners should be given the opportunity to develop the relationship between their experiences and knowledge. As you interact with intellectual information (knowledge) as a whole person, you come to your own conclusion about the information through active participation in the process. Transformative learning brings life-changing experiences because it requires a learner's active involvement, deep-level processing, and reflection (Mezirow 2012). "...centrality of experience, understanding one's frame of reference, the role of disorienting dilemma, the importance of critical reflection and critical self-reflection..." are essential components of transformative learning (Calleja, 2014, p. 119).

In counseling, providers facilitate the transformative learning process of clients. The goal of counseling is for clients to change their thinking, feeling, and/or behavior so that they can accept, cope, adjust, function, and/or maximize their potential. When providers increase multicultural counseling competencies through transformative learning, they increase the ability to assist clients with transcending their old ways of thinking, feeling, and behaving and adapting a modified or new way of thinking, feeling, and behaving. The transformative learning process for providers is similar to the therapeutic process for clients. A provider may resist transformative learning in the same way that clients may resist when a provider introduces new ideas or asks specific questions for reframing. Some clients resist with intense emotion when they perceive that their long-held myths need to be changed, even though they intellectually understand that changing is for the better.

Learning to change your ways of thinking, feeling, and behaving is a difficult task without transformative learning. In transformative learning you integrate cognitive processing with affective processing. The following experiential learning activities are designed for you to be aware of the relationship between your intrapersonal communication and defense mechanisms.

Concrete Strategies

Experiential Learning Activities on Defense Mechanisms

Types of defense mechanisms are listed below the concrete strategies. Please read them after completing a 10-day diary.

1. Keep an emotional diary for at least 10 days without analyzing or censoring the content. Your emotional diary is a forum for writing about your intrapersonal communication regarding your feelings about an event or a situation. Focus on *how you felt* about your inter- and intrapersonal relationships throughout the day. Do not describe simply what you did each day, but how you felt about doing whatever you did. For example, let's say that today you got up late because you didn't set your alarm clock last night, and you were speeding to get to school. You got a speeding ticket,

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which upset you. To make matters worse, you found out you forgot to bring your assigned project. Your emotional diary would be something like this:

I can't believe that I didn't set the alarm last night. I am so stupid. I got a speeding ticket because I wasn't lucky. It always happens to me. I saw lots of people who were going faster than me, but it was me who had to get the ticket. I feel that the world is against me. \$250 for speeding? I don't have that kind of money. I'll never get out of the slump I'm in. Maybe I am not cut out for grad school. Can't believe I forgot the project I worked hard on last night. I don't know why I am so stupid. I am sure everyone knows I am stupid. I know I shouldn't yell at Brian. It wasn't his fault. I don't know why I always blame him whenever I don't feel good. But then, he does the same to me, so I shouldn't feel bad about that.

2. After 10 days of keeping the diary, go back to each entry and critically examine what type of defense mechanisms you used each day.
3. Tally the types of defense mechanisms, and see whether you can learn something about your inner world: Who or what is your target of defense mechanisms? Which defense mechanisms did you use the most, and when did you most often use them? Did you feel better or worse about yourself after using defense mechanisms?
4. Summarize your general intrapersonal communication from your emotional diary.
5. Did your parents, siblings, and/or schoolteachers use defense mechanisms when you were growing up? What kind of defense mechanisms did they use?
6. Reflect on your answers to the previous questions while closing your eyes for about 3 minutes. Open your eyes and write down your relationship to defense mechanisms.
7. Think of a recent incident where you were frustrated with a coworker, a friend, a family member, or a client. If you used defense mechanisms to cope with your frustration, what kind of defense mechanisms did you use?
8. Process your learning both intellectually and emotionally for about 3 minutes, and then draw or color to symbolize what you are thinking and feeling.
9. What did you learn about you and will you do something different as a result of the learning?

2.3 Types of Defense Mechanisms

Defense mechanisms were developed by Freud and expanded by his daughter Anna Freud. Defense mechanisms are operated unconsciously to cope with daily conflicts which lead to anxiety and stress. Freud's focus was on the power of repression, while Jung's focus was on the power of projection. Defense mechanisms are temporary solutions to cope with anxiety since they lose the effectiveness if used repeatedly. Defense mechanisms are one of the barriers of equity and justice as indicated in Chap. 1. Effective coping strategy cannot reach the individual's conscious if their

defense mechanisms block or prevent the effective strategy from reaching the individual's consciousness. Identifying defense mechanisms and allowing them to reach your consciousness not only assist your opportunity to learn effective strategies for equity and justice but also assist you to maintain your inner peace. Below are some defense mechanisms:

<i>Repression:</i>	Push your inner thoughts and/or feelings into unconscious without conscious awareness in order to maintain your ideal self-image or "shoulds."
<i>Projections:</i>	Ascribing your own unacceptable impulses, wishes, and desires to someone else to avoid anxiety from seeing these within yourself.
<i>Denial:</i>	Reconstructing the meaning of the event in order to avoid anxiety. For example, someone says he didn't lie even though he did.
<i>Rationalization:</i>	Finding an "excuse" instead of accepting the fact to avoid anxiety.
<i>Regression:</i>	Returning to childhood developmental stage to cope with anxiety like "I will never talk to you again."
<i>Displacement:</i>	Shifting an impulse from one target which leads anxiety to another target to avoid anxiety. For example, a person who received the negative job performance comes home and yells at their partner.
<i>Reaction formation:</i>	Releasing unacceptable impulse by overemphasizing the opposite to reduce anxiety.
<i>Identification:</i>	Identifying with a person who marginalized you to reduce anxiety and pain. For example, idealizing your parent who mistreated you.
<i>Intellectualization:</i>	Dissociating thoughts from feelings to cope with anxiety. A good example is a student not writing up the assignment more completely to allow processing complex emotions around systemic privilege and oppression. Then stating that the assignment wasn't challenging enough for their intelligence.

Knowing your most used defense mechanisms and targets for your defense mechanisms will assist you in connecting to your inner experience. "...transformation does not simply emerge due to the individual's awareness...but is experienced..." (Benetka & Joerchel, 2016, p. 22).

2.4 Interpersonal Communication

As stated at the beginning of the chapter, interpersonal communication is when a communicator interacts with others. I will focus on effective verbal and nonverbal interpersonal communication of a provider.

2.4.1 Four Types of Interpersonal Communication Styles

In general, the quality of a provider's attitudes determines how much information the provider gets from the client. The provider may unintentionally express her negative attitudes through interpersonal (verbal and nonverbal) communication. Miller and Miller (2011) postulate four types of verbal communication styles—(1) small talk, (2) control talk, (3) search talk, and (4) straight talk—that accompany four types of listening skills.

Small Talk → Conventional Listening

Small talk helps build rapport. This type of interpersonal communication does not have that much substance but is pleasant and light. Examples include “How are you today?” and “My dog is so cute, and she makes me relax. Do you have a pet?” This type of talking leads to conventional listening, which does not trigger an intense emotional response, is pleasant to listen to, and shows one's interest in a topic but requires only as much energy as one chooses to expend.

Control Talk (Fight Talk and Spite Talk) → Reactive Listening

Control talk (fight talk and spite talk) is used not to generate information but to use power and control to resist change, change others, or force a certain outcome. It focuses on keeping score or getting even. Fight talk is a one-up position of power (hierarchical), which discounts and devalues others. It often uses punitive (e.g., blaming, attacking, and scolding) and aggressive (e.g., name-calling, belittling, arguing, and labeling) language and focuses on the person (judging/putting down) rather than the issues. Examples are “You are lazy and stupid,” “You are wrong,” “Do it this way because I told you to,” and “You are paranoid. Go find the real cause of your problem.” Such fight talk often stirs up resentment and frustration and creates resistance, rigidity, and tension. It damages interpersonal relationships and claims the speaker's superiority and righteousness (hierarchy and dichotomy). Spite talk attempts to influence others through a passive-aggressive style. Spite talkers exercise power through powerlessness (helplessness and hopelessness) and often lie and distort situations to obtain power. Contrary to fight talk, spite talk exerts control from a one-down power position (inferior position of hierarchy). It leads to shame and guilt. Examples are “Nobody ever listens to me” and “It's OK to do this your way. I am sure it will come out better than if we do what I want.” It reflects low self-esteem and pain in response to a particular situation. It drains and diffuses energy. Control talk leads to reactive listening. The reactive listener interrupts the speaker, ignores critical information, judges constantly instead of listening, forces agreement, and superimposes solutions. In other words, reactive listening minimizes the speaker, generates tension, leads to poor decisions, prolongs the resolution, and damages interpersonal relationships.

Search Talk → Explorative Listening

Search talk is intended to explore facts, clarify misunderstanding, brainstorm, evaluate alternatives, expand knowledge, and gain perspective. Examples are “I'm wondering if I understood the facts correctly” and “I am confused about the process

versus the product.” Search talk reduces tension, increases information, and leads to raising questions based on observation. It may be frustrating if it continues without leading to resolution or action. Search talk leads to explorative listening, which leads to attentive listening, generating possibilities, and increasing the quality of information rather than getting stuck in a conventional and reactive listening style. Search talk and explorative listening are effective strategies to improve the practitioner’s clarity and to get more information from a client. For example, the practitioner may say, “I am wondering whether you could explain a little bit more about your relationship to your work situation. I want to make sure that I understand it clearly.”

Straight Talk → Attentive Listening

Straight talk focuses on one’s own experience, accepting reality as it is rather than denying, blaming, or avoiding it. Individuals who use this type of verbal communication own their contributions and respond to and deal with tension in inter- and intrapersonal conflicts peacefully by putting energy into positive change. They focus on a collaborative effort with interpersonal and work-related issues. This collaborative effort leads to a richer interchange with others and allows the straight talkers to recognize they are the authority on their own experience but not on the experience of others. Straight talk builds trust as individuals share their real feelings, desires, and thoughts about particular issues. Examples are “I think I did not get your input. I am sorry I interrupted you. Please accept my apology,” “I’m thinking about going to graduate school, but the thought of graduate school scares me and I don’t know why,” and “I am frustrated because our task is working on the project for 30 minutes and we have only 10 minutes left.” Straight talk leads to attentive listening, which reduces interpersonal tension, establishes rapport, and builds trust.

Concrete Strategies

Experiential Learning Activities on Interpersonal Communication

It is important that you do not judge, censor, or minimize your self-talk (intrapersonal communication). When you start to judge yourself, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. As you breathe slowly and deeply for about seven times or until you feel inner quietness. Recall the verbal and non-verbal interpersonal communication styles of your social agents (e.g., parents, grandparents, siblings, teachers). Slowly open your eyes.

(continued)

1. Personal activity

- (a) Describe your father's (or father figure's) interpersonal communication style.
- (b) How did you feel when he talked to you?
- (c) Describe your mother's (or mother figure's) interpersonal communication style.
- (d) How did you feel when she talked to you?
- (e) Describe your own interpersonal communication style.
- (f) Describe similarities and differences between your interpersonal communication style and those of your parents.
- (g) Describe your father's (or father figure's) nonverbal communication style.
- (h) How did you feel about his nonverbal communication style?
- (i) Describe your mother's (or mother figure's) nonverbal communication style.
- (j) How did you feel about her nonverbal communication style?
- (k) Describe your own nonverbal communication style.
- (l) Describe similarities and differences between your nonverbal communication style and those of your parents.
- (m) What have you learned from these experiential learning activities?

2. Role-playing

- (a) Divide the class into small groups of four. Pair up in your small group. One pair will role-play, and the other pair will observe to give feedback.

The first pair will decide who is going to be a counselor and who will play the client.

- (i) Start regular counseling practice skills for 10 minutes in each session. The client may talk about whatever issue they would like to discuss. The counselor should use control talk.
- (ii) The client should observe their feelings throughout the session.
- (iii) The other pair will give feedback on what they observed.
- (iv) The person who played the client will give feedback on their feelings and thoughts.
- (v) Repeat the procedure until everyone has had the chance to be counselor, client, and observer. Videotape the sessions and examine the nonverbal language of both the client and the counselor (e.g., body posture, tone, and hand gestures).
- (vi) Discuss what you learned from this activity and implications for effective counseling.

The following experiential learning activities are designed for you to identify your interpersonal communication styles and provide the opportunity to modify them if you think it will assist you to be an effective communicator.

The effective interpersonal communication style for providers is a combination of search talk and straight talk. The mood for search talk is calm, tentative, inquisitive, and supportive and is consists of open questions. It is excellent for exploring a client's worldview. The mood of straight talk is caring, serious, centered, and focused. Combining straight talk and search talk will likely lead to a rapport. When there is a rapport, it is easier for the clients to openly express their inner experiences such as what they are thinking and feeling about themselves and others. Building a rapport is based on the art component of therapy. It is based on emotion that connects people. It is about how the client feels toward the provider. When clients feel accepted and valued and that what they have to say is heard by the provider, they open up. The provider builds a rapport based on nonverbal interpersonal communication as well as verbal interpersonal communication. Having in-depth knowledge of counseling theories, including multicultural counseling theories, does not lead to an automatic rapport. It is the art component of counseling, which consists of emotion, intuition, and attitude from both conscious and unconscious learning that leads to this rapport. This component is derived from transformative learning, which integrates the knowledge component with the emotional component of that knowledge. It is a provider's implicit expression of beliefs, values, and biases toward clients and their worldviews (Banaji & Greenwald, 2016; Schacter & Scary, 2001). It is activated automatically and affects the provider's perception and judgment without her awareness (Amodio & Cikara, 2021; Moreira et al., 2017). In order to learn from a transformative learning perspective, the provider needs to be mindful of her biases, beliefs, stereotypes, and prejudices in relation to race, gender, class, disability, sexual orientation, age, religion, region, language, and so on.

Consciousness Practice

Did I read the chapter consciously?

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Chapter 3

Assessment of a Provider's Values, Beliefs, and Biases



Mindfulness Practice:

Close your eyes and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one, inbreath; two, outbreath). Observe your mind and body without judgment as you breathe in and out. Slowly open your eyes. Are you ready to read the chapter?

3.1 Barriers to a Provider's Self-Assessment of Her Own Values, Beliefs, and Biases

Self-assessment of our own values, beliefs, and biases is a challenging task in cultures that value extrinsic valuation because we have been rewarded for carrying out culturally expected behaviors rather than figuring out behaviors that have intrinsic values for us. Self-assessment requires self-reflection, and it is difficult to learn to self-reflect if the dominant culture emphasizes extrinsic valuation over intrinsic valuation. The United States and other cultures that value extrinsic valuation put emphasis on the conscious over unconscious, winning over losing, independence over interdependence, intellect over emotion, product over process, linearity over nonlinearity, and binary thinking over holistic thinking. We are not born with culture-specific awareness. We learn to value the culture-specific values and beliefs of the culture we are born into before we are capable of examining the impact of these culture-specific values and beliefs on the formation of our own understanding of ourselves (Blackmore, 2012). In order to assess our values, beliefs, and biases, we need to learn to identify barriers to self-assessment. As I indicated in Chap. 1, it is not possible to implement effective strategies for equity and justice because the barriers would prevent us from learning the effective strategies. We will explore two barriers: ethnocentrism and the unconscious and/or implicit learning.

3.1.1 *Ethnocentrism (Asymmetric Perception)*

Asymmetric perception is one type of ethnocentrism and is based on dichotomous and hierarchical thinking. Asymmetric perception is a tendency to praise oneself and ingroup higher than others and detect others' biases readily but deny these within oneself (Pronin et al., 2004). Studies found that high self-appraisal is a tendency to appraise oneself higher than others and is a characteristic of individualistic cultures such as Europe and North America (Kim et al., 2014). Pronin et al. reviewed the literature concerning differential perceptions of self vs. others from 1949 to 2004. They found that individuals regarded themselves more favorable than others. For example, study participants overestimated their ability to judge objectively compared to others and underestimated others' ability to judge objectively. Participants were in denial about being biased but readily pointed out others being biased. Similar studies indicated that individuals tended to assess themselves much more positively compared to others. When participants were led to believe that they did not do well on a test, they reported that the test was not valid. When participants were led to believe that they performed well, they reported that the test was valid. They also believed that their assessment was objective, and others' assessment was biased.

3.1.2 *Unconscious and Implicit Learning*

Another reason for the challenge is the role of unconscious and implicit learning (Banaji & Bhaskar, 2001; Eichenbaum & Bodkin, 2001). A desire to hold onto an ideal self-image may interfere with individuals' ability to assess their cultural values, beliefs, and biases when there is conflict between their ideal image and their perceived image. Researchers found that stereotypes often unconsciously activate implicit beliefs and attitudes which are often opposite to their explicit expressions of the same beliefs and attitudes. For instance, *attribution error* and *social projection*, as discussed in Chap. 2, lead to ingroup favoritism. Thus, it creates barriers to assessing individuals' own values, beliefs, and biases objectively. Furthermore, individuals' values, beliefs, and biases have been automated through internal repetition since childhood, and this automatic thinking process influences individuals' perception and judgment (Eichenbaum & Bodkin, 2001; Sabouri et al., 2023). This private process gives the impression that these values, beliefs, and biases are based on facts due to the individual's intrapersonal communication with the self without external feedback (*self-confirming process*).

Another challenge is self that exists inside the person (Shotter, 1989, 2011, 2016), and it is almost impossible to be aware of what's inside a person without the ability to self-reflect. It is understandable how and why these barriers contribute to challenges not only in self-assessment of our own values, beliefs, and biases but also in the walking-the-talk of multicultural counseling competencies. Increasing

multicultural counseling competencies does not solely depend on visible, external, and conscious factors. It also depends on invisible, internal factors such as unconscious bias, asymmetric perception, defense mechanisms, intrapersonal communication, inappropriate binary thinking, and so on. In order to identify invisible internal factors, we need to learn to access our inner experience since “Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our inner experience” (van der Kolk, 2014, p. 208).

3.2 Awareness of Inner Experience

The purpose of this section is to increase awareness of your inner experience. This task is enormous because it takes a lifetime to become conscious of inner experience and unconscious processes and learn to integrate the body and mind. Personal inquiry (first person), which has been considered trivial in academic settings, is essential to gain awareness of inner experience.

Inner experiences have been accumulated through both subjective, first-person inquiry (personal inquiry) and objective, third-person inquiry (scientific inquiry). Searle’s (2015) explanation about pain clearly demonstrates that an individual’s inner experience is the result of interaction between subjective and objective experience; the pain you feel when you are pinched is the pain only you could know since it is a subjective experience. When you are pinched, neurons begin to fire at the receptors, and you feel pain as soon as it reaches your brain. The degree and intensity of perceived pain vary from individual to individual because everyone has a different experience with pain. The neurological pathway from the receptors to the brain is an objective (third person) phenomenon, and perceived pain is a subjective experience. Separating the subjective and objective experiences of you as if they are different entities is an artificial creation and prevents you from understanding your own inner experience.

Psychotherapy and counseling must emphasize both clinical inquiry (*subjective experience* and *first-person experience*) and scientific inquiry (*objective experience* and *third-person experience*) to obtain accurate assessment, diagnosis, and treatment. Changing feelings, thoughts, and behaviors requires examining a client’s whole self. The whole person consists of physical, psychological, emotional, socio-cultural, and spiritual selves, which intersect with each other (e.g., neuro-biophysical, psycho-sociocultural, etc.), and includes both subjective and objective experiences. Considering only observable behavior through scientific inquiry and ignoring subjective experience allows providers to gather only partial information about a client. To assess, diagnose, and treat a client, a provider needs to have as much information about the client as possible. Both subjective and objective inquiries are necessary to gather information about the whole person. Various therapeutic techniques have been developed without focusing on raising a provider’s awareness of their own inner experience even though providers must access clients’ inner experiences in order to assist them to restructure their thinking, feeling, and/or behavior. When a

provider gains more awareness of her inner experiences through uncensored writing, centering, paying attention to her body language, paying attention to her dreams, or engaging in other consciousness raising activities, she is more likely to accurately assess clients' inner experiences without countertransference.

You can learn to notice your inner experiences through participating in experiential learning activities. Progoff (1992) wrote:

Thinking about what you would write is not the same as actually writing it...Thinking about it and figuring it out is not enough because that gives us the illusion that we understand it conceptually when we cannot in fact understand how the dynamic of its principles operate without working with it over a period of time. (p. 11)

This chapter provides experiential learning activities that allow you to get in touch with your inner experiences. These learning activities are not written in the third person (objective and scientific inquiry) to provide an opportunity for you to fully engage in subjective experience (first-person inquiry). This allows you to know yourself which in turn allows you to see the client's worldview. Four different kinds of experiential learning activities or learning through reflection are discussed in this chapter: (a) uncensored writing, (b) consciousness raising, (c) listening to the body, and (d) paying attention to dreams. These activities are effective if you are patient with yourself and are able to fully engage in nonlinear process of learning without censoring or screening. You cannot rush the process of learning to be aware of your inner experiences, just like transformative learning. It takes time.

3.2.1 Awareness of Inner Experience Through Writing

Writing without censoring or screening allows for self-reflection, which facilitates self-discovery of rich resources within you. It allows discovering your inner wisdom. It takes time to write without automatic censoring when it is an assignment to be turned in, even though your professor assured you that her goal was not reading the content of your assignment but checking to see whether you did it. The process of uncensored writing to answer specific questions related to your multiple identities and their intersectionality can reveal your ingrained values, beliefs, and biases. I have used Progoff's book, *At a Journal Workshop: Writing to Access the Power of the Unconscious and Evoke Creative Ability* (1992), whenever I taught a year-long multicultural counseling program. It assisted students to access their inner experience and self-knowledge through uncensored writing to respond to specific questions in the book. It was very effective for the students to connect to their experience. Progoff was a holistic Jungian psychologist who developed a particular format to explore one's inner experience, but his format was constructed before the focus was on equity and justice for all people in the USA. I modeled Progoff's approach and constructed specific questions related to multiple identities and their intersectionality to increase students' multicultural counseling competencies. According to Progoff, each writing activity needs to begin with centering in order to focus on the

task. Centering and breathing are emphasized for clarity and calmness throughout each writing activity. Writing activities explore four dimensions of inner experience: time, dialogue, depth, and meaning (Proffoff, 1992).

The following experiential learning activity is designed for you to practice centering. Centering quiets the mind so you can focus on a learning task.

Concrete Strategy*Experiential Learning Activity on Centering*

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes.

You may find writing to gain access to your inner experiences difficult and the process is slow. The process is like learning a foreign language for the first time. One of the best ways to learn a foreign language is to practice through repetition. It is one thing to understand how to pronounce a word, but understanding does not help with pronunciation. Pronouncing well only comes by practicing the pronunciation over and over until you pronounce well.

The following experiential learning activity is designed for you to gain access to your inner experience.

Concrete Strategies*Experiential Learning Activity to Gain Access to Inner Experience*

After centering, repeat the following to yourself. “I understand why I judge myself and screen automatically. I was conditioned to do what is proper according to my cultural, institutional, and family values. This exercise of not judging or screening is for me to really know myself. I want to know aspects of myself that I don’t have access to. It is my understanding that I will access them only if I don’t judge or screen what I think, feel, and do. I would like to try. I am interested in transcending the talk of multicultural counseling competencies to walk the talk of multicultural counseling competencies.” Read each sentence and then close your eyes and repeat the sentence silently while breathing mindfully.

One of the effective ways to know your inner experience is “just simply stating the fact” of your experience (Proffoff, 1992, p. 244). Below are experiential learning activities for you to state the facts.

Concrete Strategies

Experiential Learning Activities on Stating Facts

It is important that you do not judge, censor, or minimize you. When you start to judge yourself, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes and breathe in relaxation and breathe out tension slowly and evenly for seven times (or as long as you want) while listening to your body from head to toe.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. As you breathe slowly and evenly recall the verbal and nonverbal interpersonal communication styles of your social agents (e.g., parents, grandparents, siblings, and teachers). Slowly open your eyes.

1. Inner experience of specifics of the present
 - (a) Write down whatever comes to you spontaneously.
 - (b) When (e.g., 10 years ago, a week ago) did you start to feel or think this way?
 - (c) Was there an event or a series of events that led to this? If so, describe the event or events in detail including the feelings you felt at the time.
 - (d) Describe your inner-world experience, your outer-world experience, and the intersection of your inner- and outer-world experience at this time in detail.
 - (i) Inner world: feelings, thoughts, sense of self, mental health, relationships with ingroups, and so on.
 - (ii) Outer world: physical health, sociopolitical issues, relationships to ingroups and outgroups, and so on.
 - (iii) How mental health affects physical health and vice versa; how the way you are treated by outgroups/ingroups affects your sense of self, identity, and belief systems; and so on.
2. Inner experience of a day
 - (a) What was your physical condition when you started the day, and what is it now?

(continued)

- (b) What were your emotional conditions and wishes as you began the day?
 - (i) Describe the details of your emotions (e.g., joy, anxiety, depression, frustration, and anger).
 - (ii) Describe your wishes in detail.
- (c) How did you begin your work (or schoolwork) of the day?
- (d) Describe the types of relationships you had throughout the day.

You will discover many differences between your inner and outer worlds as you continue the writing activities. One difference is the time dimension between the inner and outer worlds. The inner experience of time is qualitative time, and outer-world time is chronological (clock) time. Qualitative time is “the subjective perception of objective events in terms of the meaning and value they have to the person” (Progoff, 1992, p. 74). For example, an individual may be 30 years old chronologically (by outer-world time) but may still hold beliefs and values learned at age 5. The inner experience of qualitative time of individuals who are systemically oppressed due to race, gender, class, sexual orientation, age, disability, region, or religion is dramatically different from that of those who are systemically privileged.

The following reflection-based learning activities are designed for you to explore your inner-world time.

Concrete Strategies

Reflection-Based Learning Activities on Inner-World Time

It is important that you do not judge, censor, or minimize you. When you start to judge yourself, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes and breathe in relaxation and breathe out tension slowly and evenly for seven times or until you feel inner quietness. Then, travel back to your early childhood, and see what events stand out. Feel the movement of your life. Observe these events with your mind’s eye as you continue your breathing. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p.11). Write without censoring or judging to access your inner experience.

1. Record the first set of events (8–10) that stood out in your mind.
 - (a) Read your list silently to yourself. Write down any emotions you feel as you read the list. If you are doing this with a group, the group

(continued)

leader/facilitator may ask someone to read, and the group may listen quietly. It may be a powerful experience for the person to read out loud. You may also read aloud into an audio or video recorder. You may have different feelings about the events as you listen to yourself and/or watch your own verbal and nonverbal expressions on a video. Write down your feelings about listening and/or viewing yourself. Regardless of the format, it is important for you to hear your own narratives and allow yourself to feel any emotions without judgment.

- (b) Choose one event that stirs the most emotion and elaborate on it in detail.
- (c) Specifics of the event
 - (i) Describe your feelings about yourself then.
 - (ii) Describe the kind of person you were then.
 - (iii) Describe your attitude about life then.
 - (iv) Describe your beliefs about your destiny then.
 - (v) Describe any religious beliefs you had then.

The dialogue dimension of inner experience involves the relationships among separate aspects of your inner life. These separate aspects often operate without awareness of each other. The uncensored writing process allows you to build an inner relationship with all the significant areas of your life. Mindful and devoted work in this dimension may lead to awareness of deeper inner direction than is available at a conscious level.

The following experiential learning activities on the dialogue dimension are designed for you to involve reflection, imagery, and centering.

Concrete Strategies

Experiential Learning Activities on the Dialogue Dimension

It is extremely important not to judge your emotions, behaviors, or thoughts but to simply observe as you breathe in and out slowly and evenly. If judgment and censoring come automatically, breathe them out in your outbreath slowly and evenly until they disappear since they interfere with your ability to access your inner experience. Continue breathing at least seven times or however many times it takes to create calmness and stillness within you. Open your eyes slowly. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p.11). Write without censoring or judging to access your inner experience.

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Dialoguing with the following:

1. People who have inner importance to you
 - (a) Listing the people: Close your eyes and breathe in relaxation and breathe out tension as you travel from the present to your early childhood. Think about those who were important to you and those with whom you have unfinished business. Include individuals you have not seen for years and individuals who have died. Sit still in silence and breathe evenly and slowly while thinking and feeling about those people. Slowly open your eyes and write down their names.
 - (b) Write each person's name at the top of a page. Start with the first person on the first page. Close your eyes and imagine the person. What feelings come to you when you are thinking of them?
2. Work
 - (a) Close your eyes and imagine your work. What feelings come to you when you are thinking of your work?
 - (i) Describe your work history and different stages of your relationship to work from the beginning.
 - (ii) Describe the present status of your relationship to work.
3. Body
 - (a) Close your eyes and imagine your body. What feelings come to you when you are thinking of your body?
 - (i) Describe your relationship to your body throughout its different developmental stages.
 - (ii) Describe the present status of your relationship to your body.
4. Society
 - (a) Close your eyes and imagine society. What feelings come to you when you are thinking of society?
 - (i) Describe society and different stages of your relationship to it from your childhood.
 - (ii) Describe the present status of your relationship to society.

When you have finished uncensored writing, close your eyes, and breathe slowly and evenly for as long as you want. Sit in stillness and let your body and mind absorb the feelings you have been describing without judgment.

Being the other

1. Close your eyes and breathe gently and slowly while being aware of your emotions. Imagine one of the people who have inner importance to you,

(continued)

and see whether you can take their role for a moment. Imagine placing yourself inside the other's life. Breathe deeply and slowly and sit still. When you feel you can take the role, slowly open your eyes.

- (a) List the other's event (8–10) in the first person as you did yours. Begin with phrase, "I was born. Then..."
 - (b) Describe details of the events if you desire.
2. Starting the dialogue: Close your eyes, breathe gently and evenly, and sit in silence thinking and feeling about yourself and the other person. Imagine you are sitting across from each other. Begin to have a conversation in your mind's eye and record this inner dialogue.
 - (a) When you have finished writing, close your eyes again. Breathe evenly and slowly and feel your emotions without judgment or censoring. Then read the dialogue to yourself and take notes of any emotions you feel. Observe whether these emotions are the same as those you had before reading the dialogue to yourself. Record your emotional status.

When you have finished writing, close your eyes and breathe slowly and evenly for about 2 minutes. Sit in stillness and let your body and mind absorb the feelings you have been describing without judgment.

The depth dimension leads you to beneath the conscious level of the dialogue dimension and connect you to the source of your struggles and potentials that lie under the conscious level. "The Depth Dimension is a primary means by which we can discover what our life is trying to become" (Proffoff, 1992, p. 197). The symbols represented in your dreams need to be recorded by you as you observe and experience them. The purpose of recording dreams is not to interpret, analyze, and understand dreams but to place you "back into the movement of [y]our dream process as a whole so that the process can now freely extend itself" (Proffoff, p. 200).

The following experiential learning activities are designed for you to learn how to access the unconscious through dreams.

Concrete Strategies

Experiential Learning Activities on Dreams

Breathe in gently, breathe out slower than breathing in for about five times and continue to breathe while paying attention to your feelings without judgment, censoring, and minimizing you. When you judge you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Repeat breathing for about seven times (or however long it takes to create calmness and stillness within yourself). Slowly open your eyes.

(continued)

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p.11). Write without censoring or judging to access your inner experience.

Dreams

1. Record your dreams as you observe and experience them.
 - (a) Record the earliest dreams that you remember.
 - (b) Record any dreams you remember from childhood.
 - (c) Record recurrent dreams (pleasant and unpleasant, including nightmares).
 - (d) Record fragmented dreams.
 - (e) Record recent dreams.
2. To reach the depth dimension, close your eyes. Breathe in relaxation and breathe out tension. Breathe slowly and evenly until you feel calm and still. Slowly open your eyes.
 - (a) Observe which dreams stand out to you. Experience the quality and tone of the dreams without judgment or censoring.
 - (b) Pick a dream and see whether you dreamed other dreams that stood out to you around the same time. If you did, group dreams according to chronological points in your dream sequence.
 - (c) Read the series of dreams loudly to yourself several times. Record yourself reading so you can listen to your dreams at any time or draw images from your dreams that represent them symbolically.

The meaning dimension of inner experience is the process of integrating inner and outer lives by combining subjective and objective experiences. Report all experiences, new and old, without judging or interpreting them because “Their [dream’s] significance for your life may not be apparent at that time” (Progoff, 1992, p. 220). These experiences provide valuable feedback in life. Integration of inner and outer life needs to be practiced until you feel oneness and wholeness.

The following experiential learning activities are designed for you to experience integration of inner and outer life through imagery. These activities need to be repeated until you feel unity among your inner and outer experiences.

Concrete Strategies

Experiential Learning Activities on the Meaning Dimension: Values and Beliefs

Pay attention to your intrapersonal personal communication without judgment and censoring. When you judge or censor, you cannot access your inner

(continued)

experience. Uncensored writing is one way to access your inner experience. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p.11). Write and then experience your learning.

1. Observe and attend to your inner voice (intrapersonal communication). Close your eyes and sit still while focusing on breathing. Breathe in gently, breathe out slower than breathing in, and pause to notice your inner experience. Repeat this for about seven times (or however long it takes to create calmness and stillness within yourself). As you continue breathing, think about your values and beliefs without judgment. As they come to you as images, words, or phrases, just observe them, and pay attention to your feelings as you breathe. Slowly open your eyes.
 - (a) Write down your feelings and list your values and beliefs.
 - (b) How did you arrive at these values and beliefs?
2. Whose (or what) influence did you value in your inner experience, and are your values and beliefs related to it?
3. Critical inquiry: Examine your beliefs and values without censoring.
 - (a) What are your primary beliefs (without considering political correctness) about race, gender, class, sexual orientation, disability, religion, region, age, and size?
 - (b) How are your beliefs about the above areas similar to or different from those of your ingroups (e.g., family, work, friends, church, or temple)?
 - (c) What doubts did you have about your beliefs when you were a child, a teenager, and a young adult, and how did you resolve them?
 - (d) Describe the history of the inner movement of your core values and beliefs.
 - (e) How do you define fear? Describe your relationship history with fear.
 - (f) How do you define anxiety? Describe your relationship history with anxiety.
 - (g) How do you define loneliness? Describe your relationship history with loneliness.
 - (h) Have you accepted others' values and beliefs (e.g., those of your culture, family, or religious organization) because of your fear, anxiety, or loneliness?

The function of the meaning dimension is for you to collect the data from your inner experiences and make strong inner connections. Censoring or denying your inner experiences is not only deceiving and marginalizing you but also preventing you from integration and connection. Strong inner connections enable you to

understand others who appear to act indifferently toward you or to reject you. Instead of reacting negatively to indifferences and rejections, you can be more compassionate toward others even though you do not know their inner experiences. You do not judge or project your feelings onto others, as you do not judge your own inner experiences.

Writing for awareness of the four dimensions of inner experience leads you to discover resources within yourself through seeing your whole self which is interwoven with inner thread. You probably realize that your learning from the culture influences your perception but not your essence. Your uncensored writing to respond to a specific question connects you to your inner experiences, and continuing uncensored writing on a regular basis will allow you to explore the possibilities of your infinite inner wisdom.

3.2.2 Awareness of Inner Experience Through Consciousness

Another way to examine your inner experience is through consciousness studies. Most researchers of consciousness studies agree that consciousness encompasses everything there is. It includes both subjective and objective experiences, although there are variations in researchers' definition of consciousness. Most consciousness studies suggest that first-person experience and third-person experience do not operate as separate entities. They do not operate linearly and sequentially. They interact simultaneously in consciousness (Blackmore, 2012; Searle, 2015). This point is well illustrated by Searle's study on pain perception. According to Searle, the pain felt when you were pinched is only experienced by you (it is personal and a subjective experience) even though you go through the same neurological pathway from the receptors to the brain as other individuals when they are pinched. The neurological mechanics are an objective (scientific pathway) phenomenon which is the same for everyone who is pinched. However, when it (stimulus) reaches the brain, it interacts with other information in the brain, and the interpretation of the pain is determined by the results of the interaction which is perception. Perception is a subjective phenomenon and mechanical process of neural pathways is an objective experience. Understanding the fact that the pain (both psychological and physical) is not determined solely by an event but by the interaction of the event and the lived experience of each person. Therefore, subjective experiences are not comparable from one individual to another. Some people, including experts in multicultural counseling, state that their group has suffered more than other groups. This must be due to their intrapersonal communication that is crystal clear in their minds due to hierarchical and dichotomous thinking which operate simultaneously with social projection, attribution error, and inappropriate generalizations.

Without understanding dynamic relationships among thinking, social projection, attribution error, and inappropriate generalizations, meaningful counterdiscourse is a challenging task. If you think no one has gone through the pain like you have, you need to examine the validity of it with critical reasoning skills. If you still feel the

same way even though you are not able to support it by objective analysis, you need to explore ways you are able to hear the client who says no one has gone through the pain like he has, while you continue to understand deeper meaning of your feeling. Otherwise, your inner state will countertransfer and hinder your ability to demonstrate multicultural competency as a provider.

Similarities Between Consciousness Studies and Progoff

Consciousness studies reveal characteristics about inner experiences that are similar to those of Progoff's (1992) four dimensions of writing. Consciousness studies support the notion that individuals can reach a meditative state through no self-judgment, which is emphasized in Progoff's uncensored writing. Progoff's uncensored writing combines reflective narrative writing with meditation and imagery. Common to all forms of meditation is a goal to reach change in an individual's state of consciousness by paying attention and not thinking (Blackmore, 2012). The emphasis on not censoring and not screening in Progoff's narrative writing is an attempt to create a mental space similar to that created by not thinking or focused attention to one thing or one dimension of an object. Achieving a meditative state through not censoring/not screening, not thinking, or focused attention to one thing without distraction leads to changes in consciousness. Attention paid to Buddhism by researchers of consciousness studies is partly due to the role of meditation in changing one's state of consciousness (Blackmore, 2012; Cho, 2014; Garfield, 2015).

Both Progoff (1992) and researchers of consciousness studies have shown interest in dreams. For Progoff, it is the dreams' ability to bring a deeper level of inner experience from the unconscious, and for consciousness researchers, it is the nature of the conscious in the dream stage. Most individuals who study dreams agree that dreaming is a form of consciousness that is different from the waking stage consciousness (Blackmore, 2012; Searle, 2015; Siclari et al., 2017; Windt et al., 2016). There are various definitions of consciousness, and they range from altered states of consciousness to the unconscious (Haladjian & Montemayor, 2015; Kriegel, 2015). There are also various theories about different kinds of dreams (van de Castle, 1994). Regardless of how they define consciousness, most dream theorists relate dreams to inner experiences such as fears, hopes, creativity, and insight (Blackmore, 2012; Jung, 1963; Progoff, 1992; Siclari et al., 2017; Thompson, 2015; van de Castle, 1994).

Consciousness researchers support Progoff's (1992) distinction between inner-world and outer-world experiences. Consciousness studies also reveal there is a difference between one's inner experience and the outer world. Several consciousness researchers have found that there is a difference between experienced time and chronological time (Blackmore, 2012). Events experienced in the outer world can be clocked, but events experienced in the inner world cannot be clocked in the same way. Individuals do not experience outer events sequentially in their inner world. For example, events of systemic oppression are past incidents according to chronological time but are alive in the inner world of individuals who have been oppressed and discriminated against. Statements like "let's move on," "forget about the past," "don't dwell on the past," and "it's a waste of time" are based on external clock

time. All these statements are intended to assist individuals with functioning more effectively and becoming healthier and more peaceful internally. What these statements are ignoring is the fact that there are differences between inner- and outer-world time. It is not that individuals do not want to transcend their past; it is that they are not able to due to their inner experience. Understanding the difference between outer and inner time is critical in providers' awareness of their own values, beliefs, and biases, having accurate empathy and understanding how *systemic oppression* leads to *internalized oppression* and *systemic privilege* leads to *internalized privilege*. Inner experience affects both clients and providers. If providers are or have been victims of oppression, their inner experience may facilitate an inaccurate perception and interpretation of clients' verbal and nonverbal communication. If providers are unearned privilege holders in relation to race, gender, sexual orientation, age, class, and so on, their inner experience is dramatically different from that of clients who have been systemically oppressed because of who they are (e.g., a member of nondominant race or class, someone from the LGBTQ community) throughout their lives. Raising consciousness to be able to differentiate between their inner- and outer-world experiences will assist providers in observing their own values, beliefs, and biases as they are, as well as those of clients.

Consciousness and cognitive neuroscience research on attitudes, stereotypes, and prejudice revitalized the role of the unconscious in shaping beliefs, values, prejudices, and stereotypes. The study of the unconscious had been neglected in psychology due to its emphasis on scientific inquiry (the third-person perspective) in an attempt to secure psychology's position as a science. Over the past two decades, numerous researchers have found that learning can take place without a learner's awareness (Hardin & Banaji, 2013; Madva & Brownstein, 2016). Consciousness researchers have also found that individuals behave as if they are aware of stimuli even though they report no awareness consciously. Blackmore (2012) illustrates the role of the unconscious perception as the following:

Suppose you are sitting at dinner, chatting with your friends, oblivious to the hum of the microwave in the corner—until it stops. Suddenly you realize that it was humming along all the time. Only in its silence you are conscious of the noise. This simple everyday phenomenon seems odd because it suggests perception without consciousness. It suggests that all alone, in some unconscious way, you must have been hearing the noise. (pp. 305–306)

Acknowledging perception without consciousness and the role of the unconscious perception is an important step toward understanding not only the difficulties of accessing inner experience but also the complexities involved in knowing your own values, beliefs, and biases, as well as truly understanding those of others. Implicit learning in the formation of values, beliefs, and biases is an example of the role of unconscious perception in learning. Some individuals talk of justice and equity in human diversity (on the conscious level), but they behave against justice and equity for people who are culturally different from them (on the unconscious level). Before being upset with them for their inconsistency between words and deeds, think of the possibility of the role of the unconscious as they learned about values, beliefs, and biases of their ingroup. Individuals' values, beliefs, and biases are formulated

through both conscious and unconscious processing with fluidity. Blackmore (2012) summarizes the implications of unconscious perception as follows:

To recap, perceptual thresholds are not fixed but depend on variable response criteria; there is no undisputed measure for deciding whether something has been consciously perceived or not; and there are many stimuli that are deemed to be consciously perceived by some measure and not by others. All this threatens the idea that any stimulus is unequivocally either 'in' or 'out' of consciousness. It suggests instead that sensory information is processed in a wide variety of ways, with different consequences for different kinds of behavior. (p. 312)

The above statement indicates consciousness must be understood from a holistic perspective that includes dynamic fluidity as a process. Conventional dichotomous categorizations hinder the ability to understand a whole range of perceptions by making divisions between personal inquiry and scientific inquiry and by claiming that scientific inquiry is the only acceptable path for academic studies or learning. Dichotomous and hierarchical thinking is inadequate in explaining inner and outer experiences. Postmodernity requires a holistic perspective that embraces inner and outer experiences, the conscious and the unconscious, personal inquiry (*subjective*) and scientific inquiry (*objective*), intellect and emotion, body and mind, self and community, nonlinearity and linearity, and monocultural and multicultural values with equal emphasis. The focus of this section is awareness of inner experience by being conscious. Expanding your conscious awareness takes mindful and diligent practice daily.

The following experiential learning activities are selected for you to practice diligently to expand your conscious awareness.

Concrete Strategies

Experiential Learning Activities on conscious raising

These consciousness-raising exercises are from Blackmore's (2012) book. Respond to each question without judgment and censoring in order to access your inner experience. You may ask each question every day as many times as possible in order to experience *here and now*. Close your eyes and breathe in relaxation and breathe out tension. Breathe slowly and evenly about seven times or until you feel inner quietness. Open your eyes slowly. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p.11). Write and then experience.

Being aware of inner experience through consciousness exercises:

1. "Am I conscious now?" (p. 4)
2. "What is it like being me now?" (p. 21)
3. "Did I do this consciously?" (p. 41)
4. "Who is conscious now?" (p. 106). Then, "Where is this experience?" (p. 53)
5. "Am I the same 'me' as a moment ago?" (p. 123)
6. "Am I doing this?" (p. 134)

3.2.3 *Awareness of Inner Experience Through the Body*

Listening to the body is another way to access inner experience. The body expresses inner experience much more accurately than does verbal communication (Olsen, 2004; Schmalzl et al., 2014; van der Kolk, 2014). Without awareness, individuals often communicate with their body (body language). Some individuals state that they have “butterflies” in their stomach, have headaches, or are shaky when they are anxious or nervous. Some individuals complain about their physical symptoms without knowing why. Some individuals state that they feel “fine,” but their body language contradicts their verbal expression. An individual may smile as tears roll down their cheek and say “I am sorry. I don’t know why I am crying” or raise their voice with shallow breathing. The inability to identify outer expression of body language as the inner expression of an individual is a result of cultural conditioning by which individuals have been conditioned to separate their body from their mind as if they are two separate entities. Historically speaking, Descartes considered the body as a machine without considering its connection to mind, memory, and emotion (Radomsky, 1995).

Radomsky, a physician, discusses healing the body not by focusing on the correct diagnosis based on symptoms but by paying attention to inner experiences expressed through bodily symptoms. As she shifted from a biomedical approach to a sociocultural approach, she learned that her female patients’ chronic pain was related to psychological, emotional, and mental abuse by their partner or cultural myths about their role as women rather than due to specific organic causes. Radomsky writes:

My effort to put these women into tightly defined categories regularly failed. In addition, I realized I was not connecting with them in a meaningful way. Eventually I stopped trying to make the correct diagnosis when it came to these chronic pain problems that had no identifiable organic cause. I started listening and asked different questions. As I altered my obsession with cure for chronic pain, I began to notice some changes. Many of these women started to talk to me about their lives. Some told painful and disturbing stories...I gradually realized the connection between chronic pain and powerlessness in women. (p. 3)

Radomsky (1995) addresses the importance of the mind-body connection and listening to patients’ inner experiences for healing. Body and mind are an integrated whole. Radomsky’s female patients expressed their powerlessness through their bodies. Body language and movement are important aspects of understanding our inner experiences, even though we may not be aware of our body language. To understand how the mind and body are connected, we need to understand the fundamentals of the human (mammalian) nervous system (Sadava et al., 2014). The activities of our body are governed by the nervous system, which is divided into two parts: the central nervous system (CNS) and peripheral nervous system (PNS). The CNS has two parts: the brain and the spinal cord. The PNS has two parts: the autonomic nervous system (ANS) and the somatic nervous system (SNS). The ANS (visceral) deals with involuntary functions, is responsible for internal functioning, and affects such organs as the heart, the lungs, and the digestive and reproductive organs (see Table 3.1).

Table 3.1 Human nervous system

Organization of the human nervous system			
Central nervous system (CNS)		Peripheral nervous system (PNS)	
Brain	Spinal cord	Autonomic nervous system (ANS)	Somatic nervous system (SNS)
Forebrain	Reflex	Involuntary	Voluntary (conscious)
Midbrain		(a) Sympathetic	Motor neurons from CNS
Hindbrain		(b) Parasympathetic	Sensory neurons to CNS

The autonomic (ANS) division has two parts: the sympathetic and parasympathetic nervous systems. The sympathetic nervous system is activated when the body needs to cope with emergency situations such as a natural disaster, an accident, or a personal crisis. For example, if you feel that someone is following you in the middle of the night as you are walking, you probably will walk or run as fast as you can to get to your destination, and this results in increased activity of the heart and lungs and decreased activity of the digestive organs. You may be surprised by how fast you are able to run or walk to be safe. Your sympathetic nervous system assists you to get to the safe destination as fast as you could.

The parasympathetic nervous system acts opposite to the sympathetic nervous system to create wholeness within the body. It is activated when the body is relaxing and resting. It is what you feel after a big dinner. You may feel totally relaxed because of your decreased heart rate and slowed breathing while your digestive system is activated. Often, you feel sleepy. The daily balance of the functions of the sympathetic and parasympathetic nervous systems determines the health of the body. However, when you are stressed, symptoms of dysfunctions of organs manifest, resulting in an imbalance of the functions of the sympathetic and parasympathetic nervous systems. For example, you may listen only to the sympathetic nervous system because you perceive that your life is a series of crises. This imbalance may lead to some type of sickness. The SNS deals with voluntary functions and is responsible for interactions with the external world. You are often aware of such activities of your SNS as smiling, frowning, and shaking hands. You feel sensations through messages carried on somatic sensory nerves. Your body experience is from the dialogue between the ANS and the SNS.

Olsen (2004) has a set of exercises that are valuable for understanding the relationship between the somatic and autonomic nervous systems. My students have found them valuable in learning to understand their beliefs and values. The following experiential learning activities are taken directly from Olsen’s book (p. 124). Olsen’s questions have been modified and arranged with some explanations to provide clear directions. The following experiential learning activities are designed for you to practice increasing your awareness of listening to your body.

Concrete Strategies

Experiential Learning Activities on Listening to Your Body

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). You can only be aware of your body's messages when you are still and listen to your body as you breathe in relaxation and breathe out tension slowly and evenly for about seven times or repeat breathing in and out slowly and evenly until you feel calm and centered. Then pause to listen to your body. When you are ready open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p.11). Write and then experience.

1. Body needs vs. demand of others: There is no right or wrong way of responding, but there is a dialogue between the needs of your body and the outer demands of the world. Observe your interactions throughout a day.
 - (a) How often do you respond to your own body's needs? How often do you make choices based on your body's needs and wants, and how often do you make choices based on the demands of others?
 - (b) Write a dialogue between the needs of the body and the demands of others.
1. Observing your body's experience: You may take one statement per day to observe your body's experience. Or you may do them all at one sitting as long as you are able to be engaged mindfully.
 - (1) In a standing or seated position, imagine yourself in the following situations, and observe your body's responses:
 - (a) You are feeling sick and would really rather stay home and rest, but you are going out to work/school.
 - (b) You really don't feel like talking to anyone, but it is your turn to lead the group discussion.
 - (c) You are in a class and have something very important to say, but the professor interrupts you whenever you start to say it.
 - (d) You go home and want to tell your family or a roommate everything about your day, but no one is interested in listening.
 - (e) You have something to say, and you get to tell it to your best friend.
 - (f) You want to celebrate, and you are invited to a great party.
 - (g) You need to rest, and you choose to stay home and sunbathe.
 - (h) You are tired, and you take a vacation to go to your favorite beach.
 - (2) Write messages from your body.
 - (3) Write down your feelings about your relationship to your body.

If you have negative beliefs about yourselves and/or your environment, you may never have known a safe state. Practicing breathing, yoga, visualization, and other types of exercises on a regular basis may lead to relaxation of the nervous system (Nidich et al., 2017). Images help integrate multiple layers of an experience within a single body-awareness activity. When the body feels safe, it finds its own natural rhythm between activity and rest. The importance of body language in expressing your inner experience is discussed by experts in mind-body work, health, narrative movement, yoga, and communication (Calbi et al., 2017; Felver & Jenings, 2016). Yet there has been too little emphasis on this aspect and too much emphasis on the appearance of the body in relation to meeting the cultural “norm” of beauty and attractiveness. Media (magazines, TV, social media, music videos, movies) portray the body image as important even when they are trying to create strong female images. Strong women are still portrayed as physically attractive and therefore meeting the cultural norm of women’s ideal body image (Santonnicolo et al., 2023; Ward & Grower, 2020). Some cases of eating disorders, depression, and low self-esteem are a result of individuals’ attempts to fit their bodies into an appearance-based cultural norm.

I once had a client whose mother told her that she (the mother) had to make the client’s clothes since she (the mother) could not find dresses that fit the client well. The mother often said, “You look just like your grandma—fat—and your torso is too short.” The client learned to have a poor body image. She said she was fat all her life. She said she came to counseling because her physician recommended weight loss for her health. She had been encouraged to devalue her body throughout the socialization process by her family, academic institutions, and culture. Her beliefs about herself were distorted by what she was led to believe about her body image. Due to her distorted body image, she was not able to listen to her natural body rhythm.

As Progoff (1992) and consciousness studies indicate, the lack of self-judgment is a key to reaching our inner wisdom, and my client was unable to reach her own wisdom because of her critical intrapersonal communication on her body. She accepted her mother’s opinion of her body before she was old enough to formulate her own opinion of her body.

The following experiential learning activities are designed for you to experience having compassion for others through an affective perspective taking.

Concrete Strategies

Experiential Learning Activities on Compassion

It is important for you to not judge, censor, or minimize your inner dialogue (intrapersonal communication). You can only be aware of your inner experience when you are still and listen to your body as you breathe in relaxation and breathe out tension slowly and evenly. Close your eyes and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes. Progoff (1992) depicted the important difference

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between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p.11). Write and then experience:

1. How would you feel if you were the following two individuals?
 - (a) “Hatred of my body generalized to hatred of myself as a person...My self-hatred became fuel for the self-mutilating behaviors of the eating disorder” (Chernik, 2013, p. 352).
 - (b) “Gawking, gaping, staring: I can’t say when it first happened. When first a pair of eyes caught me, held me in their vice grip, tore skin from muscle, muscle from bone. Those eyes always shouted, ‘freak, retard, cripple,’ demanding an answer for tremoring hands, tomboy’s bold and unsteady gait I never be out of” (Clare, 2013, p. 498).

Our bodies are our home as long as we live. However, we learn so little about how to listen to our body’s wisdom. Olsen (2004) states:

One of the most thoroughly neglected areas of body education is the awareness of what is happening inside: the dialogue between inner and outer experience in relation to the whole person. We spend much of our time involved in outer perception through the specialized sense organs of sight, sound, taste, smell, and touch. We are generally less involved in developing our capacities for inner sensing which is the ability of the nervous system to monitor inner states of the body. How and why do we progressively close down our capacity for body listening? (p. 11)

Our body’s wisdom enriches our lives, as we become aware of the activities our bodies engage in on a moment-to-moment basis. Olsen’s (2004) 31-day body exercises indicate that each body part—the skeleton head, joints, spine, vertebrae, ribs, lungs, shoulders, hands, forearms, bones, pelvis, hips, thighs, knees, tibia, fibula, feet, digestive tract, eyes, face, mouth, nose, ears, elbows, and so on—is active each moment and is engaged in a dynamic process. If we are able to listen to our body (their inner workings), we are able to know the inner states of our body. For example, Olsen writes, “tension in any part of the body restricts cellular activity vital to healthy tissue. Through bodywork, we use responsiveness of the cell membranes and the skin to heat, vibration, and touch to bring awareness and affect change” (p. 20).

The following experiential learning activities are designed to explore your body history through memories, beliefs, and feelings. You may want to work on one or two questions per day and engage in both affective and cognitive processing mindfully and intentionally. Emotional processing takes time and is at times uncomfortable because we are not socialized to simultaneously process both emotionally and cognitively. Experience uncomfortable feelings throughout your body without judgment. Your body’s wisdom will let you know when to move on to the next question. Remember transformative learning is integrating both cognitive and affective processing which results in deep learning. Be patient with yourself.

Concrete Strategies

Experiential Learning Activities on Knowing You Through Your Body

The purpose of the following activities is for you to know another aspect of yourself through your body history. Find a quiet place and make sure you are able to focus on inner movement of your mind and body. This means you are device free, too. It is also important for you to not judge, censor, or minimize your inner dialogue (intrapersonal communication). You can only be aware of your inner experience when you are still and listen to your body as you breathe in relaxation and breathe out tension slowly and evenly. Close your eyes and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p.11). Write and then experience:

Prepare drawing pads and crayons, colored pencils, or paints. Close your eyes as you breathe in relaxation. Let the relaxation go through your body from head to toe and breathe out tension. Again, breathe in relaxation and see what's in your mind. If your mind is not with your body, ask your mind to be with your body and breathe out tension and resistance. Breathe in relaxation, appreciate your mind for trying to be with your body, and let appreciation go through your body from head to toe. Breathe out tension and resistance. As you are breathing in and out, draw your body image in your mind, and feel and listen to your body. Be aware of your images, thoughts, and feelings. Count backward from ten to one slowly. Then open your eyes.

1. Draw your body image and record any words or phrases that came to your mind.
2. Think and feel about where your body image came from.
3. Write down your feelings about your body image.
4. If your feelings about your body image are positive or neutral, accept them as they are. If they are negative:
 - (a) Assess your criteria for the negative image.
 - (b) Replace the negative image with a positive image. Observe your body language (how did your body respond to this exercise?).
 - (c) Write down your body's reaction to this exercise.
5. What was your belief about your body image before, and what is your belief about your body image now?
6. Write your body's story.
 - (a) What do you know about your birth?
 - (b) What stories did you hear about your infancy about how you physically moved your body as an infant? What do you know about your

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- activity level and your body movement when you were happy, content, or crying?
- (c) Write down your earliest movement memory (e.g., being rocked, first walking, swimming, falling, and running).
 - (d) Write down your most significant movement memory.
 - (e) Write down your attitude toward movement throughout your life.
 - (f) Write down your relationship to your body size, weight, strength, and flexibility.
 - (g) How much of your assessment of your body is influenced by your cultural norm?
 - (h) If you have had trauma in your life, did it change your body image?
7. Describe your feelings toward your body prior to and after completing the experiential learning activities.
8. What have you learned through the experiential learning activities?

You will gradually learn to listen to your body and increase your awareness of your inner experiences through your body by diligently practicing experiential learning activities on a regular basis. By listening to your body, you will expand your awareness of your own values, beliefs, and biases.

The following experiential learning activity is designed for you to process your body's inner experience through the depth (experience beneath the surface) and meaning (the fundamental belief) dimensions as we discussed in the previous section (*Awareness of Inner Experience Through Writing* in this chapter).

Concrete Strategy

Experiential Learning Activity on the Body

Close your eyes and breathe in relaxation and breathe out tension for seven times (or however long it takes for you to be centered) and observe what your body is feeling. Open your eyes, sketch the area of your body where feeling was observed, and describe the feeling.

3.3 Self-Assessment of Values, Beliefs, and Biases

The exploration of the various ways to access your inner experience in the previous section suggests that to increase multicultural counseling or DEI competencies, you need to pay more attention to knowing the differences between your inner experiences and outer events. Various theories emphasize a provider's need to understand a client from the client's worldview. However, these theories are conceptually

framed with insufficient practical strategies as how to explore the provider's own implicit values, beliefs, and biases which are instrumental in understanding the client's worldview (Hays & Erford, 2017).

Some students and DEI trainees were reluctant or resistant to learn about multicultural issues primarily because they were painful issues. Even though they had some conceptual notion of the difficulty as they read the course or training program description, experiencing the difficulty was different from the conceptual notion of the difficulty. This reminded me of Progoff's (1992) statement that thinking about writing is different from actually writing because thinking does not provide experience of doing. Plaut et al. (2011) found that White students were resistant to multicultural education because they interpreted multiculturalism as an exclusion of them. Norton and Sommers (2011) found that White North Americans saw progress toward racial equality for non-Whites as increased prejudice toward Whites. I wondered whether these results were due to the participants' binary thinking.

Transforming the talk of multicultural counseling or DEI competencies to walk requires affective processing of concepts and ideas that we are not comfortable with. The following series of experiential learning activities are designed to increase awareness of your values. As indicated previously, inner wisdom comes from lack of self-judgment. Experiencing uncensored values and beliefs leads to inner wisdom (Blackmore, 2012; Felver & Jenings, 2016; Progoff, 1992; Siclari et al., 2017).

Concrete Strategies

Experiential Learning Activities on Your Values

It is imperative that these activities be carried out without censoring or screening your inner dialogue (intrapersonal communication). Close your eyes and breathe in relaxation and breathe out tension slowly and evenly until you feel calm and centered. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p.11). Write and then experience:

Sit in a quiet place with no access to digital devices, TV, music, etc. Practice self-reflection by engaging in remembering your own early childhood. Close your eyes and breathe in relaxation and breathe out tension. Repeat breathing until you feel calm while recalling your family values. Start from the present and travel back to as far as you can remember. When your images and/or words represent at least four family values, slowly open your eyes.

Values

1. Draw four pictures that represent your childhood values.
2. What are your relationships to these values now?
 - (a) Do you still have these values?
 - (b) Have you modified these values and kept them as part of your core values?

(continued)

- (c) State reasons for discarding values if you discarded any.
 - (d) Do you want to discard a value but find yourself being influenced by it?
3. Which values were emphasized by your mother (or a mother figure), and which values were by your father (or a father figure)?
 4. What were your feelings when your parents' values were contradictory to each other? How did you manage? Did you make up your own values, follow those of your parents, or ignore values altogether?
 5. How did your parents or parent figures communicate their values to you (e.g., with anger, force, an attempt to induce your guilt, warmth, and inductive reasoning)?
 6. Describe the sociocultural and political context of your childhood. What cultural values were emphasized?
 7. Reflect on your answers to the previous questions. Close your eyes for about 3 minutes. Open your eyes and write down the words or draw the images that came to your mind.
 8. What is the significance of the words or images in Question 7?
 9. What are your significant values now? State at least five core values. What are their relationships to your childhood values?
 10. How do you deal with people who have different values from yours? Give a specific example of a value you have and how it is different from that of another person. Describe your thoughts, feelings, and behaviors about the other person.
 11. How much of your intrapersonal communication is based on your values?

Expanding your answer to Question 10 will allow for an in-depth understanding of the process of inner experience.

The following experiential learning activities are intended to explore more on your answer to Question 10. Paying attention to each answer without censoring or judging will lead to multiple layers and multiple dimensions of your inner experience.

Concrete Strategies

Expansion of Question 10

Think about the last time you had negative feelings about someone, whether the feeling was frustration, anger, sadness, loneliness, or disgust.

1. What did the other person do or not do or say or not say that made you have the negative feeling?
2. What was your expectation of the person?
3. Where did your expectation come from?
4. Which of your values were applied to form your expectations?

Paying attention to details of inner experience can facilitate understanding yourself on a deeper level (Thompson, 2015). For example, you are frustrated with your roommate for not doing dishes. You expected him to do his dishes. You were raised with the value that you should be responsible for your actions. You remember getting into trouble with your mother for not rinsing your dishes after dinner. The trouble ranged from a lecture by your mother about why it is necessary to do your own dishes to not being able to watch your favorite TV program. You resented getting into trouble when you were a child, but later on you realized the importance of taking responsibility. The roommate not doing dishes triggered your own unpleasant and complicated history about your family dynamics. By understanding your own history, you may project less and may be able to determine how much your frustration is due to the roommate's behavior and how much is due to your own history. By knowing the reason for your frustration, you may be able to divert your attention to negotiating a constructive solution with your roommate. This example is to illustrate how important it is to pay attention to the details of your experience to gain access to your ingrained values.

The following experiential learning activities are designed to assist you with understanding how you constructed your own beliefs and biases. Centering prior to the activities may assist you with not censoring.

Concrete Strategies

Experiential Learning Activities on Values, Beliefs, and Biases

It is important for you to not judge, censor, or minimize your inner dialogue (intrapersonal communication). You can only be aware of your inner experience when you are still and listen to your body and mind as you breathe in relaxation and breathe out tension slowly and evenly. Close your eyes and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p.11). Write and then experience:

Values

1. Think of one incident where you were frustrated with a peer/trainee/client. What were your assumptions? What did you expect? Was your frustration related to your values? If so, how?
2. What did you think your role was in this situation?
3. How much of your inner dialogue (intrapersonal communication) was related to your cultural/family/individual values?

(continued)

Beliefs

1. State what core beliefs you learned growing up from the following:
 - (a) Father (or father figure)
 - (b) Mother (or mother figure)
 - (c) Extended family member (grandparents, uncle, aunt, etc.)
 - (d) Community
 - (e) Country
2. What are your relationships to these beliefs now?
 - (a) Do you still have these beliefs?
 - (b) Have you modified these beliefs?
 - (c) If you discarded all or some of them, state your reasons for having done so.
 - (d) Do you want to discard some core beliefs but find yourself being influenced by them? Describe your feelings.
 - (e) How did your parents or parent figures communicate their beliefs to you (e.g., with anger, force, an attempt to induce your guilt, warmth, and inductive reasoning)?
 - (f) How do you deal with people who have different beliefs from yours? Give a specific example of a belief you have and how it is different from that of another person. Describe your thoughts, feelings, and behaviors about the other person.
 - (g) How much of your intrapersonal communication is based on your beliefs?

Biases

1. What were the biases you grew up with, and when did you realize that they were biases?
2. What are your relationships to these biases now?
 - (a) Do you still have these biases?
 - (b) Have you modified these biases?
 - (c) If you discarded your biases, state your reasons for having done so.
 - (d) Do you want to discard a bias but find yourself being influenced by it? Describe your inner experience.
3. Which biases were emphasized by your mother (or mother figure), and which biases were emphasized by your father (or father figure)?
4. How did your parents (or parent figures) communicate their biases to you (e.g., with anger, force, an attempt to induce your guilt, warmth, and inductive reasoning)?
5. Describe the sociocultural and political context of your childhood.

(continued)

6. Reflect on your answers to the previous questions. Close your eyes for about 3 minutes. Open your eyes and write down the words or draw the images that came to your mind.
7. What is the significance of the words and images from Question 6?
8. What are your significant biases now? How do they relate to your childhood biases?
9. How do you deal with people who have different biases from yours? Give a specific example of a bias you have and how it is different from that of another person.
10. Describe your thoughts, feelings, and behaviors about the other person.

You may notice that your intrapersonal communication reflects your values, beliefs, and biases. You may be able to observe your inner experience clearly and discover various things about yourself. You may discover that you like people who have similar values, beliefs, and biases and do not like people whose values and beliefs are different from yours. You may feel uncomfortable with the process of discovering your own values, beliefs, and biases that do not fit your ideal self-image. You may feel uncomfortable due to a gap between your real self and your ideal self. You may be delighted to discover your values, beliefs, and biases; acknowledge your feelings and let your feelings be felt. You may be indifferent about the process of acknowledging your indifference without judgment. There are multitudes of reactions, and all of them are unique.

The goal of self-assessment through experiential learning activities was for you to examine whether your conceptual understanding of self-knowledge matches with self-knowledge through your inner experience. If there are discrepancies between your conceptual understanding and your knowledge through inner experience, you need to work on to deconstruct barriers that prevent you from implementing equity and justice.

3.4 The Impact of a Provider's Values, Beliefs, and Biases on Assessing and Treating Clients

The personal stories below illustrate the impact providers' unawareness of their values, beliefs, and biases on clients. First, you are encouraged to put yourself in the client's position (perspective taking) in each case and observe your feelings as the client. Then draw or write a few phrases to capture your feelings and thoughts before reading the next example. Second, quotes from Fadiman's (1997) classic book are presented, and you are encouraged to imagine you are a Hmong and observe your feelings, thoughts, and behaviors as you read and pay special attention to your intrapersonal communication.

Personal Story

The following is an e-mail I received from an Asian American college student who went to the college counselor to get help:

In terms of the school population being mostly “Christian”—my frustration! I like some of the faculty, but I interviewed one before about how non-White students feel like they are not part of the “community”—and she told me I wasn’t trying hard enough! Or another example is—Thursday, I went to talk to my advisor (who I like), and he told me I should consider going to the counseling office, so I went...and in 15 minutes three of four people in the office are minority kids. That is 75% in a counseling office, when we make up less than 12% of the college population (actually less than that, they cushion their numbers somehow). When I talked to a counselor about my frustration with only European American ethnocentric views on campus and not being included in the community, she said I need to try hard to reach out. Can you believe?

When a provider is not aware of her own values, beliefs, and biases, she is not aware of how they affect her clients. She may not know they lead to unintentional marginalization, discrimination, prejudice, stereotyping, racism, sexism, heterosexism, ableism, and other isms, which devastate clients’ mental, physical, emotional, and psychological health. How did you feel as you read the above email as if you were her? What did you want to hear from the counselor? What would you have said to the student? The provider may not be aware of the fact that her values, beliefs, and biases may compound the client’s problem in the name of helping. There is no one who could intervene to minimize the harm by the provider because counseling or psychotherapy usually takes place in the privacy of an office. It is not that the provider is intentionally marginalizing, minimizing, or oppressing the client, but she marginalizes the client due to her inability to be aware of her biases. Robinson (2005) writes, “Regardless of race, counselors who choose not to face their biases with courageous introspection are not appropriate candidates in the mental health profession” (p. 140).

The following are two more examples of what happens when a provider is not able to hear a client due to her inability to perceive the client from the perspective of the client’s cultural values.

Personal Story

Maria is a 27-year-old Mexican American who goes to see a counselor because she is torn between her desire to pursue her career and her obligation to do what is expected of her. Her counselor tells her to listen to herself and do what is “best for her.” Maria tells her counselor that she doesn’t know what’s best for her, and the counselor asks her, “Didn’t you say you want to pursue your career?” Maria feels that the counselor has no idea about her culture.

(continued)

Peter's counselor encourages Peter to move out of his parents' home. The counselor asks, "Don't you think it will be healthy for you to move out of your parents' home?" The counselor continues, "You are 34 years old, and you have a good job." Peter, who is a Vietnamese American, feels he is not understood by his counselor. Peter came to counseling to sort out what he really wants to do for his career; however, the counselor is "fixated" on Peter's living condition. The counselor does not understand that Peter has no problem living with his parents. Peter has explained to the counselor that it is his cultural custom, and he has no problem with his living arrangement. Peter feels that the counselor is much more interested in honoring her own values than she is understanding Peter's value. Peter wonders whether he should continue seeing her when she is not able to hear him.

American Indians/Native Americans, Alaska Natives, African Americans, Arab Americans, Muslim Americans, Asian Americans, Pacific Islanders, Latinx, and multiracial Americans are socialized at home and the community with collectivism orientation which values extended family (Xu & Xie, 2021). Therefore, doing their own thing creates intense internal conflict that cannot be understood by those who are socialized in individualism-oriented culture. Children experience internal turmoil through the socialization process when their family and community values and beliefs are incongruent from that of the dominant cultural values and beliefs. Even though Maria wants to pursue her career, her desire to meet her obligation as a family member is equally strong due to her socialization emphasis on the family. It is easier for members of the dominant culture to focus on doing their own thing because they have been socialized to practice being individuals. It is difficult for individuals who are socialized with two contradictory values to decide what is best for themselves because what is best for themselves are context bound. It is a very complex process to balance their collective values and beliefs with their desires and wants. Maria needs a provider who can assist her in processing the complexity with compassion and openness. She needs a provider who can see Maria from Maria's worldview.

If you have completed accessing your inner experience through experiential learning activities (*concrete strategies*), your awareness of your values, beliefs, and biases has increased. You also understand how difficult it has been to access your inner experience. Therefore, you may not understand Maria, why it is difficult for her to make her own choice, but you understand she is suffering just like you suffered to access your inner experience. Your openness comes from your own experience of suffering. She will notice your nonverbal language of acceptance without judgment, and she will be open to express all about her difficulty without censoring. Peter's living situation is normal from his cultural perspective. It is a common practice that grown-up children stay with parents until they get married in many cultures

with collective value orientation. The sign of independence is not determined by whether grown-up children move out of parents' house at a certain age in his culture. These grown-up children assist parents with various tasks to manage the households while spending the quality time with parents. In addition, these children save up their money for their down payment on a house or condominium. His counselor's value interferes with her ability to assist Peter with his career decisions probably without her awareness. She needs to critically examine her role as his counselor and how she could feel, think, and behave if she were marginalized—especially, by her own counselor. The focus is not to have ideal values to be multiculturally competent but being aware of her own values and beliefs which impact her ability to perform as a provider.

If you are aware of your values, beliefs, and biases, you are able to notice the difference between your values and the client's values before you express your value as if you know what is best for a client even though you do not know the client's culture, values, and beliefs to assist the client. Fadiman (1997) portrays the difficulties involved in helping individuals from another culture when helping professionals do not understand the other's cultural ways of defining illness and healing. Fadiman's book, *The Spirit catches you and you fall down*, which is based on a real case, depicts challenges and complications involved in with Lia because of dramatically different beliefs, values, and biases of two cultures (Hmong vs. North America). One of the difficulties was inability to communicate. Lia was born on July 19, 1982, in Merced, California, to Hmong refugee parents who had eight other children. Lia was the first child born in the United States. According to her parents she got sick at 3 months when her sibling slammed the door. A *Dab* (a malevolent spirit) captured her soul and that was how she became ill. Fadiman writes,

Sometimes the soul goes away but the doctors don't believe it. I would like you to tell the doctors to believe in our neeb (healing spirit)...The doctors can fix some sickness that involve the body and blood, but for us Hmong, some people get sick because of their soul, so they need spiritual things. With Lia it was good to do a little medicine and a little *neeb*, but not too much medicine because the medicine cuts the *neeb's* effect. If we did a little of each she didn't get sick as much, but the doctors wouldn't let us give just a little medicine because they didn't understand the soul. (p. 100)

According to the North American doctors, her symptoms suggested that she had epilepsy. The North American helping professionals did their best to care for Lia according to North American cultural values. Lia's physician, who cared deeply about Lia, wrote to Child Protective Services in an attempt to provide the best care for Lia. He wrote:

Because of poor parental compliance regarding the medication this case obviously would come under the realm of child abuse, specifically child neglect...It is my opinion that this child should be placed in foster placement so that compliance with medication could be assured. (Fadiman, 1997, pp. 58–59)

The California court decided that Lia's parents were unfit to take care of their daughter because they were not compliant with medication administration. The recommendation to place Lia in foster care was to help Lia. The role of the soul in

sickness and health was an unthinkable concept in Western allopathic medicine. Western medical professionals probably did not know “the mind-body dichotomy does not exist in Hmong culture and because so much illness among Hmong refugees has a psychogenic element, the *txiv neeb* (shaman) is an ideal collaborator in the healing process” (Fadiman, 1997, p. 267).

Lia was removed from her home so that her epilepsy medication would be administered to the physician's recommendation. Western medical profession believed that her epilepsies would be treated by medication. Taking a child away from parents is hard from a North American cultural perspective, but it would be detrimental to a Hmong refugee cultural perspective for multiple reasons. (a) Hmong is a collectivism-oriented culture and the emphasis on family is much stronger than that of individualism-oriented culture. (b) Living in a foreign country is difficult even if you speak the language because of different values and beliefs which are foundations for laws, policies, and rules. (c) Lia's family members were living in a foreign country as refugees with a language barrier. (d) Being refugees added another dimension of complexity because refugees did not choose to come to the United States.

They were forced to leave their homeland and have no home to return to. Their psychological and emotional suffering was likely to be much more complicated than immigrants who chose to come to the United States.

Taking a sick child away from the refugee family because the parents were “unfit” on the basis of the North American standards was an insult to the Hmong culture. Although the Western helping professionals worked hard to take care of Lia within their values and beliefs which were framed on Western ideology, their decisions (the physician and the court) reflected their multicultural incompetency since they treated Lia and her parents as if they had the same beliefs and values as North Americans. Fadiman writes:

I do not know if Lia would be able to walk and talk today had she been treated by Arthur Kleinman (a psychiatrist and medical anthropologist) instead of by Neil Ernst and Peggy Phillip (pediatricians). However, I have come to believe that her life was ruined not by septic shock or noncompliant parents but by cross-cultural misunderstanding. (p. 262)

Lia died in 2012 when she was 30 years old. Lia lived 26 years of her life in a vegetative condition, and most people with the condition die within 3–5 years. No one knows whether she would have come out of the vegetative state if she had not taken medication, if medication was administered on a regular basis at home, or she was not placed in the foster care. Her case illustrated that complexities involved in implementing multiculturally competent practices. I used Fadiman's book as a seminar book when I taught multicultural counseling programs. I asked students to put themselves into different character roles as they read to explore each character's values and beliefs. The book provided transformative learning experiences for students because the students felt for Lia, Lia's parents, and North American helping professionals. They understood the importance of being aware of the client's world view but did not know whether they were able to set aside their own values and beliefs in this case.

Multicultural counseling competencies require tolerance for ambiguity, assigning equal importance to other cultural values, beliefs, and meaning-making as your own, and having respect for other ways of being and other traditions. Increasing multicultural counseling and DEI competencies expands understanding the impact of implicit or unconscious values and beliefs of the provider on the provider's decision concerning the client.

Part I is written in both linear and nonlinear styles in order for you to familiarize the style that is foreign to you. Increasing multicultural and DEI competencies includes familiarizing styles of clients from nondominant cultural backgrounds. Learning about some barriers to equity and justice like your intrapersonal and interpersonal communication styles, your values, beliefs, and biases, and accessing your inner experiences are steppingstones to increase your multicultural counseling or DEI competencies. As you move to Part II, repeating some of experiential learning activities in Chaps. 2 and 3 will facilitate your ability to integrate your learning from Part I to Part II.

Consciousness Practice

1. Close your eyes and breathe in relaxation slowly and breathe out chatters and tension slowly. Repeat for at least five times.
2. What is your inner experience right now? Observe without censoring and judging.

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Part II
**A Provider's Awareness of Systemic and
Internalized Oppression/Privilege**

Chapter 4

Racism



Mindfulness Practice:

Close your eyes, and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one, inbreath; two, outbreath). Observe your mind and body without judgment as you breathe in and out. Slowly open your eyes. Are you ready to read the chapter?

4.1 What Is Race?

According to Asabor et al. (2022), race is historically defined categorically with biological *phenotypic* characteristics such as physical features (skin color and hair texture). According to Takaki (1993), the birth of America was born with racial disparity which was constructed by White settlers to secure their economic security. Bliss (2020) supports Takaki by summarizing that race “is one that we make and remake in our interactions. Social scientists and humanists call this process “social construction.” Race is not just an idea or a fiction; it is made real to us through our social practices. Classifying humans as biologically or genetically distinct has real consequences...the concept used to justify and uphold systems of inequality that have had and continue to have devastating consequences for people’s lives and life chances. Race is a sociopolitical economic construction by the system and is not a biological term...the basic idea that race is biological was embedded in cultures around the world” (S15). Biology is the scientific study of organism, and evolution is a central part of biology which postulates that all life has a common ancestry (Sadava et al., 2014).

Templeton, professor of biology, (2013) states:

Since evolutionary biology deals with all life on this planet, biologists need a definition of race that is applicable to all species. A definition of “race” that is specific to one human

culture at one point of time in its cultural history is inadequate for this purpose. Therefore, a universal, culture-free definition of race is required before the issue of the existence of races in humans (or any other species) can be addressed in a biological context. (p. 265)

Templeton's (2013) view is supported by Maglo et al.'s (2016) interdisciplinary research with advanced statistical analysis. Some researchers and scholars argue there is no racism since both leaders from private (J. Craig Venter) and public (Francis Collins) genome-mapping teams publicly announced that all people are, regardless of their race, 99.9% genetically the same (Bonham et al., 2005; Yudell et al., 2016). The Human Genome Project was coordinated by the National Institutes of Health at the Department of Health and Human Services and the US Department of Energy. According to the Department of Health and Human Services (2017), "A genome is an organism's complete set of DNA, including all of its genes...in humans, a copy of the entire genome—more than 3 billion DNA base pairs..." (p. 3) are analyzed. The Human Genome Project started in 1990 and completed in 2003 and was an international research project with participants from the United Kingdom, France, Germany, Japan, China, and universities in the United States. The argument makes sense if the 0.1% genetic difference between races is treated as only 0.1% which indicates insignificant racial difference.

According to this perspective, all racial groups should have been treated equally by the system (governments, institutions, organizations) in terms of racial privileges and benefits. No racial groups should have been allowed to claim racial superiority, no governmental laws and institutional policies should have been allowed to discriminate against nondominant racial groups, and no racial groups should have suffered from repeated systemic oppression which became internalized oppression. An examination of historical and current incidents of systemic racism like slavery, lynching, racial profiling, and institutional racism indicates that nondominant racial groups have not been treated the same as the dominant group, although the genetic differential between races ranges 0.1% and 3%. Our social structure has reacted to this insignificant difference as if it is a significant difference of 99.9% (Gillborn, 2015). This clearly demonstrates that racial injustice and inequity have been the result of sociopolitical construction by the dominant racial group members to maintain their power and privilege as a group (Bliss, 2020; Gillborn, 2015; Hartigan, 2015; MBiostat et al., 2022; Takaki, 1993; Templeton, 2013). Hartigan (2015), a professor of anthropology, states "race entails a system of classifying people into groups either explicitly or implicitly promoting the notion that these groups are ranked in terms of superiority or inferiority" (p. 2).

Since the Human Genome Project completion in 2003, researchers were interested in the origin of human ancestry and genetic differences dating back to 140,000 years ago. Shriner et al. (2014) analyzed publicly available genome-wide genotype data on 5966 individuals from 282 global samples and found that 97.3% of individuals have mixed ancestry and 96.8% of individuals showed multiple ancestries on all continents and the vast ancestral heterogeneity. They concluded that race is not an objective genomic classifier. The biotechnological revolution asks us how and why we ignore facts and perpetuate prejudice, racial discrimination, and

racism. This book is designed to reduce perpetuation of prejudice, discrimination, and isms by developing holistic strategies that are based on facts and psychology research findings with neurocognitive science, neurobiology, consciousness studies, and expressive art.

4.2 Can We Reconceptualize Race?

Yes, we can, if the 0.1% genetic difference between races is treated as 0.1% which means insignificant racial difference. Following subsections are consist of two areas. One is facts about the race; the other is barriers to reconceptualizing race.

4.2.1 *Facts on Race: Mixed Ancestry and Multiple Ancestries*

Most multicultural textbooks classify people into racial categories such as American Indians/Native Americans and Alaska Natives, African Americans, Asian Americans and Pacific Islanders, Latinas/Latinos, and Arab Americans and Muslim Americans. These racial categories are originated out of White settlers' sociopolitical economic ambition in the United States (Takaki, 1993). "A collective concept of race...is a fallacy that will always lead to social inequality" (Bliss, 2020, S15). Racial categories give the appearance of understanding how each racial group differs culturally; however, they have a tendency not only to stereotype racial groups but also to ignore variations within each racial group. They also foster race-based societies, which are formulated on hierarchy of sociopolitical and economic system and operate within a hierarchical social system. In these societies, racial differences are viewed as profound and unchangeable facts. Racialization is deeply embedded in the consciousness of people in race-based societies like those of North America (Burke, 2017; Gillborn, 2015). Therefore, classifying individuals into racial groups in multicultural counseling textbooks and DEI trainings is not only ignoring scientific facts on mixed ancestry (97.3%) and multiple ancestries (96.8%) within individuals on all continents (Baker et al., 2017) but also perpetuating and maintaining racial hierarchy (Bliss, 2020; MBiostat et al., 2022). We are ignoring or forgetting that "...'racial difference' is invented, perpetuated, and reinforced by society" (Gillborn, 2015, p. 278).

4.2.2 *Facts on Race: Variations Within, Between, and Among Races*

There are variations within a racial group and among racial groups. People of color represent various racial groups (e.g., African Americans, American Indians, American Jews, Asian Americans, South Americans, Middle Eastern Americans,

Central Americans, Caribbean Americans, Cuban Americans, Muslim Americans, biracial Americans, multiracial Americans, and so on), classes, ethnicities, sexual orientations, ages, disabilities, educational levels, regions, religions, and language. Some of them are from a collective value orientation, some of them are from an individualistic value orientation (Shavitt et al., 2011), and some of them are from a mixture of the two. Some people of color who were born and raised in the United States have been oppressed, marginalized, discriminated against, and prejudiced against since childhood because of their skin color, facial feature, or other physical features. Some of them who were born in the United States or other countries were adopted by European Americans. Some adoptees are satisfied with their adoptions, some wonder about their biological parents, and some fluctuate between the two. This is also true for those who have been adopted by members of their own racial groups. Some adoptees may have unresolved adoption, loss, and abandonment issues; some have not; and some fluctuate between the two. Some adoptees struggle with having skin color and facial features that are different from those of their adopted family, some do not struggle, and some struggle occasionally. Some adoptees are racially mixed, representing a mixture of diverse groups, while others are not. The racial identity of biracial and multiracial individuals also varies greatly from individual to individual. Some enjoy their ability to appreciate more than one culture. Some frequently feel torn between two racial identities and feel disloyal to one parent's racial identity if they choose the other parent's racial identity. Some reverse their racial identity as they go through different developmental stages, and the degree of their identification with one race versus the other varies from individual to individual according to their developmental stage and/or social contexts. Some go through transitory periods where they feel they cannot identify with either race or they want to identify with both races simultaneously. For some, the transitory period becomes a struggle throughout their lives.

Root (1992) states that a hierarchical social system and simplifying (*dichotomizing*) complex relationships become “vehicles of oppression” (p. 4). Nash (1992) also postulates that deconstructing inappropriate hierarchical and dichotomous thinking would likely lead to biracial and multiracial individuals being comfortable in their racial identity. When they are comfortable in their racial identity, they can come to the conclusion, “Rather than seeing myself as an Asian American or a European American, why can't I find strength and wisdom in each and both?” (Nash, 1992, p. 331). Biracial and multiracial individuals do not fit into existing racial classifications. Insisting they fit their racial identity into a socially constructed either/or category is denying their right to be Americans. Some of them are immigrants, some of them are refugees, and some of their ancestry started with the birth of America. Applying dichotomous (i.e., “either/or”) thinking to racial groups excludes variations within, between, and among racial groups.

4.2.3 *Barrier to Reconceptualizing Race: Social Categorization Theory of Race*

Understanding social categorization theory is important in understanding racism, sexism, classism, heterosexism, ableism, ageism, and other *isms* relating to memberships in religion, language, region, and so on. It groups people into various social categories (e.g., race, gender, class, students, musicians, and so on). Proponents of social categorization insist that “categorization is fundamental to the human cognition because it serves a basic epistemic function: organizing and structuring our knowledge about the world” (Bodenhausen et al., 2012, p. 311). It probably is fundamental for human cognition when the categorization is based on facts. However, when the categorization is conceptualized based on incorrect information, our knowing about the world is skewed, and this skewed view is ingrained as facts throughout our socialization process resulting in unrepairable damages. Social categorization facilitates perpetuating racial prejudice, racial discrimination, and racism.

The definition of race in social categorization has been based on phenotypic physical features (e.g., skin color) which are adaptive traits and not genetic differentiation (Templeton, 2013). When race is categorized by each “racial” group as if each group is genetically discrete and exclusive, we are considering these phenotypic adaptive traits as genetic markers (Maglo et al., 2016). As stated earlier, the Human Genome Project was completed in 2003, and there has been numerous research on genetic differences and population genomics. The Human Genomic Project indicated that the genetic difference between races is 0.1%, which means we are 99.9% similar (Bonham et al., 2005). As stated earlier, Shriner et al. (2014) reconstructed the history of modern human ancestry using genome-wide genotype and sequence-based reconstruction. They found from their global sample that 97.3% of individuals are from mixed race ancestry and 96.8% of individuals had multiple race ancestries. According to these genomic studies, our genetic differences range between 0.1% and 3%. Genome analyses imply that there are Whites (phenotype) who have non-White genes and non-White (phenotype) people also have White gene. This means categorizing racial groups does not represent most people. But it also divides the dominant racial group from nondominant racial groups. This prevents nondominant groups from having access to the dominant group’s benefits. “... ‘racial difference’ is invented, perpetuated, and reinforced by society” (Gillborn, 2015, p. 278). Winant (2014) also wrote:

Race was invented along with the modern era; this was a historic swing that itself took several centuries to accomplish. It involved the lift-off of capitalism,... worldwide European seaborne empire,... conquest and settlement, the African slave trade,... The invisibility of the dark matter then – the darker peoples of that time... They were invisible as people. (p. 2)

Hartigan (2015) states “race entails a system of classifying people into groups either explicitly or implicitly promoting the notion that these groups are ranked in terms of superiority or inferiority” (p. 2).

It is apparent that race is not a biological concept because it is defined by phenotypic characteristics like physical features, although some scholars treated phenotypic characteristics as genetic markers without knowing the genetic differentiation to maintain their dominant positions (Miele, 2009). Phenotypic characteristics are adaptive traits which are developed to adjust to environmental conditions. Race is a sociopolitical economic concept to perpetuate racial inequality framed in ethnocentrism (Bizumic et al., 2009; Light & Ulmer, 2016). Research with regard to social categorization of race indicates that people favor ingroups (ingroup favoritism) over outgroups.

Ingroups vs. Outgroups

A comprehensive meta-analysis by Balliet et al. (2014) reviewed 212 studies from 77 publications and found that people tend to favor ingroups by cooperating more with ingroups compared to outgroups (*ingroup favoritism*). Another meta-analysis on ingroup favoritism by Krueger and Chen (2014) found that participants not only favored ingroup members but also showed that they thought their opinions or beliefs were similar (*social projection*) to their ingroups on important issues. A behavioral indication of ingroup favoritism is intergroup discrimination. Ingroup favoritism and intergroup discrimination are based on dichotomous and hierarchical thinking, social projection, attribution error, and asymmetric perceptions (Chae et al., 2022; Robbins & Krueger, 2005; Verkuyten, 2021). These are contributing factors for persistent racial prejudice, bias, discrimination, and racism.

Asymmetric perception and attribution error regarding self vs. others have been found in various studies, and they are foundations of ingroup favoritism, which is based on ethnocentrism (Berry, 2015; Bizumic, 2021; Bizumic et al., 2009). Participants indicate that they believe that they are less biased than their peers because their judgments are more objective than their peers and believe their peers and other people are more biased due to their subjectivity. In other words, participants overestimate their own judgmental qualities as positive and objective and others' judgmental qualities as subjective and susceptible to external factors. Studies of asymmetric perception in introspection between self and others indicate participants tend to value introspection in their own self-assessment but do not consider the value of introspection in others' self-assessment, especially, from cultures with individualism orientation (Kim et al., 2014; Kim & Cohen, 2010).

It is difficult to transcend inappropriate high self-appraisal, ingroup favoritism, and asymmetric perception because these are learned throughout socialization process. Some studies show children 5 years and up dislike children who do not conform to their ingroup norms. Children's explicit prejudice against an outgroup occurs when their identification with an ingroup is solid. Children tend to display ingroup favoritism when an ingroup excludes an outgroup norm and perceives the outgroup as a threat. Such socialization practices foster ingroup favoritism and asymmetric perception which lead to racial prejudice and racial discrimination (Canty-Barnes, 2016; Saarinen et al., 2021).

4.2.4 *Barriers to Reconceptualizing Race: Internalized Racial Oppression/Privilege*

As you probably noticed, ingroup favoritism, asymmetric perception, social projection, and attribution error theories indicate racism is based on these types of ethnocentric biases, especially by the dominant racial group. Ethnocentrism is divisive and conceptualized based on inappropriate dichotomous, hierarchical, and linear thinking to systemically benefit dominant racial group members (Whites). Therefore, governmental, institutional, and organizational policies, laws, and rules are written to favor Whites and unfairly discriminate against non-Whites based on skin colors. Children are exposed to this divisive environment from birth and learn about who they are from multiple agents implicitly and explicitly (Buttelmann et al., 2013; Jordan et al., 2014) throughout their socialization process. White children who are socialized by long-held belief of the superiority of Whites over other races grow up with different inner experiences compared to non-White children with the same belief (White superiority). The study by Jackson et al. (2006) demonstrated how these different experiences manifest in children's school life. The study found that the impact of children's internalized oppression and privilege on their decision making. The research showed that non-White children rated White children higher as leaders even when there were few White children in class compared to non-White children (*internalized oppression*). Contrary to non-White children, White children exerted their power by just being White due to *internalized privilege*. Furthermore, Black children were not rated as leaders even when there were more Black children in a class unless Black children were the overwhelming majority, and the teacher was Black. Probably both Black and White children were not aware that their behaviors were the results of *internalized racial oppression and racial privilege*. This study illustrates:

...the psychic costs of internalized racial oppression defined as the individual inculcation of the racist stereotypes, values, images, and ideologies perpetuated by the White dominant society about one's racial group, leading to feelings of self-doubt, disgust, and disrespect for one's race and/or oneself. (Pyke, 2010, p. 553)

Most non-White children in the United States grow up with their race as *less than* Whites from well-meaning multiple social agents and every level of the ecosystem (micro, meso, and macro, Bronfenbrenner, 1981). They have been reinforced to model culturally appropriate behaviors (dominant group's values) and have been punished for culturally inappropriate behaviors (nondominant group's values) throughout their socialization process. Thus, they have learned to internalize dominant values as appropriate and to marginalize their own racial group values as inappropriate just like their oppressors. In other words, they have learned to internalize racial oppression without their awareness because of repeated exposures from all sides daily resulting in the neurobiology of automaticity (Sapolsky, 2017). These children were born into the social system that was built and has maintained the structure of racial inequity (David, 2014; Levinson et al., 2021). Furthermore, some parents perpetuate their own internalized racial oppression to their children when

they become targets of racism. For instance, parents who practice racialized socialization practice focus on racial bias and racial mistrust in their children to protect their children (Priest et al., 2014). Even well-meaning researchers at times perpetuate internalized oppression or privilege by focusing on pathology with non-White children but not with White children. Thus, systemic racial privilege and oppression are deeply embedded in our psyche and neural development (Baron & Dunham, 2015). According to Young (2000), oppression is “systemic constraints on group[s]” and is structural. This structural oppression cannot be eliminated by new laws “because oppressions are systematically reproduced in major economic, political, and cultural institutions” unconsciously (pp. 36–37). Chen (2017) states depriving “capability to self-develop” (p. 430) is the core of oppression. The racial disparity is also complicated by the fact that privilege is often invisible to privilege holders while oppression is very visible to the oppressed. Adding to the invisibility of privilege is the neurobiology of automaticity. Because of repeated exposures to privilege from all sides daily neurobiology of automaticity means information is automatically activated without conscious awareness. Thus, the concept of White privilege, for some racially privileged individuals, is a difficult concept to understand because some of them do not *feel* privileged. For instance, a White man who has been raised in poverty and is still living in poverty may feel frustrated, angry, alienated, and misunderstood when others say he is racially privileged because he does not feel privileged. Johnson (2017) articulates eloquently about the distinction between privilege and oppression. He reminds his readers that both racial privilege and racial oppression are determined by the color of the skin. Therefore, only White people are racially privileged because they belong to the White racial group, and non-White people are targets of racial oppression because they belong to non-White racial groups, regardless of their class, sexual orientation, gender, disability, age, education, religion, and so on. Many White people experience oppressions due to their gender, class, sexual orientation, disability, age, religion, and so on, but not due to their skin color. The White man who was raised in poverty and is still living in poverty has a hard time acknowledging his skin privilege because his dominant identity is class and his worldview is shaped through his experience with his dominant identity, class. His experience with his dominant identity, class, prevents him from seeing his White privilege. What is difficult for White individuals to understand is that White individuals, regardless of their other identities, are systemically privileged in accessing education, housing, job, and healthcare. Furthermore, they are less restricted or discriminated by local and national laws, going through security systems at airports, practicing their religious rituals, and so on compared to members of other racial groups. Understanding the dynamic and complex relationships among systemic privilege and oppression, internalized privilege and oppression is an essential component of reaching racial justice and equity. The other equally compelling concept is that privilege is invisible to the privilege holders, whereas oppression is so visible to the oppressed. This results in comprehension gap between Whites and non-Whites. Please reread the case I cited in Chap. 1 about Senator Murkowski’s comments and MSNBC’s Reid’s reaction to Murkowski’s comments. The oppressed often assumes the behavior of the privileged is intentional. As we

discussed in Chap. 2, our intrapersonal communication (our self-talk) automatically activates neural pathways of perception, motor, and emotion related to meaning of the oppression or intention (Bergen, 2012). Therefore, we perceive through our assumptions or beliefs that the behavior is *intentional* without factual information, but we assume without acknowledging our own cognitive distortions since it is crystal clear in our mind's eye as a result of self-confirming process (*intrapersonal communication*).

The following reflection and imagery learning activities are designed to facilitate transformative learning related to racial oppression/privilege.

Concrete Strategies

Reflection Activities on Racial Privilege and Racial Oppression

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience:

Go back to your timeline as far as you can, as you breathe in and out slowly and evenly. See whether you can recall a memory of racial issues in school from your childhood, for example, White privilege or racial oppression.

1. Describe your memory of White privilege or racial discrimination, prejudice, or institutional racism at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone? If you did, with whom did you share it, and what was the person's response?
 - (c) If you did not tell it to anyone, what did you do with it?
 - (d) What was your feeling about your race and other races represented in the class?
 - (e) What did you learn from your teachers about race?
2. What did you learn about race from your family when you were little? Be specific.
 - (a) If your parents applied racialized socialization practice, for example, what was the main message?
 - (b) How does that message affect you now?

Group Discussion

3. Discuss concrete strategies to minimize internalized oppression for school children with individuals who have also participated in these reflection-based learning activities.

Crucial factors need to be understood to create a society that treats everyone with respect, justice, and equity are (a) acknowledge that an individual's personal experience with systemic racial oppression and racial privilege may be different from their group members' experience (Johnson, 2017). We need to listen to each story rather than generalizing based on stereotypes or our story; (2) understand the role of inappropriate thinking (*hierarchical, dichotomous, and linear*) in shaping personal and systemic racial oppression and racial privilege of all parties [e.g., multiple social agents from each level of the ecosystem (micro-, meso-, and macro levels) and self] and their (thinking) impact on internalized racial oppression and internalized racial privilege; (3) children start to learn at an early age whether they belong to racially privileged group or oppressed group through interactions with multiple social agents from multiple levels of environment (e.g., family, community, peers, schools, media, social media, churches, temples, synagogues, shuls, mosques, books, cartoons, songs, and so on); (4) understanding internalized racial privilege and racial oppression does not automatically allow one to transform. It takes time and patience to walk the talk of racial equity.

4.2.5 Barriers to Reconceptualizing Race: Unconscious and Automatic Activation of Racial Stereotypes and Prejudice

Much internalized oppression and internalized privilege operate without our awareness. Banaji and colleagues (Banaji & Bhaskar, 2001; Banaji & Greenwald, 2016) discuss the role of unconscious processes in prejudice and stereotyping and how difficult it is to transcend racism, sexism, heterosexism, ableism, ageism, classism, biases, and prejudices. Banaji and Bhaskar (2001) conclude as follows:

The best intentions do not and cannot override the unfolding of unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control...Second, when stereotypes are unconsciously activated and used, two direct challenges to the implementation of fairness are posed: (a) Perceivers and targets are often unaware of the steady and continuous rendering of judgments, and (b) judgments are based on beliefs about targets' social groups rather than on targets' actions. (pp. 142–144)

My clinical practice experience also suggests that internalized oppression and internalized privilege are activated unconsciously and that unconscious learning plays an important role in internalized oppression and privilege. Working with issues around internalized oppression and privilege is challenging because most clients have no awareness of being affected by internalized oppression and privilege. This is because ingroup favoritism, social projection and attribution error, and asymmetric perception are automatically (unconsciously) activated. Banaji and Bhaskar (2001) found that implicit expressions of participants' beliefs about and attitudes toward stereotypes and prejudice have no correlation to their explicit expressions of the same beliefs about and attitudes toward stereotypes and prejudice. However, they are

often unaware of the discrepancy (Burke, 2017; Rawls & Duck, 2017). Understanding the role of unconscious in internalized privilege and oppression, color-blind racism, and racial microaggression is extremely important for accurate assessment and for taking necessary steps to deconstruct racial discrimination.

The following experiential learning activities are designed to provide a transformative learning opportunity regarding oppression and privilege.

Concrete Strategies

Experiential Learning Activities on Racial Oppression and Racial Privilege

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes. Proffoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience:

1. Indicate whether you belong to a privileged group or an oppressed group in relation to your race. Remember that the task is not to determine whether you feel privileged or oppressed but to determine whether you belong to a privileged group or an oppressed group according to your society.
2. Do you feel you are privileged or oppressed? Explain why.
3. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or however it takes for you to feel relaxed and calm. Pay attention to your feelings and the images that come to your mind as you breathe. Slowly open your eyes, and draw your feelings and/or images.
4. What have you learned from these activities?
5. What was your understanding about systemic privilege and oppression before completing these activities, and what is your understanding of them now?

Group Discussion

6. Discuss your understanding of systemic oppression and systemic privilege with others who have participated in the same experiential learning activities of this section.
7. What did you learn about yourself and others in your group?

4.3 Racism

Racism is different from race in that it is unfair systemic advantages or benefits to a group based on skin color, White (Akil et al., 2022; Boyd, 2021; Levinson et al., 2021). It is more than racial prejudice and racial discrimination. Discussions in relation to racism in this chapter also applies to antisemitism which is “the specific form of racialisation” (Yuval-Davis, 2023).

4.3.1 *Deconstructing Racism Starts with Understanding Terms Correctly*

It is important to understand terms like “unconscious bias,” “microaggression,” “differences among racial prejudice,” “racial discrimination,” and “racism.” Some books including multicultural textbooks, DEI training programs, and media outlets do not make distinctions between conscious and unconscious and mislabel racial prejudice and racial discrimination as blanket “racism.” Misunderstanding terms and inappropriate use of terms interfere with developing appropriate action plans for a particular term. Developing effective action plans for racism involves changing laws, policies, and rules, while effective action plans for racial discrimination involve providing unconditional positive regard (*person-centered therapeutic technique*). For example, if a White child called an Asian child stupid, you may start with “what does it mean?” to make sure you understand what the White child meant by stupid. Then you may want to ask them what specific behavior of the Asian child made them to call the Asian child “stupid.” Ask them “How would you feel if someone calls you stupid?” (*perspective taking*). You actively listen to the child without judgment so that they can reflect on their behavior. According to neuroscience research, as long as we are “either hyperaroused or shut down,” we “cannot learn from experience” (van der Kolk, 2014, p. 207).

4.3.2 *Racial Prejudice, Racial Discrimination, and Racism*

About a year ago, I read “individual racism” from the APA (American Psychology Association) website, and I read some research articles discussing individual racism. Racism is governmental, institutional, and organizational laws, policies, and rules that benefit Whites. Governmental laws and institutional policies, and rules are upheld by both individual practices and institutional policies. I agree with Boyd that “It [individual racism] stifles understandings of systemic racism and deflects from the need for changes in practices, policies, and rules across institutions” (2021, p. 35). The following table (Table 4.1) shows differences among racial prejudice, racial discrimination, and racism.

Table 4.1 Racial prejudice, racial discrimination, and racism

Racial prejudice	Racial discrimination	Racism
Any prejudgment favoring Whites without just ground (e.g., White children are smarter than children of color)	Prejudice is translated into behavior that denies equal treatment of a person of color or people of color (e.g., calling children of color as stupid or didn’t want to play with them)	Governmental and institutional policies, laws, and rules that benefit only Whites (e.g., Trump cabinet’s Muslims banned in the name of national security, racial profiling, underfunding programs for non-White students, excessive disciplinary measures against non-White students, etc.)

4.3.3 *Microaggression vs. Perceived Microaggression*

I have concern about the way some people use microaggression as if the person who exhibits microaggression is conscious of their behavior. According to Pierce who conceptualized it in 1970 and Sue revitalized in 2010, the person who exhibits microaggression is most likely not aware of their behavior. I also wonder how we know our perceived microaggression is not from our own perception from our lived experience.

The term “microaggression,” which was conceptualized by Pierce in 1970, has been revitalized by Sue (2010). Pierce referred to it as “**unintentional discriminations** against African Americans, akin to subtle insults and diminutives” (Hughey et al., 2017, p. 304).

In 1974, Pierce expanded his concept of microaggression:

Almost all black–white racial interactions are characterized by white put-downs, done **in automatic, pre-conscious, or unconscious fashion**. These mini-disasters accumulate. It is the sum total of multiple microaggressions by whites to blacks that has pervasive effect to the stability and peace of this world. (p. 515)

Sue (2010) revitalized Pierce’s concept of microaggression and expanded as ...microaggressions are generally short and commonplace interactions and rely on relatively **unconscious biases** that denigrate people solely because of their perceived membership in a stigmatized racial category (Hughey et al., 2017, p. 305)

The above are three versions of the definition of microaggression. Two versions are from the original scholar who expanded his definition of microaggression. The third is Sue’s definition interpreted by Hughey et al. I have **bolded (see the above)** unintentional discriminations [Pierce (1970) defined as automatic, preconscious, or unconscious; Pierce (1974) defined as unconscious biases; Sue (2010) defined that microaggression is produced without conscious awareness]. All three definitions support Banaji’s and Bhaskar’s (2001) notion:

The best intentions do not and cannot override the unfolding unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control. (pp. 142–143)

I question the validity of research on macroaggression which relied on the conscious responses of participants when microaggression is unconscious behavior. It is not possible to obtain participants' microaggression from participants. I wonder whether researchers had a deep understanding of the unconscious nature of microaggression. The other concern I have is who determines the accuracy of racial microaggression since the person who is exhibiting the behavior is not aware of it. How can we be certain that the person who perceived microaggression is not generalizing their previous experience with microaggression.

We have discussed cognitive distortions in ingroup favoritism, symmetric perception, attribution error, thinking style, and so on. In addition, we also discussed the power of language on influencing neural pathways (Eichenbaum & Bodkin, 2001; Lupyan & Bergen, 2016). We discussed privilege being invisible to the privilege holders while oppression being vividly visible to the oppressed. It is imperative for us to apply both scientific (objective) inquiry and clinical (subjective) inquiry to examine our interpretation of perceived microaggression to make sure it is based on facts. Microaggression exists and is a barrier for achieving racial equity and identifying it accurately is a precursor to dismantling it.

4.3.4 Racism and Affective Processing

"The Civil Rights Division enforces federal laws that protect you from discrimination based on your race, color, national origin, disability status, sex, religion, familial status, or loss of other constitutional rights" (Department of Justice, 2017). However, the review of literature has been indicating pervasive racism at the governmental and intuitional levels that still hurt everyone, including White people (Banaji et al., 2021; Liu et al., 2023; Light & Ulmer, 2016; Okonofua & Eberhardt, 2015). It is important for mental health providers and DEI trainers to understand how racism affects both non-Whites and Whites, and the lack of understanding of racism by many North Americans is partially due to not understanding they have been racial privilege holders due to their skin color since their birth because of the structure of the system in the United States. As a result, most White Americans did not know or did not think governmental laws and private sector policies, rules, and goals are based on White middle-class values and beliefs. Probably most of them are not aware these policies, laws, and goals are constructed to benefit Whites. Racialized socialization process separates non-White children from White children (Canty-Barnes, 2016). What is communicated implicitly and explicitly to non-White children is that they are not "normal," "correct," and "right," while what is communicated to White children is that they are "normal," "correct," and "right," before both non-White and White children are able to question. Children have been learning internalized privilege and oppression through repetition of systemic privilege and oppression which are activated unconsciously due to the neurobiology of automaticity (Amodio & Cikara, 2021; Servant et al., 2018).

How racism is expressed has changed several times (dominant and aversive to color-blind) with sociopolitical contextual changes throughout history; however, it is still present. One challenge is that it is hard to directly address since it has changed from apparent, overt racism to subtle, color-blind racism (Rawls & Duck, 2017; Winant, 2014). “Critical race theorists argue the majority of racism remains hidden beneath a veneer of normality and it is only the more crude and obvious forms of racism that are seen as problematic by most people” (Gillborn, 2015, p. 278). Regardless of how racism has changed and how it is expressed, it stirs emotions of individuals who are targets of the racism and others who are race conscious. Takaki’s (1993) book *A Different Mirror: A History of Multicultural America* is excellent for facilitating emotional and intellectual understanding of racism and understanding the origin of inappropriate hierarchical and dichotomous thinking patterns in North America. The book is especially difficult for most White North Americans because it triggers all sorts of emotions. As indicated earlier, multicultural issues are loaded with emotions for privileged and oppressed for different reasons.

Racialization often creates the emotional distance between dominant (Whites) and nondominant (non-Whites) groups in the United States. For example, reactions to the classic documentary, *The Color of Fear* (Lee, 1994), by students illustrate the impact of racialization on the ability to perceive individuals from their worldviews. Most White students become afraid of expressing their opinion of the film because they do not want to “hurt” the feelings of non-White students. They also do not understand how the film is validating for non-White students. White students whose thinking patterns are hierarchical, dichotomous, and linear assume the class in which they watch the films is for the non-White students to vent. Non-White students whose thinking patterns are also hierarchical, dichotomous, and linear express their accumulated pain throughout their lives (*systemic oppression*) and transfer their past pain and current pain to White students or *generalize* that their unfortunate experiences are due to the White students in class. In this situation, most White students are often afraid or uncomfortable because they are unable to understand (*systemic racial privilege* and *internalized racial privilege*) that most non-White students have been victims of systemic racial oppression throughout their lives. Most White students also do not understand that they have been privilege holders throughout their lives and that they have been benefiting from unearned privilege without being aware of that privilege. It is hard for students to understand that being born White in North America gave them privilege because privilege is often invisible to privilege holders (Johnson, 2017; Rothenberg, 2015).

Once I had a non-White student who expressed *hate* toward the White students in class. She openly called the White students in class racists. She was filled with hatred to the extent that it was hindering her ability to learn. Often, she said that her race was “better” (*hierarchical thinking*) than the White. She had compassion for students of her own race and for other students of color including biracial and multiracial students but no compassion for White students. Seventy-five percent of students was White, and some White students were fearful of her. Some felt White guilt, and some were frustrated because they signed up to learn about multicultural counseling and not to be accused of being racists.

I spent many hours outside the class to assist the student to reflect on her behavior in relation to racism. I listened to her pain from her experience throughout socialization, especially institutional racism from schools and from her family's generational legacy with empathy. At times, the student said that I did not understand her culture because I was not "bashing" White students the way she wanted me to. She said that she did not understand why I, a non-White person, was not angry toward White students. I asked her how she knew I was not angry. She said because I did not say anything. I asked her whether she experienced anger but did not express it overtly. At times she was angry at me because she felt all I wanted was "everyone to be nice to each other." I actively listened. One point, I was concerned about her anger impeding on her own learning. So, I shared Korean history with Japan to see whether she could take a step aside from the classroom situation. I told her that although Japan conquering Korea happened before my birth, I was socialized through school textbooks in early grades to hate Japanese. I asked the student whether I should hate Japanese students in class since Japan conquered Korea and ruled it for 36 years. I told her that Koreans were beaten and not permitted to wear their own clothes or speak their own language. I told her that the Koreans who were discovered using Korean language were put into jail. I communicated to her that our roles, sociocultural contexts, beliefs, values, and biases were some of the factors influencing the way we expressed racial issues. I asked her whether she would reflect on the impact of her anger on her learning. I always ended the conversation with genuine caring for her. The program was a yearlong and she articulated her deeper feelings with less anger in the second quarter. One day I asked her what she wanted the White students to feel when she yelled that they were racists. I asked her whether it was possible for her to describe what specific comments and behaviors of White students led her to consider them as racists.

I was also supportive of the White students who were the targets of her anger. I encouraged all students to engage in honest dialogue by using *I messages*, even if it was painful and scary. I also encouraged students to use this opportunity to affirm themselves regardless of whether their *I messages* were understood or not. Toward the end of the second quarter, the student was able to differentiate between the White students (*individuals who belong to the White racial group*) and those White people (racial group) who hurt her and her people. It was a difficult task for all parties (White students, non-White students, and me), but all were able to transcend racial generalizations and to distinguish between reactions to systemic oppression and privilege and reactions to individuals who belong to a particular racial group due to their phenotypes (*skin color*).

Everyone in class took a risk by learning both intellectually and emotionally, and everyone was honest with self and with each other. It was painful at times. It seemed easier just to blame one side (*dichotomous thinking*) or to pretend not to notice (*denial*). But everyone was committed to be open to new possibilities by transcending racism, racial prejudice, racial discrimination, denial, White guilt, and ingrained beliefs. White students understood their White privilege came at a cost to non-White people. Although discussing White privilege was difficult after completing McIntosh's (1989) 26 White privilege statements, students really understood the

difference between White privilege and systemic racial oppression as they were processing the non-White student's questions. Transformative learning had occurred due to her (the non-White student) courage to be honest and to challenge the whole class and the White students' courage to be aware of their feelings and to express themselves with *I messages*. Most White students became close to the non-White student who also became close to her classmates. Her creative project presentation at the end of the year was appreciating everyone in the class for assisting her to learn to see them as people. Most students were able to walk the talk of understanding White privilege, systemic privilege, and systemic oppression.

I described details of the incident to illustrate how to actively listen to counter storytelling of the person whose internalized oppression is activated unconsciously and how challenging the whole process is for transforming ingrained systemic oppression and internalized oppression. Increasing multicultural counseling competencies requires time; patience; courage; ability to listen without judgment; ability to know your own intra- and interpersonal communication; thinking styles; ability to know your values, beliefs, and biases; ability to be vulnerable; and ability to understand the impact of attribution error, social projection, asymmetric perception, and ingroup favoritism on your worldview as well as the others' worldviews. Conceptual understanding of multicultural counseling competencies is necessary but not sufficient to walk the talk of multicultural counseling competencies.

Students who want to be social and human services providers and those who want to be DEI trainers need to feel emotions and examine their thinking styles without judgment. "Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our inner experience" (van der Kolk, 2014, p. 208). Feeling difficult and complex emotions facilitates the path to transformation. Transformative learning can be enhanced when Takaki's book is read in conjunction with other books that address racial issues. The combination of readings increases your level of emotional understanding of racism and racial issues.

Here are examples of feedback from my former students who represented most students' reactions whenever I assigned Takaki's *A Different Mirror: A History of Multicultural America* and Rothenberg's (2015) *White Privilege: Essential Readings on the Other Side of Racism*.

Student Feedback

Understanding White Privilege

A Different Mirror and *White Privilege* are two of the most influential books I have ever studied. I mourn that I never had access to the information and history with those pages in my primary school education...How race is a social construct, an illusion, one of the biggest lies—to ensure that one group always stays in power while the other remain oppressed. This has motivated me to continue building an awareness of the positions I hold privilege in and to use that privilege to become an ally for others.

—Brit

(continued)

This most recent cycle of inner agitation began with *White Privilege*. I experienced a lot of internal resistance while I was reading this book. When I heard classmates talking about White guilt I couldn't relate. My initial line of reasoning was: "It's only natural for the dominant, majority population group to process and defend the privileges they have—whether they are white or not. That's the way things are. Competition is universal and will always leave some groups disadvantaged. What's more, I like my privileges—I don't want to give them up!" It wasn't until I read Takaki's book that the first twines of White guilt—more sadness than guilt, really—were activated. By reading the stories of different non-white groups' contributions to the creation of the United States, I have seen exactly how my White privileges were paid for by the blood, sweat, and tears of those who were, and are, systematically denied the same privileges. In addition, I learned more history from reading Takaki's book than from any other source in my entire life! Somehow it all seemed more relevant the way Takaki framed it. —Todd

The book *A Different Mirror: A History of Multicultural America* has had a profound effect upon my changing worldview and me. In the book, *White Privilege*, it mentions how there is a part in everyone's life where they feel racism in our country finally hits them. These books allowed the opportunity for me to explore my own racial biases while attending to the needs of society. Society needs people with privilege to fight against systematic oppression and to give up their privileges. Learning about the true history of North America has opened my eyes and my heart to the pain that the oppressed people in our country experience on a daily basis. I am having a difficult time letting go of my anger and feeling of betrayal having been lied to for 2 years about the history of our nation and all its people. —Sonja

You probably noticed my former students processed the two books through transformative learning, and they were honest with their feelings. Their relationship to racism, racial issues, and White privilege was processed by sitting with complex and difficult feelings and learning from them as a result (Gainotti, 2012). In order to assist clients from different cultural backgrounds, it is imperative that the provider feels her inner experience without censoring or judging. Learning comes after being aware of inner experience (Durlak et al., 2016; van der Kolk, 2014).

One of the most difficult concepts for White students is that racism benefits them as a social group regardless of whether they are racists or not (Shawahin, 2016). In McIntosh's (1989) article, *White Privilege: Unpacking the Invisible Knapsack* (available via Internet), she lists 26 conditions of receiving daily benefits due to her White skin. McIntosh is a White feminist scholar who spoke out for "the other" because she was no longer able to stand racial injustice. Her work is a pioneer in addressing systemic oppression (racism). Her focus regarding White privilege is

that White people benefit from unearned White privileges because of their skin color. It is important to understand that White privilege is created by the social structure. Young (2013) wrote:

Social structure, then, refers to the accumulated outcomes of the actions of the masses of individuals enacting their own projects, often uncoordinated with many others. The combination of actions affects the conditions of the actions of others, often producing outcomes not intended by any of the participating agents. Sometimes these unintended outcomes even run counter to the intentions of most of the actors. (p. 55)

The above statement is profoundly important for all of us to reflect if we want social justice and equity for all people. It is important for us to remember historical and continuing racial injustice in order to prevent racial prejudice, racial discrimination, and racism. However, we need to reread and be conscious of Young's statement with the intent of dismantling racism with courage, civility, patience, and calm spirit to examine facts and concrete solutions born out of processing pain and dialogical discussions.

4.4 Intersectionality of Race and Other Identities

Multicultural counseling theories initially conceptualized racial identity as if it represents the whole person. There is no way to know about you from your phenotypic skin color; we call it race. Race is one of your identities, but it does not represent all your identities. When the first edition of this book was published in 2009, it was the only multicultural counseling textbook that was formulated on a person's multiple identities and their intersectionality. A few multicultural counseling textbooks added a few more social identities (gender, class, sexual orientation or gender, class, or disability) in subsequent years, but these added identities were treated as if they are independent of each other. As of today, my textbook is the only multicultural counseling textbook that is framed on paradigm shifts in thinking (from binary to holistic) and learning (from conceptual to transformative) to encompass the complexities of a real person's multiple identities and their intersectionality. When a paradigm shift in thinking occurs, it enables you to conceptualize real people's identities as linear, categorical, nonlinear, and go beyond categories. It enables you to conceptualize variations within a race and between races, within a gender and between and among genders, and within a class and between classes (and so on). The holistic (complex) thinking enables you to conceptualize variations of each individual's degrees of experienced oppression and privilege among multiple identities and their intersectionality. However, conceptualization of a multiplicity of intersecting identities alone does not heal complex emotions from inequity and injustice perpetuated by the system (e.g., governments, institutions, and organizations). Paradigm shift in learning from conceptual to transformative will allow affective processing of pain that stirs emotions of both oppressed and privileged for different reasons.

As I stated in the Chap. 1, I felt validated by numerous research on multiple identities and their intersectionality since COVID-19 pandemic. Because intersectionality acknowledges real people's experience as complex with multifaceted dimensions and layers of multiple identities, researchers, providers, and educators could learn from intersectionality research on how to replace a singular identity conceptualization with multiple identities and their intersectionality conceptualization. Numerous intersectionality studies showed interdependent nature of multiple identities (Akil et al., 2022; DiMaggio et al., 2020; Kolivoski, 2022; Rich et al., 2022). For example, DiMaggio and his colleagues (2020) found intersectionality of race, region, and education as determinants of low rates of COVID-19 vaccination. In other words, the low vaccination rates were found in the area (*region*) where people with low levels of college education (*class*) and low levels of racial privilege live (*race*). Another study by Akil et al. (2022) also showed intersectionality of race, class, and region as determining factors for COVID-19 cases and death rates during March 2020–February 2022. Data of six southern states (Alabama, Florida, Georgia, Louisiana, Mississippi, and Tennessee) were chosen for the study from the COVID-19 data tracker of the Centers for Disease Control and Prevention Center (CDC).

The following personal stories are some of my former students' understanding multiple identities and their intersectionality after learning to expand their thinking (from binary to holistic) and learning (from conceptual to transformative) styles.

Personal Story

Multiple Identities and Their Intersectionality

Out of the eight identities I explored my dominant identity, race intersected with every one of the systemic forms of privilege and oppression in a manner that held meaning for me. Race (Black) was the only identity to have this kind of response...I found that class, gender and sexual orientation were the second and third identities that intersected most with systemic forms of oppression and privilege. —Nancy

My identity is defined by my privilege. I am white, heterosexual, able-bodied, from a Christian background, young, and upper class...By being part of the collective privileged groups, I contribute to the continuing struggles of individuals in the oppressed group. —Sam

I have always been capable of ignoring the violence and my stake in it in terms of impairment, race, region, and language, because I have never had to face it directly. I am disconnected from non-gender related oppression because I lack tangible experience. —Jon

My race has probably been one of my most complex, confusing, and painful identities. I am biracial. Yet the degree of middle class, White culture assimilation that I've taken part in makes me feel lost between my mother and

(continued)

father's ethnicities and cultures. I am "other", yet I am more confusing to myself and others than a simple, mono-racial "other"...Through confronting my own internalized class privilege and racial-prejudices about people of color, and my own degree of shame surrounding "not fitting in with" or "not being favored" by people in the same way that white folks may experience invisible, white privilege. I now realize the limiting and harmful nature of dichotomously and hierarchically viewing people based on their racial or any specific identity/ies.

—Sandy

4.5 Racism, Racial Discrimination, and Inappropriate Thinking

The following experiential learning activities are designed for you to examine the relationship between your thinking and your intrapersonal communication.

Concrete Strategies

Inappropriate Thinking and Intrapersonal Communication (Race)

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience:

Reflection-Based Learning Activities

1. Examine whether you used inappropriate thinking in relation to race and what happened as a result. Draw a picture to symbolize the results or write them down.
2. If you used inappropriate thinking in relation to race, do you recall the first time you were exposed to it?
3. Did your parents, siblings, and/or schoolteachers use inappropriate thinking in relation to race, while you were growing up? How did this shape your intrapersonal communication on race?

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4. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are relaxed. Reflect on your answers to the previous questions. Open your eyes, and write down your relationship to your inappropriate thinking (specify dichotomous, hierarchical, or linear).
5. Think of one incident where you were frustrated with someone who represents other than your race. What were your assumptions? What did you expect? Was your frustration related to inappropriate thinking (specify dichotomous, hierarchical, and linear)? If so, explain.
6. Estimate the percentage of inappropriate thinking (specify dichotomous, hierarchical, and linear) in your inner dialogue each day.

Racism and racial prejudice are not possible without inappropriate binary thinking, which becomes patterns through repetition (*neurobiology of automaticity*). Racism, racial prejudice, and discrimination involve seeing Whites as better than non-Whites (*hierarchical thinking*) and Whites as good (*dichotomous thinking*). Seeing Whites as good does not have to be interpreted dichotomously because one can say African Americans are good, Latinx are good, and non-Whites are good as well. However, it has been interpreted that seeing Whites as good means non-Whites are not good, due to applying an inappropriate dichotomous thinking. As discussed in an earlier chapter, difference among racial groups is 0.1% (Bonham et al., 2005). This means people are 99.9% similar. Whites and non-Whites are equally good, and no people are superior, average, or inferior as a result of their race; 99.9% is almost 100% after all. Genome-wide genotype research by Shriner et al. (2014) shows substantial ancestral heterogeneity (mixed ancestry 97.3% and multiple ancestries 96.8%).

Phenotypic characteristics distinguish us from each other. Skin color, facial features, type of hair, height, body size, and other physical features indicate our uniqueness and authenticity. If being an American is not based on White standards as the norm and if our thinking standard is holistic, the beauty and wholeness of each individual can be seen and appreciated. However, persistence of racism and racial discrimination indicates that the application of inappropriate dichotomous and hierarchical thinking to judge non-Whites on White standards is still a pervasive norm for being an American. Takaki (1993) writes in *A Different Mirror: A History of Multicultural America*:

The rearview mirror reflected a white man in his forties. "How long have you been in this country?" he asked. "All my life," I replied, wincing. "I was born in the United States." With a strong southern drawl, he remarked: "I was wondering because your English is excellent!" Then, as I had many times before, I explained: "My grandfather came here from Japan in the 1880s. My family has been here, in America, for over a hundred years." He glanced at me in the mirror. Somehow I did not look "American" to him, my eyes and complexion looked foreign. (p. 1)

Have you had similar experience as him? I cannot imagine how I would feel if I were him. At the 1997 spring American Counseling Association Conference in Orlando, Florida, a Chinese American speaker who was born and raised in the United States spoke about his childhood experience of racial discrimination. His first language was English, and he said:

I didn't know what to say when my elementary school teacher asked me how certain things were in China. I told the teacher, "I don't know." I wondered why she did not ask the same question to the White children. My point is that this kind of unintentional racism leads children of color to think that somehow America is not their country and they do not have the right of White American children. (ACA Convention Speaker, personal communication Spring, 1997)

The driver (in the excerpt from Takaki, 1993) and the teacher probably had no idea that they were stating that Americans are only White. The driver might have thought he was being friendly, and the teacher might have thought she was being inclusive by asking a Chinese American child a question about China. Their comments reflect their belief about who can be Americans. White Americans need to think about how it would feel if they were treated as if they were not Americans by other Americans daily. This type of remark seems harmless to White people (privilege holders) but can lead to negative inner experiences for non-White children and adults if they are treated repeatedly as outsiders in their own country.

The following experiential learning activities are designed for you to increase compassion for others through perspective taking.

Concrete Strategies

Perspective-Taking Experiential Learning Activities

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience your learning:

1. Close your eyes, and breathe in relaxation and breathe out tension for about ten times or until you feel calm internally. Put yourself in Takaki's position and observe your thought and feelings. Open your eyes slowly and record your inner observation.
 - (a) Focus on recorded observation and observe your body's reactions to the recording. Sketch your body's reactions.

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2. Close your eyes, and breathe in relaxation and breathe out tension for about ten times or until you feel calm internally. Put yourself in the Chinese American speaker's position and observe your thoughts and feelings. Open your eyes and record your inner observation.
 - (a) Focus on recorded observation and observe your body's reactions to the recording. Sketch your body's reactions.
3. What type of thinking styles (e.g., hierarchical, dichotomous, linear, or holistic) did you find in your writing?
4. Have you ever minimized, marginalized, or laughed at someone because of their race?
 - (a) If you have, describe an incident
 - (b) How did you feel about the incident then, and how do you feel about it now?
5. Have you ever been minimized, marginalized, or laughed at because of your race?
 - (a) If you have, describe an incident.
 - (b) How did you feel about the incident then, and how do you feel about it now?

Group Discussion

6. Divide the class into groups of four or five and read aloud what you wrote. Listen to each other with respect and validate each other, regardless of whether you agree with each other. Students who do not feel comfortable sharing do not need to share but do need to be rewarded for their feelings and thoughts internally.

4.6 Strategies for Dismantling Racism, Racial Discrimination, and Benefits for All

The first strategy for dismantling racism and racial discrimination at the personal, interpersonal, institutional, and societal levels is working on reducing inappropriate dichotomous and hierarchical thinking in evaluating racial issues. To eliminate inappropriate binary thinking, you need to go back to Chap. 2 and repeat the concrete strategies of thinking until you decrease automatic activation of inappropriate thinking. I discussed Sennett's (2012) estimation of about 10,000 hours for skill mastery in Chap. 1. Ingroup favoritism showed at the age of 3 (Baron & Dunham, 2015) and if you started your binary thinking at the age of 3 and have spent about 4 hours a day for 24 years, you have spent over 30,000 hours on using inappropriate

binary thinking styles. You have achieved a level of mastery two times over, which means using inappropriate dichotomous and hierarchical thinking is automatic because of its embeddedness in your neural pathways and psychic. This means it takes lots of practice to transform inappropriate thinking styles.

The second strategy at the personal, interpersonal, and institutional levels is non-Whites taking more of an agent role than a victim role. Non-Whites should not wait for Whites to address systemic oppression and racial inequity since such understanding may take a long time to achieve due to the invisibility of privilege to privilege holders. Being an agent means being proactive rather than reactive. This means non-Whites should approach every oppressed racial experience from an agent aspect. For example, if an individual is not included based on his skin color, he needs to experience his feelings honestly and examine what he is learning from the experience (Benetka & Joerchel, 2016). If his feelings are hurt and he is disappointed, he needs to feel his pain without being defensive or reactive. The other person (who is White) is not going to be able to understand him just because he is defensive or reactive. Instead of focusing on the other person changing for him, he can empower himself by focusing on his own feelings and what he can do about them. He needs to feel the hurt feelings without judgment as often as he is hurt and as long as it does not interfere with his life. He may have to feel the hurt once every 2 days for 30 min each time and focus on what he is learning through the painful experience. For example, he may learn to communicate more effectively when he is not including another person because he knows how painful it is to be excluded. For the same reason, he may become supportive of people who have been excluded. He may learn it is better to suffer with the reality of exclusion than be included for superficial reasons. Or he may learn he does not want to be friends with people who do not include him because of his skin color. Through this process, he not only gains knowledge about how to become an agent by focusing on the learning aspect of the experience but also learns to comprehend how others (non-Whites) feel when they are discriminated against based on their skin color.

Some individuals resist processing their feelings and rationalize that it is better to leave it alone rather than “pick at the old wound.” However, this statement does not acknowledge the fact that they are reacting strongly because the old wound is affecting their perception of the current reality. At personal and interpersonal levels, non-Whites can engage in compassion—and conscious-raising activities by reexperiencing their own oppression. They can pick one dimension of one identity where they have been oppressed. It could be gender, class, sexual orientation, impairment, religion, language, or region. If Whites go through the same steps described for a non-White individual to become an agent, they may learn to communicate more effectively when they are excluding another person. Through this process, they may learn how non-Whites feel about oppression, injustice, inequality, and racism. They may become advocates for non-Whites by owning their uncomfortable feelings and focusing on the learning aspect of their experience with oppression. They may want to work on dismantling systemic oppression as their social justice advocacy work.

Dismantling racism means that advocates do not take the path of least resistance. Taking the path of least resistance occurs when individuals say nothing despite

feeling uncomfortable after hearing a racist joke. They do not have to react to the joker but can say that they are uncomfortable hearing the joke and share their reasons for the discomfort by communicating through *I messages*. They may respond to a statement such as “the ___ racial group is lazy” with “I feel uncomfortable hearing the statement because I think lazy people are in all racial groups, including White, and I am learning to show respect for all racial group members.” The focus needs to be on the fact that they are courageous enough not to take the path of least resistance and not so much of the response of the other person. The other person may be defensive or dismiss the statement now, but it does not mean the person will not be thinking about the statement. The key is how the statement is spoken.

They may also try to get to know people from different racial groups. Research indicates that personal involvement decreases racial prejudice, discrimination, and racism. They may also want to monitor (without judgment) their tendency toward higher self-appraisal and so on. They may be more willing to listen to people who have been or are targets of racial prejudice, discrimination, and racism; they may be aware of the impact of internalized oppression and privilege on their interpersonal relationships as well as on institutional and governmental levels and be mindful of their behavior toward non-White individuals.

One of the strategies for dismantling institutional and governmental racism is to critically examine governmental, institutional, and organizational policies and regulations to see whether they are in compliance with Title VII which is the principal federal statute prohibiting unlawful employment discrimination based on race or color, gender, religion, and national origin. The Civil Rights Act of 1991 is “an act to amend the Civil Rights Act of 1964 to strengthen and improve Federal civil rights laws, to provide for damages in cases of intentional employment discrimination, to clarify provisions regarding disparate impact action, and for other purposes” (US Equal Employment Opportunity Commission, 2023). If institutions, governments, or organizations are not compliant, individuals can form a group to request their compliance.

Whites can become allies of non-Whites at interpersonal, institutional, and governmental levels because racism, racial prejudice, and discrimination hurt Whites, too (Rothenberg, 2015). Racial equity is about benefiting each other by expanding our way of thinking, feeling, and creating. Phillips (2014) wrote:

Decades of research by organizational scientists, psychologists, sociologists, economists and demographers show that socially diverse groups (that is, those with a diversity of race, ethnicity, gender and sexual orientation) are more innovative than homogeneous groups. It seems obvious that a group of people with diverse individual expertise would be better than a homogeneous group at solving complex, nonroutine problems. It is less obvious that social diversity should work in the same way—yet the science shows that it does...For innovation-focused banks, increases in racial diversity were clearly related to enhanced financial performance. (Scientific American, 2014, Oct. 1, Policy & Ethics)

There are other benefits. White people will learn about history, art, cultural myths, customs, different styles of interpersonal communication, emphasis on extended family, different literature, and different healing practices, to state a few. White people will learn different ways of problem-solving and a different concept of time

and place. All children will regain their openness to relate to each other and learn from each other. Non-White people will expand their cognitive and emotional understanding of each other through interconnecting and relating. They will celebrate their culture, strengths, and beauty as equally as Whites.

4.7 A Provider's Assessment of Self in Relation to Racial Privilege/Oppression

It is one thing to assess clients with regard to degree of systemic privilege/oppression and internalized privilege and oppression, but it is much more difficult for providers to admit that they are also affected by them. It is hard to imagine that these are automatically activated and affect their (provider's) ability to assess, diagnose, and treat clients. I am going to suggest a few ideas that may assist you with your own reflection on your experience of privilege and oppression.

How can you access and change something that is automatic and has been reinforced for generations? As you may have discovered from completing experiential learning activities in Chap. 3 when you did not judge or screen your emotions and thoughts, you were able to identify how you genuinely feel and think regardless of cultural expectations or conditioned norms. As you heard your voice within, you began to identify your own thinking styles. The key to being aware of your thinking styles was to observe your internal dialogue.

Banaji and Bhaskar (2001) illustrate this in their experiments and show how difficult it is for people to change their beliefs because what people say explicitly may have no relationship to their implicit expression of beliefs and attitudes. As Banaji and Bhaskar state, there is an "inevitability of unconscious stereotyping and prejudice" (p. 142). It is important for you to know that it is hard to be aware of your own biases and prejudices. All providers, regardless of their skin color, need to be mindful of the fact that ignoring "the other" and emphasizing mainstream values have been in existence since White European settlers started oppressing Native Americans in order to ensure their own economic security and are still alive and practiced today. A good example is illustrated by Blodorn et al. (2016) with both African Americans and European Americans who were highly impacted by Hurricane Katrina. European Americans received substantially lower levels of racism compared to African Americans. Kinney's (2005) two pictures are almost identical they are individuals in chest-high water holding food items. One picture is of non-White person with a caption that reads, "A young man walks through chest-deep flood water after *looting* a grocery store in New Orleans on Tuesday, Aug. 30, 2005." The other picture is of two White individuals with a caption that reads, "Two residents wade through chest-deep water after *finding* bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana." The subtle but important difference in language (*looting* vs. *finding*) illustrated internalized racial privilege of the reporters who probably had no intention of

discriminating against the non-White person. This is an excellent example of how the media (society) operate from internalized privilege without conscious awareness. People who do not face discrimination, prejudice, or racism are likely not to comprehend that racial biases are embedded in our psyche and leak out daily without conscious awareness. The impact of implicit learning about race through multiple social agents from every level of ecosystem on development of racial identity for non-White children is dramatically different from that of White children. As discussed earlier in this chapter, White children learn to internalize privilege, and non-White children learn to internalize oppression for who they are. There are numerous implicit messages from the media and social media that the dominant racial group is White (Ward & Grower, 2020; Chen & Lee, 2013). You can ask the following questions: How many TV programs' main characters are non-Whites? How can non-White children feel equal to White children when they see mostly White role models portrayed as important by mass media? How many chief executive officers on TV are non-Whites?

There are several steps that you can take if you want to be open to clients' worldviews. There is a reputable Web site on implicit learning that will assist you with assessing your own prejudices in relation to race and other identities (<http://implicit.harvard.edu/implicit/>). What is important is not pointing the finger to blame Whites but understanding what has happened historically for them to be biased and identifying what can be done to promote changes. This requires non-dichotomous and nonhierarchical thinking. If you would like to access your own unconscious in order to learn to stop your automatic thoughts and feelings, continue practicing experiential learning activities in Chaps. 2 and 3. McIntosh's (1989, 2013) list is another way to access your systemic oppression or privilege and internalized oppression or privilege. Complete them quickly to minimize the possibility of screening. If you spend too much time with each list, you may rationalize and respond logically as a result of your rationalization. If your thinking patterns are hierarchical and/or dichotomous, these experiential learning activities can be challenging. Therefore, it is important for you to remember that the purpose of the activities is to access your inner feelings about them without judgment.

The following experiential learning activities are designed to assist you with understanding systemic racial privilege and oppression. This type of learning activities allows you to integrate your emotion with cognition to understand yourself and "others."

Concrete Strategies

Experiential Learning Activities: Perspective-Taking Practice

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing of in and out slowly and evenly for about ten times or until you feel internal quietness.

(continued)

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience.

Uncensored writing is one way to accessing your inner experience. Progo (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience your learning uncensored responses.

1. If you are a non-White person, adopt the perspective of a White person, and state the fears and concerns that you believe such a person would bring to a discussion of racial privilege and oppression. Write your response in the first-person singular. Then take a moment to reflect.
2. Record your reflection.
3. If you are a White person, adopt the perspective of a non-White person, and state the fears and concerns that you believe such a person would bring to a discussion of racial privilege and oppression. Write your response in the first-person singular. Then take a moment to reflect.
4. Record your reflection.

Group Discussion

5. Read or share what you wrote with two or three who completed the same learning activities.
6. Share your learning from the reflective learning activities.

I would like you to complete McIntosh's (1989) list of White privilege (https://psychology.umbc.edu/wp-content/uploads/sites/57/2016/10/White-Privilege_McIntosh-1989.pdf) without censoring. She indicates that White people have easy access to housing (both to rent and to own) in desirable neighborhoods, medical assistance, and their cultural music, food, TV programs, newspapers, magazines, and books. They have no fear of racial profiling and no emotional reactions due to their skin color. How was your experience?

The following experiential learning activities are designed for transformative learning. It is important that the questions be answered without censoring and screening to obtain an individual's understanding of White privilege now.

Concrete Strategies

Assessing Your Relationship to White Privilege

1. Reflect on the learning activities you have completed in this chapter, and answer the following questions:

(continued)

- (a) Describe the activities and interpersonal relationships you felt were the result of your White privilege.
 - (b) Describe the activities and interpersonal relationships you felt were the result of racial oppression.
2. How hard is it for you to find your cultural food at the local grocery store?
 - (a) How far do you have to travel to buy your cultural food?
3. How hard is it for you to find your music locally?
 - (a) How far do you have to travel to buy your music?
4. Are you afraid of racial profiling?
5. How hard is it for you to find your cultural TV programs on standard channels?
6. How hard is it for you to find your cultural magazines locally?
7. How hard is it for you to find your cultural newspapers locally?
8. How hard is it for you to find your cultural books locally?
9. How hard is it for you to find your bandages that match your skin locally?
10. How hard is it for you to find people from your race locally?
11. How often are you upset or frustrated due to your skin color?
12. How often do people stare at you due to your skin color?
13. How often do you see people of your race at a grocery store?
14. How many restaurants serve your cultural food locally?
15. How often are you labeled negatively due to your skin color?
16. How often are you the recipient of systemic privilege due to your skin color?
17. How often are you the recipient of systemic oppression due to your skin color?
 - (a) What have you learned about systemic oppression/privilege from participating in these activities?
 - (b) Which of your answers to the previous questions provide a clear example of systemic privilege?
 - (c) Which of your answers to the previous questions provide a clear example of systemic oppression?
 - (d) How would you use what you have learned from these activities in counseling/social work/human services/your work?

Group Discussion

- (e) Discuss your learning from the reflective and experiential learning activities as small groups (four or five people in each group).
- (f) How will you apply your learning when you are dealing with racially different people? Be specific.

Consciousness Practice

Did I learn internalized oppression and privilege and systemic oppression and privilege consciously?

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Chapter 5

Sexism



Mindfulness Practice:

Close your eyes, and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreath, two outbreath). Observe your mind and body without judgment as you breathe in and out. Slowly open your eyes. Are you ready to read the chapter?

5.1 Difference Between Sex and Gender

Sex is the biological and physiological differences between males and females. In other words, sex is the product of biology. Gender is socially constructed by a particular society and ascribes gendered norms to individuals within that society. Thus, individuals within that society are expected to carry out these norms throughout the socialization process. Gender is a process that may vary and reflects sociocultural expectations of a particular culture.

Many individuals confuse not only sex and gender but also concepts related to them such as sexual orientation, sexual identity, and gender identity. Especially, confusing gender with sexual orientation is common. These concepts are briefly defined in the following paragraph for clarity.

5.1.1 Terms Related to Sex and Gender

Sexual Orientation

Sexual orientation is determined by those to whom individuals are sexually (or erotically) attracted. There are five types of sexual orientation:

- (a) Heterosexuality: individuals are sexually attracted to members of the opposite sex.
- (b) Homosexuality: individuals are sexually attracted to members of the same sex.
- (c) Bisexuality: individuals are sexually attracted to members of both the same and the opposite sex.
- (d) Pansexuality: prefix “pan” means “all” in Greek. Individuals have the capacity to be sexually attracted to all people regardless of gender and gender identity.
- (e) Asexuality: individuals are sexually attracted to no one.

Sexual Identity

It is who individuals are (e.g., lesbian, gay, bisexual, queer, heterosexual, trans, asexual) which is different from gender identity.

Gender Identity

It is a concept of self from an inner, self-reflective location. It is a person’s more authentic gendered self as woman, man, intersex, LGBTQ (lesbian, gay, bisexual, transgender, and questioning), or queer. It is broader and more fluid in expressing the complexity of gender. For most individuals, it is related to their assigned sex at birth. However, for some trans, their gender identity is different from those associated with their assigned sex at birth. These people do not limit their gender identity to two categories. Transsexual individuals are trans who chose to undergo sexual reassignment surgery. Sexual orientation of trans is diverse (heterosexual, lesbian and gay, bisexual, pansexual, and asexual).

Gender Role

It is what a society defines as appropriate behavior for males and females and can vary from culture to culture.

Intersex

It is a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of female or male. Intersex anatomy does not always show up at birth, and sometimes a person is not found to have intersex anatomy until puberty. The term intersex is a socially constructed category that reflects real biological variation because the nature does not decide where the category of “male” ends and the category of “intersex” begins or where the category of “intersex” ends and the category of “female” begins. Many visibly intersex people are mutilated in infancy and early childhood by doctors to make the individual’s sex characteristics conform to society’s idea of what normal bodies should look like. Intersex people are relatively common, although the society’s denial of their existence has allowed very little room for intersex issues to be discussed publicly. Hermaphrodite is an outdated and inaccurate term that has been used to describe intersex people in the past.

5.2 Barrier to Reconceptualizing Gender: Social Categorization Theory of Gender

As stated in Chap. 4, social categorization theory is the basis for racism, sexism, classism, heterosexism, ableism, ageism, and other *isms* relating to memberships in religion, language, region, and so on because social categorization and stereotyping are closely linked (Allidina & Cunningham, 2022). It groups people into various social categories (e.g., race, gender, class, students, musicians, etc.). Social categorization may serve as a basis of epistemic function such as organizing and structuring one's *knowledge* about the world when the knowledge is based on facts. However, when the knowledge is disguised beliefs or based on distortion (incorrect information), like racism or sexism, the result is psychological, political, economic, physical, or mental damages to the other group in the same category. It is very important for us to pay attention to the impact of gender categorization on development of self since the damages are often unrepairable. Research regarding social categorization of gender indicates that girls and women are stereotyped as inferior to boys and men, and this concept has been ingrained explicitly and implicitly throughout lives (Jaxon et al., 2019). This is partly due to binary thinking which also fosters asymmetric perception and ingroup favoritism.

Numerous research findings support that young children learn what is appropriate behavior for girls and boys at an early age through various social agents such as parents, teachers, the media, storybooks, toy and clothing industries, other adults, and peers. Gender socialization is structured on dichotomy of social category starting from family, and children carry their gendered beliefs when they enter school (Hackel et al., 2022; Santoniccolo et al., 2023). Giles and Heyman (2005) conducted studies on the relationship between beliefs about gender and aggressive behavior with preschool-aged children (the age ranges were 3.6–5.0, for the first study, 3.1–5.3 for the second study, and 3.1–4.11 for the third study). Participants for their second study were children from various racial backgrounds (African American, Asian America, European American, and Hispanic American). All three studies indicated young children perceive the world from their gendered beliefs regardless of their racial backgrounds. The power of gendered socialization was also shown in a meta-analysis of gender differences in toy preferences by Todd et al. (2018) and Davis and Hines (2020). Meta-analysis by Davis and Hines was based on 75 studies, and Todd et al.'s was based on 16 studies. Analysis of Davis and Hines included gender-related toy preference studies from 1970 to 2018 and included studies from Canada, the United Kingdom, Australia, Finland, and Sweden. The age ranges of children for the analysis were from 3 months to 11 years of age. They found that gender differences in preferences for gender-related toys increased linearly with child's age. Boys showed increased preference for gender-typical over gender-atypical toys with age, while girls showed increased preference for gender-typical over gender-atypical toys but did not increase significantly with age. Davis and Hines stated that the effects of gender on children's toy preferences have remained constant for the past five decades.

The following story illustrates the complexities of gender identity construction and behavior, which are results of the dynamic interaction among sociocultural contexts, gender socialization, gender-biased dominant cultural values, and the intersectionality of gender with other identities. The story illustrates the power of ingrained gendered beliefs which often transcend intellectual understanding of gender equality.

Personal Story

Gendered Behavior

I didn't quite understand the decisions I was making as a wife. I allowed my husband to have the first choice and tried to figure out how to meet my needs and wants. For example, I wanted to continue my graduate studies after earning my master's degree, but my husband said that he also wanted to continue his studies. As we discussed our dreams, I felt the only way we could reach our goals was for one of us to work while the other was going to school. I decided to work while he pursued his doctorate, even though I wanted to continue my studies, too. Yes, I let my husband fulfill his dream first, since he did not volunteer to work while I pursued my schooling. I did not insist because of the way I was culturally conditioned. I was socialized in a collectivism-oriented culture, which emphasized meeting others' needs first and not doing to others what I did not want done to me. I, once again, had to experience life's challenges. Since I was not a US citizen, I was not able to get a job as a master's level social service or mental health professional, even though I was one of the top students (with one of the highest GPA) in my master's program. The State of Minnesota required the US citizenship as a prerequisite for state jobs at my educational level at that time. I did not want to pursue the US citizenship just because I needed a job, even though I knew I needed to work immediately. The citizenship decision would take a lot of soul searching and I didn't have the time for it.

I took the first job I was offered, which did not require the US citizenship. My husband's research assistantship barely covered the monthly rent, and we had not anticipated not securing a student housing. I worked as a recreational worker for emotionally, neurologically, and mentally challenged children at a residential facility. The minimum requirement for the position was a high school diploma. The director wanted my expertise; however, he was not willing to give me financial compensation for it. I eventually got a job at the master's level and enjoyed developing programs for neurologically and emotionally disturbed children. However, my husband got "homesick" and wanted to return to Washington State without finishing his degree. He quit school without discussing it with me. He wanted to go back home and become a farmer since his parents told him farming was wonderful. I wanted to support him, yet I did not feel I could just walk away from my job. I wished I had known his intentions at least 3 months in advance. Once again, I made accommodations to meet his needs, even though it was difficult. I did not think about exploring other options, such as staying in Minnesota longer to have enough time to train my successor or staying there with the children while he explored his path as a farmer.

Regardless of individuals' intellectual understanding of gender equality and how much they advocate for it, applying the concept of gender equality to their personal life is challenging at times for some women. As I said earlier, I am a product of a collectivistic culture (South Korea) that fosters the belief that women should put others' needs before theirs. Korea, like many Asian cultures, follows the Chinese scholar Confucius' philosophy (Confucius, 2016). I was encouraged to follow my heart and explore my intellectual curiosity without cultural confinement within my family, but the fundamental cultural teaching of gender typing was deeply ingrained within my psyche (e.g., by school, media, books, my mother, and other women). My story shows how the impact of my broader culture (macro-level) was stronger in shaping my gendered beliefs than my family values, which did not emphasize gendered beliefs. Yet, I combined my cultural values with my family value of "not doing to others what you do not want done to you." In addition, my belief was influenced by the sociocultural context of the United States in the 1980s. The sociocultural context of the United States now is much more into social justice and gender equality than in the past. My intellectual understanding of gender equality did not have my strong emotional support at the time, and this led me to be influenced by the dominant cultural values, which were familiar to me from Korean cultural gender socialization. It is also important to notice my gendered behaviors and ideology of gender equality did not operate in a linear and sequential fashion.

5.2.1 *Ingroup vs. Outgroup*

As discussed in Chaps. 1, 2, 3, and 4, *asymmetric perception*, *attribution error*, *ingroup favoritism*, and *social projection* are constructed on categorization of binary thinking (*us* vs. *them*) and are the foundation for ethnocentrism which marginalizes the outgroup in order to put the ingroup in a higher or superior position. Multiple social agents, starting from family model and reward children for implicit and/or explicit ethnocentric behaviors, result in outgroup discrimination (King et al., 2021; Ward & Grower, 2020). Murnen et al. (2016) examined the effects of popular culture on fostering gender stereotypes. Their samples were drawn from popular Halloween costumes (90 female costumes and 90 male costumes), 79 popular dolls, 71 popular action figures from popular websites, and valentines from two national stores (portraying 54 female and 59 male characters). They found that female items (costumes, dolls, and valentines) ranged from traditional feminine stereotype images to hyper-sexualized images (revealing clothes) and male items ranged from traditional male stereotype images to hyper-masculine images (having a weapon). It is understandable why children (both boys and girls) as young as 3 or 4 exhibit gendered beliefs (Bian et al., 2017). Young children's gendered beliefs that boys are superior to girls and boys are more competent than girls, influence their intrapersonal communication (Jaxon et al., 2019). As indicated in Chap. 2, intrapersonal communication not only reflects cultural and family values and beliefs but also influences children's perception. In other words, ingroup favoritism often distorts

the facts in order to support their gendered beliefs (e.g., fabrication, leap, inappropriate generalizations, and so on) to fit into gender roles.

The impact of gendered socialization on an individual's identity construction, values, beliefs, and biases continues throughout their life (Brown & Stone, 2018; Jaxon et al., 2019). Gender prejudice, gender discrimination, and sexism, which are based on gendered socialization, have been perpetuated within various governmental, institutional, and organizational structures. For example, inequity in women's career advancement in organizations and institutions is an area where men's ingroup loyalty or internalized gender privilege perpetuates gender discrimination, sexism, and patriarchy. Unequal representation of women in high-level management, being excluded from the management business trips, less social power for women, and slow promotion of women are some examples (Diehl et al., 2022; Reichheld et al., 2023). The United States claims to be a leading democratic country in the Western world and often intervenes in other countries to enhance or facilitate their democracy; however, its gender inequity is far from a democratic practice. For example, the Alliance for Board Diversity study indicates in 2022 women occupied 30% of board seats and underrepresented racial and ethnic groups occupied 22.2% of board seats among Fortune 500 companies. However, 55.3% of board seats are occupied by White men (<http://www.deloitte.com>). Some reasons for women's slow advancement are that (a) barriers are hidden and operate *unconsciously* for both women and men and (b) barriers exist at every level of society [at home (micro-level), at work (meso-level), and in society (macro-level)]. This is another example that intention alone does not automatically deconstruct inequity and injustice. We need to identify our own barriers that prevent us from working on equity and justice. After identifying barriers, we need to work on deconstructing them by diligent practice with mindfulness on a regular basis to deconstruct the neurobiology of automaticity.

The following experiential learning activities are designed to introduce compassion for others through taking an affective perspective.

Concrete Strategies

Experiential Learning Activities on Perspective-Taking

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing of in and out slowly and evenly for about ten times or until you feel internal quietness.

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to accessing your inner experience. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience your learning through perspective taking.

(continued)

1. In your mind, think about a TV commercial and change it for women viewers.
2. Imagine yourself living in a woman's world and that you are the only man. Write down your feelings.
 - (a) How did you feel in your imaginary woman's world?
 - (b) What can men do to make you feel equal to them?
3. For men:
 - (a) Think and feel about how women feel in the men's world.
 - (b) Is there something you can do to make women feel they are equal to men?
4. Look around and observe events in your environments for a week, report back to class, and discuss your findings with other students.

5.2.2 *Variations Within, Between, and Among Genders*

It is crucial to understand that there are variations within men, within women, within trans, between men and women, between women and trans, between men and trans, and among trans, women, and men since assessing, diagnosing, and treating require viewing a client from the client's worldview. Of course, this requires holistic thinking which includes appropriate binary thinking. Your multiple identities (e.g., race, class, sexual orientation, and so on) intersect with your gender. A White man who has been poor all his life does not understand he has White privilege because his dominant identity is class. An Afro-American woman who thinks the feminist movement is for White middle-class women may experience being a woman in a very different way from an Afro-American woman who thinks feminist movement is for all women. Even some White women who struggle financially may think the feminist movement is only for White middle-class women. Some women, whether they are White or non-White, who voted for Trump, must have overlooked or denied Trump's attitude and behavior toward women on the basis of Trump's own statements about women aired on the TV and radio near the election day in 2016. Or some women voted for him because they agreed with his view on women. There are White men who are for gender equity because it is good for everyone including them. Michael Kimmel, a White man from a middle-class family and one of the world's leading experts on men and masculinities, said "What we know is we cannot fully empower women and girls, unless we engage boys and men" on April 12, 2016 (<https://www.youtube.com/watch?v=IUowdHbxaPM&feature=youtu.be>). He takes a position that the major barriers of gender equity are some men's sense of entitlement and viewing gender equity as a "zero-sum game" (if women win, then

men lose). Both of these barriers are based on ethnocentrism which is based on inappropriate hierarchical and dichotomous thinking (see Chap. 2).

There are variations among and within different cultures in gender conditioning.

Assuming that Asians' gender conditioning is somewhat more biased toward boys and men does not allow for variations among and within Asians. There are many variations in Asians just like there are many variations in Latinx and Afro-Americans. Therefore, it is difficult to generalize. Some Asian girls may be gender conditioned to play a subservient role, but so do many girls from other cultures. Some Asian girls may be encouraged to excel academically as much as boys, and so do girls from other cultures. Some Mexican American boys may be socialized to be gender-biased toward preschool-aged boys and socialized to be gender balanced after preschool, and so do some boys from other racial backgrounds. Each boy, girl, or trans accumulates information on gender identity from multiple agents and multiple levels of the ecosystem (micro-, meso-, and macro-). Each integrates different degrees of these influences in their construction of gender identities which are context bound.

Learning how to be aware of variations among men, women, and trans, and between men, women, and trans, relies heavily on a provider's ability to listen attentively, to ask appropriate questions with compassion and grace, to not generalize (i.e., to detach from ethnocentrism), to be aware of her biases (e.g., aversive racism, values, beliefs, and attitudes), and to replace inappropriate linear, dichotomous, and hierarchical thinking with holistic or complex thinking.

5.3 Barriers to Reconceptualizing Gender: Internalized Gender Oppression/Privilege

A woman says, "The root of many barriers against women is fear. Fear of people not liking her, fear of making mistakes, ...fear of failure, fear of not being a good mother, wife, or daughter" (Kim & Gahng, 2015, p. 8). The woman's statement illustrates what happens to a girl who is raised in a gendered society. She accumulates internalized oppression as a result of repeatedly being a target of systemic oppression (*neurobiology of automaticity*). She marginalizes herself just like her oppressors without conscious awareness. She has learned to oppress herself (*internalized oppression*) which constrains self-efficacy (Tuason et al., 2023). Chen (2017) postulates that the core of oppression is depriving "capability to self-develop" (p. 430). It diminishes our ability to experience authentic life. "The root of many barriers against women is fear" (Kim & Gahng, 2015, p. 8), because she has been the target of systemic gender oppression for who she is, while boys and men have been recipients of systemic gender privilege for who they are. Boys and men have internalized privilege without conscious awareness just like girls and women have internalized oppression without conscious awareness. Therefore, the inner

experiences of women and girls who have been targets of systemic gender oppression are dramatically different from men and boys (Gupta et al., 2023).

The concept of gender privilege is difficult for some men to understand because they do not feel systemic gender privilege if they have been experiencing systemic oppression in their other demographic identities such as class or disability. A further complication is that systemic privilege is often invisible to systemic privilege holders regardless of the type of privilege (e.g., race, sexual orientation, class, age, and so on). Both gender privilege and gender oppression are based on inappropriate dichotomous and hierarchical thinking. They are based on a categorization by assigned sex at birth, with the male dominance orientation (*hierarchical thinking*). Just like racial privilege and oppression, the groups are categorized hierarchically based on their sex (phenotypic characteristic). Thus, gender privilege belongs to men regardless of their race, class, sexual orientation, and other identities. Men cannot be oppressed as men because men belong to the dominant gender group. Some men do not feel privileged because of their lived experience, but this does not mean they do not belong to the privileged group. White men in the United States are recipients of systemic gender privilege. White men in the United States are race and gender privileged, and these privileges allow them to have easier access to education, housing, healthcare, and jobs compared with White women and men in other racial groups. In addition, local and national laws and policies such as going through security systems at airports are friendlier for White men than for people in other racial groups. Some White men may not have access to housing and healthcare because accessing is determined not solely by race and gender but by income as well. However, they still have privilege because they are White and because they are men. Non-White men are also recipients of systemic gender privilege but not as much as White men but more than non-White women. The relationship between non-White men and White women is complicated by intersectionality of race, gender, education, sexual orientation, and class. Each individual's identity is dynamic, fluid, and complex with multiplayers and multidimensions of multiple identities and their intersectionality. By the time you complete *concrete strategies* on your multiple identities and their intersectionality, you notice that you belong to oppressed groups for some identities and you belong to privileged groups for other identities simultaneously. You may notice they may also vary in relation to social contexts. I hope it is apparent to you that we do not know the person by generalizing based on their phenotypes like race, gender, age, disability, and so on.

Learning about systemic gender privilege and oppression starts early, and we have been perpetuating unintentionally (due to *neurobiological automaticity*) throughout life (Hamel, 2021). As discussed, studies with children, as early as pre-school, have shown girls are more aware of their lower status than boys. Girls rate that girls are not as smart as boys, and girls avoid learning activities which are for smart students. They (second to third grades) also rate boys are more competent in science, technology, engineering, and math. These findings suggest that it might have been due to the girls' internalized oppression (Jaxon et al., 2019).

Organizational and institutional gender equity programs must be built on comprehending complex and dynamic relationships among systemic gender privilege

and oppression and internalized gender privilege and oppression with multiple identities and their intersectionality. This means DEI trainers must start with the barriers to racial and gender equity training such as paradigm shifts in thinking from binary to holistic and learning from conceptual to transformative in order to allow participants to be ready to comprehend complexities involved in equity and justice training (*read Chap. 1 under barriers*). As I indicated earlier, a complex model of DEI training programs cannot be understood if employees' thinking styles are binary. The reason for "One of the most salient features overall is the hidden and unconscious nature of these [gender gap leadership] barriers" (Diehl & Dzubinsk, 2016, p. 191). I have not found one training program that explains what unconscious bias is and how to access them. According to research and participants of DEI programs, trainings either treat the unconscious as if it is interchangeable with conscious or did not cover it even though it was listed as one of the topics to be addressed. Both women's and men's work behaviors reflect their internalized oppression and privilege without their conscious awareness. Delayed promotion, passed over for promotion, lack of proper recognition, negative performance evaluations, perceived as having lack of self-confidence for not showing masculine management styles, and lower pay were reported by women in leadership positions. Some of these are partly due to organizational policies, rules, and practices that had been built on sexism and unconscious interplay between women's internalized gender oppression and men's internalized gender privilege. To me the most important component of DEI training is providing tools for participants to access their unconscious in order to identify whether they are biased. In 2016, White men occupied 70% of board seats across all Fortune 500 companies. If these companies' policies and rules have not been structured or modified for gender equity then, changing organizational culture is a challenging task due to the active role of ingrained and unconscious bias (Kray et al., 2017). In 2022, White men occupied 55.3% of board seats across all Fortune 500 companies. That is a great progress. As I stated earlier in this chapter, contributions by Banaji and her colleagues in documenting the active role unconscious play in stereotypes and prejudice have been phenomenal (Banaji & Bhaskar, 2001; Banaji & Greenwald, 2016; Hardin & Banaji, 2013).

The best intentions do not and cannot override the unfolding of unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control....(a) perceivers and targets are often unaware of the steady and continuous rendering of judgments, (b) judgments are based on beliefs about targets social groups rather than on targets' actions. (Banaji & Bhaskar, 2001, pp. 142–144)

The following reflection-based learning activities are about gender oppression/privilege and identity. Centering prior to engaging in these activities may bring clarity and ability to focus.

Concrete Strategies*Reflection-Based Learning Activities on Systemic Gender Oppression/Privilege*

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot be honest with yourself. Uncensored writing is one way to accessing your inner experience. Close your eyes, and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning.

1. Indicate whether you belong to a privileged group or an oppressed group in relation to gender. The question is whether you belong to a privileged group according to your society regardless of your feelings of gender oppression or privilege.
2. How important is gender to your identity?
3. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you feel calm in your head. Pay attention to your feelings and the images that come to your mind as you breathe. Slowly open your eyes and record or draw your feeling and/or images.
4. What have you learned from this exercise?
5. What was your understanding of systemic gender privilege and oppression before doing this exercise, and what is your understanding of it now?

Group Discussion (for only #6):

6. Discuss your understanding of systemic gender privilege and oppression with others who have participated in the same experiential learning activities of this section.
7. What did you learn about yourself and others in your group from Question 6?

Your internalized gender oppression/privilege affects your interpersonal and intrapersonal relationships daily. For instance, it affects how you relate to your family, friends, coworkers, institutions, governments, teachers, policymakers, managers, service workers, and mental health providers. Female clients often complain about their male partner being controlling and doing what he wants to do without discussing it with them. Some male clients cannot understand why they must discuss decisions with their female partner because they “know for sure” what is good

for them or her. Sometimes male clients ask for their female partner's opinion, but they get upset if their female partner does not agree with their plan. These examples are a part of men's socialization conditioning, which emphasizes their privilege over that of women. Internalized privilege and oppression at times interfere with interpersonal relationships between men and women without their conscious awareness.

The following experiential learning activities are designed for you to practice identifying your internalized gender oppression/privilege.

Concrete Strategies

Practice Identifying Your Internalized Gender Privilege/Oppression

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes, and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes. Proff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Recall the Personal Story "Gendered Behavior" earlier (in this chapter), and identify examples of internalized oppression. For instance, "I often allowed my husband to have the first choice and try to figure out how to satisfy my needs and wants afterward" is an example of internalized oppression.

Group Discussion:

- (a) Compare and discuss your examples with your group members.
 - (b) Rate your understanding of systemic gender privilege and oppression on a scale of 1 (very low) to 10 (100%).
 - (c) Write down your own examples of internalized gender privilege or oppression.
2. Close your eyes, and breathe in and out slowly and evenly for about ten times or until you are relaxed. As you breathe in and out slowly and evenly, go back in your timeline as far as you can to see whether you recall an experience with gender privilege or oppression at school during your childhood. Slowly open your eyes and complete the following.
 - (a) Describe your experience with gender privilege or oppression.
 - (b) How did you feel about it then, and how do you feel about it now?
 - (c) Did you share your experience with someone? If you did, with whom did you share it, and what was the person's response? If you did not share with anyone, what did you do with it?

(continued)

- (d) What was your feeling about your gender and the other genders in class?
- (e) What did you learn from your teachers about genders?
- (f) What did you learn about systemic gender privilege and oppression from your family when you were little? Be specific.

Group Discussion:

- (g) Discuss how to minimize internalized oppression for school children.

5.4 Barriers to Reconceptualizing Gender: Unconscious and Automatic Activation (Neurobiology of Automaticity) of Gender Stereotypes and Prejudice

As indicated in Chap. 4 (racism), the major contribution of social psychology and neurocognitive science was revitalizing the role of unconscious learning in stereotypes and prejudice. Banaji and Bhaskar (2001) depict gender as one of the most “fundamentally learned social categories” (p. 155) at an early age. According to their research, it took only “300 ms” for participants to exhibit gendered behavior which was often unconscious. In other words, gendered behavior is automatically activated due to the neurobiology of automaticity (Servant et al., 2018). As stated earlier, Sennett (2012) discusses taking at least 10,000 hours to master a skill (e.g., playing a sport, performing music, and making cabinets). If you start developing internalized gender oppression/privilege at age 4 and practiced for 20 years for 4 hours a day, you have practiced gender oppression/privilege for almost 30,000 hours. As indicated by several studies, children learn their gendered beliefs long before they consciously construct gender identity (Bian et al., 2017; King et al., 2021). With repeated practices and repeated exposures to systemic gender oppression and gender privilege from multiple social agents simultaneously and/or in different frequencies by the time you are in college, gendered beliefs reside in your long-term memory (Wang et al., 2023). Thus, they are activated easily without your awareness. Servant et al. (2018) state that the automaticity is a product of interplay between information in long-term memory (lifelong experience) and information in working memory (current situation). Cognitive neuroscientists’ research with patients reveals that knowledge and beliefs take separate anatomical pathways. Beliefs are processed *unconsciously*, and new information is distorted to validate existing habits and emotions, while knowledge is processed *consciously* by integrating new information with existing information (Eichenbaum & Bodkin, 2001). I spent a substantial amount of time for the review of literature on barriers to gender equity. Several articles state most salient barriers are hidden and unconscious but have found none which examined barriers from cognitive neuroscience perspective. Research on neural basis of implicit prejudice and stereotyping indicates that they

are from a different learning and memory system, which means they require a different dismantling approach (Amodio & Cikara, 2021). The automatic activating system (*neurobiology of automaticity*) is one of the major barriers to transcend sexism, stereotypes, gender discrimination, and gender prejudice (Amodio & Cikara, 2021; Servant et al., 2018).

5.5 Sexism

The table below describes the differences among gender prejudice, gender discrimination, and sexism. It is important to understand terms correctly. Misunderstanding terms and inappropriate use of terms interfere with developing appropriate action plans for terms prevent us from developing effective action plans. For example, effective action plan for gender discrimination is different from effective action plan for sexism (Table 5.1).

Sexism is socially constructed by the system to benefit boys and men in the United States. Sexism is more than gender bias, gender prejudice, and gender discrimination. Gender bias is favoring one gender over the other genders. Gender discrimination refers to negative behaviors toward girls or women, and it can occur at every level of Bronfenbrenner’s (1981) ecosystem of the society [e.g., micro-level (family), meso-level (peer, teacher, community), and macro-level (society)]. Gender prejudice is prejudgment without any just ground, and discrimination occurs when prejudice is translated into behavior that denies a girl, woman, girls, or women the same rights, benefits, and treatment as boys or men (Ryan, 2023). Sexism is governmental, institutional, and organizational policies, laws, and rules that benefit boys and men. It is about the system granting social power and control to men (boys) over women (girls) and undermining the power of women or girls (Cross et al., 2019). Sexism, gender prejudice, and gender discrimination range from the objectification, denigrating jokes, and job discrimination to violence (Bagwell-Gray et al., 2020). A fundamental feature of “hostile sexism” is described as the desire to maintain men’s power (Cross et al., 2019) and views women as a group in competition with men, thus rejecting their assigned roles in the patriarchy. In fact, research findings show people who believe in hostile sexism vote against laws and policies supporting abortion access, birth control access, and funding for planned parenthood (Gothreau

Table 5.1 Gender prejudice, gender discrimination, and sexism

Gender prejudice	Gender discrimination	Sexism
Any prejudgment favoring men without just ground (e.g., men are smarter than women)	Prejudice is translated into behavior that denies equal treatment of men and women (e.g., I am going to send your brother to college since he has a better chance of succeeding because he is a boy)	Governmental and institutional policies, laws, and rules that benefit only men (e.g., US Bureau of Labor Statistics Report of 1st quarter, 2023 wage report states among the major occupational groups, the women-to-men earning ratios were 84.8%).

et al., 2022; Patev et al., 2019). I am not sure hostile sexism is a correct term unless enough voters voted and that the voting made a new law since “isms” are laws of the government and/or policies of the institutions that benefit men over women. “Benevolent sexism” is described as the desire to maintain traditional gender roles by emphasizing cooperative and complementary gender relationship between men and women with men in charge of providing security and protection for women (Barreto & Doyle, 2023). The definition of benevolent sexism sounds more like benevolent discrimination unless women at work are treated with benevolent sexism.

Cultural tightness theory postulates “tight” cultures are operated by rigid norms and sanctions. Qin et al. (2023) mapped state-level gender bias in cultural tightness across the 50 states to examine contributing factors for gender bias in cultural tightness. They found significant gender bias variations in cultural tightness across the 50 states. Some of contributing factors are sexism, sociopolitical factors such as religion and political ideology, and gender inequality in business, leadership, and innovation at the state level. They also found variations in the same state in terms of degrees of constraints and tolerance between women and men. If gender inequality resulted despite the equal qualification between men and women, it is sexism. This research is the most recent and comprehensive publication on examining contributing factors of gender bias in all 50 states. Persistent presence of sexism throughout all 50 states suggests that decreasing gender bias strategies need to include strategies of dealing with automatic (unconscious) activation of information processing. Without plans to deal with the neurobiology of automaticity (automatic activation of information process due to repetition), we will be perpetuating sexism and gender inequality without our conscious awareness.

History indicates similarities between sexism and racism. Both are socially constructed to guarantee the power of the privileged groups over oppressed groups. Both are deeply ingrained in our psyche to an extent that both privileged and oppressed groups participate in perpetuating racism and sexism without conscious awareness. Both are based on inappropriate hierarchical and dichotomous thinking.

The following reflection-based learning activities are designed to raise your awareness of the impact of gendered beliefs on your own identity.

Concrete Strategies

Experiential Learning Activities on Gendered Beliefs

Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would

(continued)

write is not the same as actually writing” (p. 11). Write and then experience your learning from your uncensored response.

1. How was gender portrayed by the media (TV, movies, computer games, popular music, social media, etc.) when you were growing up?
2. What gendered qualities do you regularly display or perform?
 - (a) Are there any gendered qualities you possess that you find yourself unwilling to perform?
 - (b) Write the conditions under which you're unwilling to perform these qualities. How do you feel when you do not perform them?

Once I chose 12 female students and 12 male students for a 1-year-long multicultural counseling program. We had a weekly book seminar for about 2 hours a week, and I was excited about gender-balanced book seminar on gender. I started the seminar by asking students to share their main points from the book before discussing the book as small groups. My role was listening to students. I noticed only male students were sharing. When $\frac{3}{4}$ of male students completed their main points, I said, “I noticed the only male students are sharing. How come?” Everyone was quiet. Then one female student said, “They are not giving us a chance.” I asked, “What do you mean? Would you help me to understand?” Then, I let the class to discuss what just happened as small groups and to relate their discussions to the seminar book. When they came back to share their discussion summary with the entire class, each group representative shared the impact of their ingrained gendered beliefs acting out without their conscious awareness. All of them were surprised by commonalities of their small group discussions. It was truly transformative learning for students because all of them processed with emotion and intellect. All of them realized their conceptual understanding of gender equality was not enough to deconstruct their gendered beliefs. Another important aspect of this example is the power of gendered beliefs on students’ perception. The female student said, “They are not giving us a chance,” when she saw male students’ sharing their main points. The male students were talking one after another. Instead of communicating her desire to speak verbally or non-verbally (raising her hand), she assumed male students were not allowing female students to speak. As an observer I did not see any male student interrupting a female student. Somehow, she perceived male students’ participation as not giving female students to talk. She said as if it was the fact and not her interpretation. This would activate all the memories of “not given the chance” in the past. In other words, her amygdala (emotional brain) would be activated which would trigger emotional and physiological responses. But if she would say to herself “It may not be the way I am perceiving since I don’t know whether they have the same worldview as I am,” she would not reactivate her memories of “not given the chance.” Male students stated that they were interested in listening to other students’ main points and did not think of why female students were not sharing. We

discussed at length about the importance of differentiating fact from interpretation, especially as a mental health provider or DEI trainer. Due to the neurobiology of automaticity, students responded from their lived experience of gender privilege and gender oppression. This reminded me of Jackson et al.'s study where Black children picked the White child as a leader even though they were more Black children and White children picked the White child as a leader even though there were a lot less White children. Both the children in the study and my students demonstrate the power of internalized privilege and oppression directing our behavior without our conscious awareness.

The following reflection-based learning activities on gender are designed for your transformative learning.

Concrete Strategies

Reflection-Based Learning Activities on Gender Memory

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is a key to accessing your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe, go back in your timeline as far as you can to see whether you can recall experiencing gender issues during your childhood.

Memory on Gender:

1. Describe your experience with gender issues. How did you feel about it then, and how do you feel about it now?
 - (a) Did you share your experience with someone? If you did, with whom did you share it, and what was their response?
 - (b) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about your gender and the other genders?
 - (d) What did you learn from your mother (or mother figure) about your gender?
 - (e) What did you learn from your father (or father figure) about your gender?
 - (f) What did you learn from your siblings (or sibling figures) about your gender?
 - (g) What did you learn from your teachers about your gender?
 - (h) If your parents (or parent figures) applied gendered socialization practice, what was the main message? How did this message affect you then, and how does it affect you now?

5.5.1 *Microaggression vs. Perceived Microaggression*

There are numerous research articles on microaggressions on various demographic identities, but it is not clear to me whether studies defined the term microaggression as it was meant to be by Pierce who conceptualized it. It is important to understand terms like unconscious bias, microaggression, heterosexism, and sexism correctly. Misunderstanding terms and inappropriate use of terms interfere with developing appropriate action plans. For example, developing effective action plans for heterosexism involves changing laws, policies, and rules, while effective action plans for microaggression involve engaging in interpersonal communication with the unconditional positive regard since “As long as people are either hyperaroused or shut down they cannot learn from experience” according to cognitive neuroscience research (van der Kolk, 2014, p. 207).

As stated in previous chapters, the term “microaggression” was conceptualized by Pierce in 1970 and revitalized by Sue (2010). Pierce referred to it as “**unintentional discriminations** against African Americans, akin to subtle insults and diminutives” (Hughey et al., 2017, p. 304). Then he expanded the concept as “...automatic, pre-conscious, or unconscious” putdowns by White to “Almost all black” (Pierce, 1974, p. 515). Sue’s microaggression is “...relatively **unconscious biases**...” (Hughey et al., 2017, p. 305). I have **bolded** “unintentional discriminations”; “automatic, pre-conscious, or unconscious”; and “unconscious biases” to make sure that both Pierce and Sue defined that microaggression is produced without conscious awareness. All three statements support Banaji and Bhaskar’s (2001) notion:

The best intentions do not and cannot override the unfolding unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control. (pp. 142–143)

I have concerns about the way some people use microaggression as if the person who exhibits microaggression is conscious of their behavior. According to Pierce who conceptualized it in 1970 and Sue who revitalized in 2010, the person who exhibits microaggression is most likely not aware of their behavior. I also wonder how we know our perceived microaggression is not from our own perception from our lived experience. We have discussed cognitive distortions in ingroup favoritism, symmetric perception, attribution error, thinking, and so on. In addition, we also discussed the power of language on influencing neural pathways (Eichenbaum & Bodkin, 2001; Lupyan & Bergen, 2016) and privilege being invisible to the privilege holders while oppression being vividly visible to the oppressed. It is imperative for us to apply both scientific (*objective*) inquiry and clinical (*subjective*) inquiry to examine our interpretation of perceived microaggression to make sure it is based on facts. Microaggression exists and is a barrier for achieving gender equality. Identifying it accurately is a precursor to finding effective way to communicate to a person who has no awareness of their behavior.

5.6 Intersectionality of Gender and Race

Examining gender alone as if it operates in isolation does not lead to understanding an individual as a whole person. Gender is one important aspect of an individual's identity; however, it does not by itself represent the total person. The gender of an individual not only intersects with the individual's other identities but also is influenced by a particular sociocultural context. Thus, race and gender cannot be treated as if they are mutually exclusive entities in determining a person's identity (Toyibah & Riyani, 2022). Each individual has multiple identities, which are dynamic, fluid, and interacting constantly with the individual's sociocultural political context. Some individuals have a dominant identity that shows its characteristics across situations, while others reveal different dimensions of multiple identities according to the sociocultural and political contexts within which they interact. Some may identify with their dominant (salient or special) identity for about 50% of the time regardless of sociocultural context but show other identities according to sociocultural-political contexts for the other 50%. Each identity is composed of multifaceted dimensions. Considering the complexities of these multifaceted dimensions, as well as those of an individual's multiple identities, it is easy to miss who a person is in a particular sociocultural context if the complexities are simplified into static, dichotomous, and hierarchical categories. Chapters 4, 5, 6, 7, 8, 9, and 10 in Part II of this book explore each social identity to understand an individual as a whole person.

5.6.1 *The Foundational Barrier to Intersectionality*

The foundational barrier to intersectionality is inappropriate dichotomous and hierarchical (binary) thinking. Without holistic thinking style which includes appropriate hierarchical and dichotomous thinking, we will interpret intersectionality of gender and its fluid, dynamic, and complex relationship to race, class, sexual orientation, disability, age, religion, region, and language by binary thinking which reduces complexity to simplicity. You may recall the book seminar example of my students where their gendered beliefs dominated their actions rather than their conceptual understanding of gender equality. If your dominant thinking style is binary, complete another rounds of concrete strategies on thinking styles in Chap. 2. As I stated earlier, it takes about 10,000 hours to master a skill like sports (Sennett, 2012). Developing a new pattern to replace the neurobiology of automaticity takes a longer than the time to build a new skill since your automaticity started in early childhood without your conscious awareness. As I discussed earlier, you probably spent a lot more than 10,000 hours since childhood. Be gentle with you, and just mindfully and diligently practice daily without judgment. In other words, you need to apply controlled processing (*working memory*) until working memory is transferred to long-term memory (*automatic activation*).

5.6.2 Intersectionality Is About Seeing a Real Person

Lapalme et al. (2020)'s description of intersectionality is "What distinguishes intersectionality from other critical social theories is the emphasis on conceptualizing power relationships beyond a single axis (e.g., the relationship between patriarchy and women's oppression) to priorities power relationships between intersecting systems of power and intersecting social groups that are consequently privileged and/or oppressed" (pp. 495). The intersectionality shows the power dynamics between the structure (system) and the individual's privileged and oppressed identities. For example, both repeated oppression and repeated privilege become automatically activated without conscious awareness due to the neurobiology of automaticity. However, one leads to internalized oppression and the other to internalized privilege without conscious awareness. This becomes one of the major barriers to gender equity and justice because internalized oppression stirs all sorts of negative emotions, while internalized privilege is often invisible to privilege holders. Some privilege holders acknowledge their privilege after mindful reflection and perspective taking. However, it creates all sorts of emotional reactions for most privileged people to be informed that what they consider normal and not a privilege is not available to oppressed people, in other words, comprehending that the system (laws, policies, and rules) has not been allowing what's normal to White people and men to people of color and women.

"Crossover youth" is a common term for children who started at the child welfare due to being maltreated or abused and ended up at the juvenile justice system. Kolivoski (2022) states that studies suggest girls and Afro-American youth are more likely to cross over between the two systems partly because of the system's bias against Afro-Americans, for example, when the amount of alcohol taken by White and Afro-American girls was the same but only Afro-American girls were penalized for it. Furthermore, the decisions to cross over between the two systems were based on treating race and gender separately as if they were independent from each other within an individual. Thus, the difference in lived experience of White girls and Afro-American girls was very different due to the systemic bias. Kolivoski proposes applying intersectionality to address the needs of Afro-American cross-over girls. She suggests we need to explore the role of the systems in creating systemic oppression for Afro-American girls and the power dynamics between the system and the individual (Afro-American girl) who is the target of systemic oppression for her race (Black) and gender (girls). Chang et al. (2020) examined California's welfare-to-work (WTW) system by intersectional approach to find sources of systemic inequalities. They concluded, "In sum, we argue that SODR shapes intersecting gender, racial, and class dynamics, and reproduces White supremacy through structural mechanisms in all four types of WTW service delivery systems" (p. 445).

Wahl (2021) critiques Fanon's work on *Black Skin, White Mask* because he did not represent Black women who have multiple identities and their intersectionality which consist of different layers of oppression operating simultaneously. She elaborates Fanon will accomplish his goal if he were able to understand multiplicity of

lived experience of Black women. Non-White women who belong to the oppressed groups in terms of race and gender are in *double jeopardy* or *double bind* status. They face not only racial prejudice, discrimination, and racism but also gender prejudice, discrimination, and sexism (Clancy et al., 2017). They are pressured to put their race at the number one priority to promote racial justice, and they are simultaneously pressured to put their gender as the number one priority to dismantle gender inequality.

Intersectionality also challenges non-White men. Bowleg et al. (2013) interviewed 30 predominantly low-income self-identified Black heterosexual men between the ages of 18 and 44. They belong to the dominant gender group, dominant sexual orientation group, oppressed racial group, and oppressed class group. These participants were interviewed face to face by one of two trained Black men. The open interview was conducted in private offices in Philadelphia. The interview lasted 45–90 min. Participants were asked to respond to a question, “In general, how would you describe what it’s like for you as a Black man?” They found that Black men were targets of racial discrimination, unemployment, incarceration, police surveillance, and harassment due to interlocking systems of oppression because of their race, class, and macro- level social structure which impacted the meso-level (institutional) social structure. Even though their gender membership was with the privileged group, race and class intersectionality overpowered the gender privilege viewed as an agent for male (Navarrete et al., 2010). It is extremely important for providers to understand complex, complicated, and dynamically interwoven relationships among systemic privilege/oppression, and internalized privilege/oppression, in order to view the client from his worldview.

The following experiential learning activities are designed to facilitate your transformative learning on variations within groups through linear and nonlinear activities.

Concrete Strategies

Experiential Learning Activities on Intersectionality

Prepare drawing materials (at least two sheets of drawing paper and a box of crayons, coloring pencils, or paints). Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing or drawing is one way to access your inner experience. Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you are breathing in and out slowly and evenly, think and feel how similar or different you are from other members of your race and gender ingroups. Slowly open your eyes.

(continued)

1. Draw yourself in relation to your ingroups.
 - (a) Gender
 - (b) Race
2. Describe your differences and similarities in relation to your ingroups.
 - (a) Gender
 - (b) Race
3. How do you feel about your differences from your ingroups?
4. Based on your experience, what type of questions would you like to ask in order to find information among and within group variations in relation to race and gender?

The following experiential learning activities on the intersectionality of race and gender are designed for you to facilitate transformative learning on intersectionality of race and gender through linear and nonlinear activities.

Concrete Strategies

Experiential Learning Activities on Intersectionality

Prepare drawing materials (at least two sheets of drawing paper and a box of crayons, coloring pencils, or paints). Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing or drawing is one way to access your inner experience. Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

1. Draw your intersectionality of race and gender.
 - (a) Race
 - (b) Gender
2. Describe what you drew.
3. Is one identity more important to you than the other or are they equally important to you? Why is one more important? Or why are they equally important?

5.7 Sexism, Gender Discrimination, and Inappropriate Thinking

Without inappropriate dichotomous and hierarchical thinking, there is no sexism, gender prejudice, gender stereotypes, gender discrimination, or gender biases. Gender biases, gender prejudice, gender stereotypes, gender discrimination, and

sexism are based on inappropriate dichotomous and hierarchical thinking, which consider men as more powerful and capable than women. This implies that one group is better than the other (*hierarchical thinking*). This thought pattern has been generalized through gendered socialization in the United States. You have read research findings that indicate children learn gendered beliefs that are based on hierarchical thinking at an early childhood (ages 3 or 4) in this chapter, and these affect their thinking, feeling, and behaving throughout life. If children are socialized to value boys, girls, and trans children equally, boys may not grow up believing they are better than girls. They may learn the difference between appropriate and inappropriate hierarchical and dichotomous thinking. Girls, boys, and trans children may enjoy learning different ways of doing, thinking, and feeling from each other without insisting that their way is better than the others' ways. Trans children, both girls and boys, may learn to be compassionate, patient, and tolerant of each other. If children are taught that boys are strong in certain areas and girls and trans are strong in other areas, they may learn to cooperate to make each other stronger rather than compete against or marginalize each other. If children are not implicitly or explicitly forced into gender typed behaviors, they may be able to express their true potential without being constrained by culturally defined gender-appropriate behaviors. By practicing differentiating between appropriate dichotomous thinking ("either/or") and inappropriate dichotomous thinking ("either/or") and including nondichotomous thinking ("both/and") daily, children may be able to learn to value others based on their individual characteristics and qualities and not on the basis of gender alone. The following reflective activities are designed to increase your awareness of your intrapersonal communication on gender.

Concrete Strategies

Inappropriate Thinking and Intrapersonal Communication on Gender

The purpose of these activities is to gain awareness of how you think and how your thinking affects your intrapersonal communication on gender. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to accessing your real values, beliefs, and biases on gender. Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

(continued)

Reflection-Based Learning Activities

1. Examine whether you used inappropriate thinking (hierarchical, dichotomous, or linear) in relation to gender and what happened as a result. Draw a picture to symbolize the results or write them down.
2. If you used an inappropriate thinking in relation to gender, do you recall the first time you thought this way?
3. Did your parents, siblings, and/or schoolteachers use inappropriate thinking styles (specify dichotomous, hierarchical, or linear) in relation to gender while you were growing up? How did this shape your intrapersonal communication on gender?
4. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times. Reflect on your answers to the previous questions. Open your eyes, and write down your relationship to the inappropriate thinking (specify dichotomous, hierarchical, or linear) style(s).
5. Think of one incident where you were frustrated with someone who represents other than your gender. What were your assumptions? What did you expect? Was your frustration related to inappropriate thinking (specify dichotomous, hierarchical, or linear)? If so, explain.
6. Estimate the percentage of inappropriate thinking (specify dichotomous, hierarchical, or linear) in your inner dialogue each day.

5.8 Strategies for Dismantling Sexism, Gender Discrimination, and Benefits for All

Creating a society that treats women, men, and trans with respect, justice, and equity requires (a) understanding the historical context of systemic gender oppression/privilege, (b) critically examining why systemic gender oppression/privilege is still so pervasive in everyday life, (c) being mindful of dismantling systemic gender oppression/privilege through shifting to holistic thinking, and (d) distinguishing an individual's group membership (privileged or oppressed) from that of their personal experience. Knowing that individuals' personal experience may not be the same as their group membership is an important step toward understanding systemic gender oppression/privilege. When men do not differentiate between their group membership as men and their own lived experiences, it is impossible for them to understand systemic gender privilege and internalized gender oppression. This is due to their belief that there is no sexism because they do not intentionally or unintentionally oppress women. They may not be perpetuating gender oppression, but this does not mean that people who work for the system (governments, institutions, organizations, etc.) treat women as equal to men.

The implementation of socialization practice that fosters gender equity from birth is essential to dismantle sexism. Gibran wrote in his 1923/1978 publication, *The Prophet*:

Your children are not your children. They are the sons and daughters of Life's longing for itself....You may strive to be like them, but seek not to make them like you. (p. 17)

Men, women, and trans must stop teaching gender discrimination and ethnocentrism to their children. They need to let their children discover life by themselves through interacting with each other. Parents need to facilitate empowerment without limiting or encouraging based on their children's gender or their own gender. It is necessary for parents not to generalize their experiences as if their experiences are their children's. Other socialization agents like grandparents, aunts, uncles, teachers, camp counselors, and career counselors need to encourage children to empower themselves and pursue their interests based on their abilities and desires and not based on their gender. Children need to be socialized by watching and learning respectable and compassionate ways of communicating with each other to transcend sexism and gender discrimination.

At the personal level, individuals need to deconstruct dichotomous, linear, and hierarchical thought patterns when they are not appropriate. Transcending old ways of thinking, behaving, and feeling and to learn holistic thinking open the door to lead to reducing sexism. In the process of deconstructing inappropriate dichotomous, linear, and hierarchical thinking, individuals will realize that there is no need for superiority and inferiority in personal relationships. Individuals need to learn to communicate so that they will be able to work together toward workable solutions. Communicating with an *I message* instead of a *you message* is likely to facilitate workable solutions since *I messages* focus on an individual's own feelings, behaviors, and thoughts rather than blame on the other (as occurs in a *you message*). The other party is likely to hear what the individual is expressing without being defensive when an *I message* is used. Women need to learn to assert themselves and not tolerate maltreatment from men. Some women learn to silence themselves, while others express anger and frustration because of being targets of persistent sexism, sexual prejudice, sexual biases, and sexual discrimination. Being silent or expressing anger often does not convey how not to perpetuate oppression. Men need to learn to articulate their thoughts and feelings. Men, women, and trans people need to practice accepting, respecting, and being patient with themselves and each other while learning to communicate in a nonhierarchical and nondichotomous way. To dismantle the neurobiology of automaticity of gender prejudice, gender discrimination, and sexism, diligent and mindful practice is needed to replace memory of gender discrimination and sexism in long-term memory.

In order to reduce sexism, sexual discrimination, and sexual prejudice at the governments, institutions, and organizations, they need to change policies to reflect gender equality and equity and learn to implement new policies. Based on my observation, governments, institutions, and organizations change policies without deconstructing organizational leaders' implicit biases. Most employees do not ask questions relating to policy changes although they may complain to other

employees, and this may decrease organizational moral. It is important for policy changes to be made through dialogical conversation by using *I messages* and not *you messages* openly and honestly without fear of being fired. For this to happen, senior-level leaders need to examine their own gendered beliefs and how these impact organizational policies, rule, and culture. This process will assist the senior-level leaders to think, feel, and behave more toward gender equality orientation. It takes time to involve all employees in the process of policy changes; however, it has a higher probability of increasing employee satisfaction and implementation because of their direct involvement. Individuals in the leadership positions need to work on accessing their inner experiences to assess their gendered beliefs which may impact decisions relating to policies, laws, rules, and so on. A study done by Diehl and Dzubinski (2016) identified 27 gender-based leadership barriers from micro- (family), meso- (organizations and institutions), and macro-levels (society). “Control of women’s voices, cultural constraints on women’s own choices, gender stereotypes, gender unconsciousness, leadership perceptions, and scrutiny” (p. 188) were found as barriers for women leaders. All of these are from unconscious biases which are not visible to the person. Individuals, institutions, and organizations need to organize a group and groups to collectively demand the media to show more gender equality-based programs. Implementing gender equality collectively is still an unconventional concept at this point.

All of the trainings on antibias, implicit bias, unconscious bias, and diversity equity and inclusion (DEI) that I reviewed focus on conceptual learning without giving opportunities for trainees to connect their conceptual learning to their experience (Kim & Roberson, 2021; Schmader et al., 2022). Most were online training. Researchers found that the training increased the awareness, but the awareness did not change trainee’s behavior. I have given short- and long-term trainings to faculty, graduate students, local psychology association, and the local business. On the basis of my experience, 1.5 hours for 20 weeks duration seem to be much better in getting attention from the neurobiology of automaticity that resides in long-term memory. Short-term trainings lead to conceptual learning but cannot break the neural basis of automaticity. The 20 weeks seem to scratch the automaticity to slow down. I prefer training in-person on a regular basis which gives me to check (without reading) trainees’ assignments (uncensored writing, *concrete strategies*) and to build trust since, “As long as people are hyperaroused or shut down, they cannot learn from experience” (van der Kolk, 2014, p. 207). Trainees’ feedback (at the end of 10th week and at the end of 20th week) stated that they learned so much from each other. They learned to trust each other and was able to communicate difficult issues by applying communication skills they learned in the training. If the governments, institutions, and organization are interested in real gender equity and not the lip service, they need to have a competent trainer who has in-depth knowledge about conscious and unconscious; neuroscience on working memory vs. long-term memory; neurobiology of automaticity; developmental, cognitive, and social psychology research findings on barriers to equity and justice; systemic privilege/oppression and internalized privilege/oppression; intra- and interpersonal communication; and accessing unconscious.

At the cultural level, dismantling sexism requires the courage to be isolated from the majority. Transcending gender prejudice, gender discrimination, and sexism at the individual, institutional, and cultural levels require taking the path of least resistance, which requires mindfulness and courage.

Dismantling sexism at the personal, institutional, and cultural levels benefits everyone. Individuals will accept and respect each other regardless of each other's gender. As a result, individuals will be open to each other and will be connected at the emotional level. Violence and hostility will not be plausible when there is an environment that fosters respect among individuals. Children will grow up with equal respect for men, women, and trans. Individuals will learn to expand their way of being through thinking from a multidimensional, multilayered, and holistic perspective.

5.9 A Provider's Assessment of Self in Relation to Gender Privilege/Oppression

The more providers are aware of their history with sexism, sexual discrimination stereotyping, and their relationship to systemic gender oppression/privilege, the better prepared they are to assist clients. Your self-assessment starts with reflecting on your own gender socialization process, socialization contexts, and reinforcement histories in relation to sexism, gender biases, gender prejudice, gender discrimination, gender privilege, and oppression. When you examine your history without judgment or censoring but with critical reasoning skills, you will be able to obtain accurate self-assessment. This will assist you in your attempt at accurate assessment of clients.

The following is an example of my self-assessment. This is an attempt to assist you in your assessment of you at this point in your life.

Personal Story

A Concrete Example of a Provider's Self-Assessment

I have a complex relationship to sexism and systemic oppression/privilege and internalized oppression/privilege. This is partly due to my multilayered socialization process. There was a clear duality in Korean sex-role socialization when I was growing up. Girls were encouraged to achieve and excel as much as boys while they were in school. I do not remember feeling that boys and men had more power than girls and women. Sexism sets in by the time girls become a member of society by marrying or working prior to marriage. Even though I left Korea before I was aware of sexism pressure, I found myself in the same type of struggle as my friends in Korea. The role of a wife and a mother through gender socialization and newly gained knowledge on

(continued)

gender equality led me to want to care for both my children and my spouse while maintaining my professional career.

I worked to do the best I could in each of my roles, and I did not know how to do it well. There was not enough time in a day to do all I wanted for my family and me. Each day, I had to figure out how to balance my roles. I had to prioritize what was important for that day, and it was hard since I wanted to do everything, and each task seemed equally important. But I could not put my needs and desires first. Socialization, the role of a wife as defined by my Korean culture, wanting to express love in action, and my own personality played a significant role in perpetuating gender role I learned from Korean culture without my awareness.

I grew up in a family where my mother's main role was being my father's wife, and she was content with her role. She used to tell me it was very important that I put my husband first when I got married. She would say this while she was preparing food for my father. I thought it was foolish of her to prepare food for my father since she employed a person whose job was doing housework and cooking. She told me she had to prepare the food for my father since he liked her cooking more than that of the person who was hired to do the housework. It was amazing to watch her taking such pride in being a good wife and deriving such happiness from it. I thought it sounded boring, and my mother seemed more like my father's personal maid than a wife. However, I was surprised to find out how similar I was to my mother in terms of putting my husband's needs and wishes before mine—although I was very different from her in seeking a career while simultaneously maintaining my role as a wife and a mother. Without conscious awareness, I bought into strong Korean cultural myths, which state that marriage is a life commitment and women should stay married regardless of whether it is working out emotionally, psychologically, or spiritually. It was painful to realize Korean cultural myths are based on sexism and the United States have not dismantled sexism.

I fluctuated in and out of internalized Korean cultural myths and the US cultural myths on gender role. The power of learning through observation was apparent in my criticism of my mother's behavior, but she was following her mother and her cultural gendered behavior, just like I was following her (my mother) and her cultural gendered behavior. This is an example of multigenerational perpetuation of gendered behavior. I was not able to sort out how much of putting members of my family first was due to my love for them and how much was perpetuating generational legacy due to ingrained Korean myth at macro-level and my mother's gender role model at the micro-level. I am surprised to find the impact of the macro-level Korean cultural myth and the micro-level Korean family gender role models on my thoughts and behavior.

The following reflection-based learning activities are designed for you to assess your gender construction history.

Concrete Strategies

Experiential Learning Activities on Your Gender History

The purpose of these activities is to gain awareness of your gender history. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge, you cannot access your inner experience. Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

1. Describe your relationship to your immediate family members from a gender perspective.
2. Identify sexism, gender bias, systemic oppression/privilege, and internalized oppression/privilege from your description.
3. Describe your experience in elementary, middle, and high school in relation to gendered education.
 - (a) Describe the impact of your earlier gendered education on you now.
 - (b) How do the experiences you described in Questions 1–3 affect you now in relation to your gender identity and your view on other genders?
 - (c) What did you learn by completing these experiential learning activities?

“... transformation does not simply emerge due to the individual’s awareness.... but is experienced....” (Benetka & Joerchel, 2016, p. 22). Completing concrete strategies mindfully without censoring allows you to be aware of your inner experience.

Consciousness Practice

What is like being me in relation to my gender now?

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Chapter 6

Cissexism (Genderism or Binarism)



Mindfulness Practice:

Close your eyes, and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreath, two outbreath). Observe your mind and body without judgment as you breathe in and out. Slowly open your eyes. Are you ready to read the chapter?

6.1 Brief History of Transgender

The concept of more than two genders dates to Mesopotamia (Murray & Roscoe, 1997). Some societies such as those of the indigenous cultures of American Indian tribes (e.g., Illinois, Sioux, Sac, Fox), the Indian subcontinent, the ancient Greeks, the Middle East, and Pacific Islanders have three genders: men, women, and a third gender (Blackwood, 1984; Goulet, 2006; Phillimore, 1991; Roscoe, 2000; Roughgarden, 2004; Wikan, 1991; Williams, 1986). The Native American berdaches, the hijars of India, and the xanith of the Middle East are biological males who behave, dress, work, and are treated socially as women. They are therefore not men nor are women. Direct translation for them in English is “male-women” (Amadlume, 1987). Hearted women are biological females who work, marry, and parent as men; their social status is as “femalemen.” They do not have to behave or dress as men to have the social responsibilities and prerogatives of husbands and fathers; what makes them men is enough wealth to buy a wife (e.g., in some African and American Indian societies). Historical examination of gender theories reflects that gender is a process that can be interrupted, reversed, or changed which suggests that gender has been socially constructed.

One of the first recordings of a third gender in the United States was about Thomas/Thomasine Hall who was a servant in a Virginia colony. Hall interchanged from being a woman and a man by wearing gender-appropriate clothes and names.

People in the colony asked the court to determine Hall’s gender in 1629 because it could not be determined despite repeated physical examination. The court ordered him to wear “a man’s breeches and a woman’s apron and cap” acknowledging two genders but denied Hall the freedom to switch gender identity (<https://qspirit.net/thomasine-hall-intersex-colonial/> Last Updated on July 24, 2023 by Kittredge Cherry). Another Hall (Murray), who died from breast cancer in 1901, avoided medical treatment out of fear that the assigned sex at birth would be discovered (<https://www.nyclgbtsites.org/site/murray-h-hall-residence/>).

The concept of “transsexual” was introduced by Magnus Hirschfeld in 1923 to describe a patient whose gender identity was not based on assigned biological sex (Rojas Saffie & Eyzaguirre Bäuerle, 2023). Here are a few examples of people who lived in fear or were murdered because of who they were. Billy Tipton, a jazz musician whose assigned sex was not known until his death in 1989, lived as a man for more than 50 years and had a wife and three adopted sons. His death was a result of avoiding medical treatment to a treatable condition due to fear of being discovered (<https://www.youtube.com/watch?v=sLS-Fq8Cbxw>). Brandon Teena was murdered on New Year’s Day in 1994 by two men whom he thought to be friends. They beat and raped him after he disclosed he was a trans. A week after he reported the sexual assault to the sheriff, the two men killed him (Disclosure: *Trans Live on Screen*, documentary/LGBT).

Gallop’s yearly telephone survey with more than 12,000 US adult Americans on their personal gender identity as heterosexual, lesbian, gay, bisexual, or transgender started in 2012. The most recent survey in 2021 reported 7.1% of reported as LGBT. It increased 1.5% from 2021 survey due to younger generation. It was 3.5% in 2012 and 5.6% in 2020 (Jones, 2022, <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>).

Gallops’ yearly telephone survey (N = 12,000+ US adults) (Table 6.1).

6.2 Barrier to Conceptualizing LGBTQ: Social Categorization Theory of Gender

As stated in the previous section, social categorization theory is a barrier in conceptualizing transgender theory. Prefix “trans” in Latin means “change, crossing, or beyond” (Taylor, 2013, p. 455). Therefore, transgender means go beyond, cross, or change from the socially constructed two categories, femininity and masculinity. This means they are going beyond social categorization of men and women or boys

Table 6.1 Gallops survey

Year	2012	2020	2021
LGBTQ	3.5%	5.6%	7.1%
Increase in 2020		2.1%	
Increase in 2021			1.5%

and girls. Thus, social categorization theory by its assumptions denies the existence of trans people. The National Institutes of Health suggests using sexual gender minority (SGM) instead of LGBT to include all whose sexual orientation is not exclusively heterosexual or whose gender identity is different from the sex assigned at birth or who reject or vary from traditional cultural conceptualizations of gender based on male-female dichotomy (BalikAyhan et al., 2020).

Gender identity is a person's inner experience of self as "male" or "female," and a transgender individual's gender identity is different from their assigned sex at birth, while a cisgender person's gender identity is consistent with the assigned sex at birth. A transgender person's gender identity goes beyond or across the assigned sex at birth. Their gender identity is broader and fluid in expressing the complexities of gender rather than confined by two categories. For example, there are trans people whose assigned sex is female at birth, but their gender identity is male. They dress like men, change their name to a male name, and are interested in dating females whose assigned sex is female at birth. Then, there are transgender individuals whose assigned sex is male at birth and whose gender identity is female. They dress like women, put on makeup like women, change their name to a female name, and are interested in dating males whose assigned sex is male at birth. Some of them have no desire for gender reassignment surgery, while others go through gender reassignment surgery. Trans people transcend gender dichotomy and operate within a wide range of the gender spectrum. Nonbinary, genderqueer, and gender nonconforming are often used by them, although not all gender nonconforming people are trans people.

Dunham and Olson (2016) discuss the problem of discrete social categories in their research article, *Beyond Discrete Categories: Studying Multiracial, Intersex, and Transgender Children Will Strengthen Basic Developmental Science*. They wrote that emphasis on discrete categories:

...has—often unintentionally—excluded many people's experiences, limited the generalizability of our findings, and, perhaps most importantly, limited the ability of our theories to adequately explain real-world social phenomena. (pp. 642–643)

Dunham and Olson point out that race, gender, and sex are the most studied social categories, and they are complex and cannot be discretely categorized. For example, all the multiracial, biracial, transgender, and intersex populations have to arbitrarily force themselves to be one category which do not represent them. Dunham and Olson conclude:

In summary, we have suggested many a large number of ways in which our science has been restricted by both the societal and scientific dichotomization of complex social landscapes.... In so many cases, we reduce continuous or multifaceted dimensions to a single either/or, and we suspect that a similar, though context-specific, set of problems will emerge in each of these cases. (p. 659)

Several researchers expressed their concerns about unintentional negative effects such as stereotyping produced by discrete social categorization (Dunham & Olson, 2016; Liberman et al., 2017). They are fully aware of the positive effects of social categorization in assisting individuals to navigate the complex world, but they are

concerned about the negative consequences of social categorization resulting in prejudice, discrimination, stereotyping, sexism, racism, classism, heterosexism, ableism, ageism, cissexism, and other *isms* related to religion, region, language, and so on. Some cognitive researchers are aware that research based off of simplified version of social categorization is misrepresenting complex, fluid, and dynamic people who do not fit into their binary construction of research questions. Deconstructing embedded Western ideology which is based on hierarchical, dichotomous, and linear thinking is challenging for all of us due to the neurobiology of automaticity which started early in our lives without our awareness.

Children learn categorization early in life (Olivier et al., 2022). Gülgöz et al. (2018) studied 62 (31 girls and 31 boys) cisgender children's evaluations and categorization of transgender peers. Children were 5- to 10-year-olds from diverse racial backgrounds (80% White, 5% Asian, 5% Hispanic, 3% Black, 3% White/Black biracial, 2% White/Asian biracial, 2% Pacific Islander). Both evaluations of transgender peers by cisgender boys and girls were positive. However, their first preference was sex-conforming peers (as their own sex). In other words, cisgender girls preferred a cisgender girl, and then a transgender girl and cisgender boys preferred a cisgender boy and then a transgender boy. This study shows the power of gendered socialization on children's preference for their own gendered peers. According to the neurobiology of automaticity, gendered beliefs are activated unconsciously due to daily exposure to gendered beliefs from the early childhood by diverse agents representing macro-level, meso-level, and micro-level ecosystem. Thus, transgender people must struggle internally due to their unconscious automatic activation of gendered beliefs before they accept themselves as trans. It must be difficult for cisgenderers to make trans people feel accepted due to their (cisgender) unconscious automatic activation of gendered beliefs. If our conventional thinking has been holistic instead of binary, will we struggle to show our conceptual understanding of transgender to trans people?

The following experiential learning activities are intended to introduce compassion for trans by taking an affective perspective.

Concrete Strategies

Perspective-Taking Experiential Learning Activities

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge, you cannot access your inner experience. Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

(continued)

For trans:

1. In your mind, think about a TV commercial and change it for trans viewers.
2. Imagine yourself living in a trans world and that you are the only cisgender. Write down your feelings.
 - (a) How did you feel in your imaginary trans world?
 - (b) What can cisgenders do to make you feel equal to them?

For cisgenders:

1. Think and feel about how trans feel in this cisgender world.
2. Imagine yourself living in a trans world and that you are the only cisgender.
 - (a) How did you feel in your imaginary trans world?
 - (b) Is there something you can do to make trans feel they are equal to cisgender?

For all:

1. What did you learn from the perspective-taking experiential learning activities?
2. As a small group, share your experiences.

6.2.1 *Ingroup vs. Outgroup*

As a group representing the LGBTQ community, the trans group has been actively participating with LGBQ group for the rights of the LGBTQ community. In this case, the trans group is ingroup with LGBQ group and outgroup with cisgender group. However, it has been a challenge to find comprehensive research on trans people's relationships to their ingroups and outgroups within LGBTQ community. One of the reasons for this might be due to the diversity within trans people's gender identity but also not all individuals who are gender-nonconforming identify as trans. Their gender identity or expression does not conform to gender roles assigned at birth, but they do not self-identify as transgender. *Sexual and gender minority* (SGM) is widely used as the umbrella term for lesbian, gay, bisexual, and transgender (LGBT). Furthermore, some people consider gender identity is synonymous to sexual orientation; thus, trans individuals are at times misidentified as gays and lesbians. In addition, the diversity of sexual orientations among trans people (e.g., heterosexual, bisexual, gay, lesbian, asexual, and so on) adds to this complexity. Krolkowski's (2012) study suggests defining variables precisely brings different results than defining variables in general terms.

However, ingroup vs. outgroup distinction is clear from the non-LGBTQI+ people when we look at Medina and Mahowald (Watson, Casey, Medina, & Mahowald,

2023)’s Center for American Progress (CAP)’s 2022 survey report. According to the report, LGBTQI+ individuals continue to experience higher rates of discrimination than non-LGBTQI+ individuals in healthcare, employment, housing, and public spaces. CAP conducted 2022 survey of LGBTQI+ adults in the United States with National Opinion Research Center (NORC) at the University of Chicago. They interviewed 1828 self-identified LGBTQI+ adults and 1542 self-identified non-LGBTQI+ adults ages 18 and older during May 27–June 23, 2022. One of the strengths of the survey was interviewing self-identified non-LGBTQI+ as a control group. The 2022 CAP Survey reports *more* than one in three LGBTQI+ adults faced some kind of discrimination while *fewer* than one in five non-LGBTQI+ individuals did:

Half of LGBTQI+ adults experienced workplace discrimination or harassment.

- Nearly three in ten LGBTQI+ faced housing discrimination or discrimination.
- State debates on laws restricting LGBTQI+ rights impacted more than half of LGBTQI+ adults’ mental health.
- Approximately one in three LGBTQI+ adults experienced mistreatment by a mental health professional
- More than one in five LGBTQI+ adults reported postponing or avoiding medical care due to discrimination by providers, and more than one in three LGBTQI+ adults reported postponed or avoided medical care due to cost issues.

In addition, a systematic review from 1985 to 2017 by BalikAyhan et al. (2020) indicates that sexual and gender minority (SGM) individuals have been minimized, marginalized, discriminated, and oppressed for who they are. SGM individuals face hatred, verbal and physical violence, and threats to mention a few. They also report that SGM people are discriminated more than gay men and lesbians because of their gender identity. They also report the risk of suicide attempts of SGM youth is two to three times higher than other populations, and the rate of tobacco and alcohol consumption and substance abuse is also higher than other populations. Lund and Burgess (2021) demonstrate physical and mental health disparities stemming from systemic and interpersonal prejudice, discrimination, and oppression against sexual and gender minority (SGM) people. According to SteelFisher et al. (2019), women experience multiple levels of gender discrimination in healthcare, equal pay/promotions, and higher education, and LGBTQ have higher sexual harassment and violence than non-LGBTQ.

Prejudice, discrimination, and systemic oppression from people, institutions, organizations, and governments against LGBTQI+ are not possible without inappropriate binary (hierarchical and dichotomous) thinking which is the foundation for ethnocentrism. As stated earlier, asymmetric perception, attribution bias, social projection, and ingroup favoritism are types of ethnocentrism. We are led to favor our ingroups because binary thinking has only two choices (e.g., good or bad), and we are more familiar with our ingroups through socialization than outgroups. If we are socialized in a culture that emphasizes holistic thinking (*either or and both*) and interdependence rather than binary (*either or*) thinking and competition, we will favor our ingroups without putting down outgroups (*and both*).

Dunham (2018) states ingroup bias cannot be attributed to social learning since it appears automatically and in the absence of conflict or competition. It is also possible that it is learned through repeated exposure to the ingroup. If we have been exposed to ingroup bias from the birth by multiple social agents from all three ecosystems [micro- (family), meso- (school, church, or temple), macro-levels (culture)], we will have spent more than 10,000 hours by the time we are about 2–3 years old. As stated earlier, Sennett (2012) states it takes about 10,000 hours to master a skill. We have achieved the neurobiology of automaticity which means information (e.g., ingroup bias) is activated automatically (unconsciously). This is why it is difficult to change our ingrained values and beliefs (Amodio & Cikara, 2021; Servant et al., 2018). As a result of the automaticity, it is generalized to similar situations without conscious awareness. As indicated in Chap. 2 (under *Barriers to Theory to Practice*), “generalization takes place *inside* the individual (*internally*) and it is difficult to stop and analyze the process due to the lack of an internal feedback system” (2.2.7 *Intrapersonal Communication and Inappropriate Generalization*). We generalize through thinking (self-talk or intrapersonal communication). A self-talk is a self-conforming process since both a message sender and a message receiver are the same person, the self. Without deconstructing barriers like inappropriate binary thinking, self-conforming process, the neurobiology of automaticity, and generalizations, we are not able to reach justice, equity, and equality for SGM people despite our good intentions. As stated in Chap. 1, one of the main reasons for no real change since the Civil Rights Act of 1964 is assuming conceptual understanding of equality or good intention is going to change our behavior. The conceptual understanding is a prerequisite for taking the action step which includes diligent and mindful practice of transferring working memory to long-term memory. We also need to understand dividing ingroup vs. outgroup hinders achieving justice, equality, and equity for SMG people.

6.3 Barriers to Equity and Justice for SGM: Systemic and Internalized SGM Oppression

Puckett et al. (2023) depict the relationship between systems of cissexism, prejudice, discrimination, and the daily stress of transgender and gender diverse people. Numerous studies discussed self-harming behaviors among trans youth and adults to deal with cissexism, trans discrimination, and marginalization from multiple sources and multiple levels. Self-harming behaviors (substance abuse, suicidal attempts, and smoking) among trans adolescence and adults have been consistently higher than their non-trans counterparts.

Gender socialization is binary, and it starts implicitly and explicitly as soon as children are born. I used to show a film in developmental psychology class that demonstrates how social agents introduce gendered behaviors to infants based on infants' sex: In the film, both men and women participants were holding and talking

to an infant. The same infant was dressed as a boy 50% and as a girl 50%. Both men and women participants showed gendered behavior in both talking and holding the infant; both men and women talked with a high pitch and held the infant gently to the infant dressed as a girl. They talked with normal tone and held the infant with more movement to the infant who dressed as a boy. What I have learned from my clinical experience is SGM people go through extreme internal turmoil throughout their developmental stages because of inconsistency between their inner experience and their gendered beliefs. The impact of gendered socialization on a SGM person's identity construction is one of the major barriers of self-acceptance. Self-doubt, extreme loneliness, feeling less, and not belonging are what I heard from SGM people about their developmental process. Their developmental struggles on gender identity are partly due to the society's emphasis on cisnormativity and partly due to their experiences of being targets of systemic and institutional oppression. Not only children internalize their societal gendered beliefs but also internalize experiences being targets of SGM oppression. Internalized gendered beliefs and internalized SGM oppression often manifest unconsciously and are activated automatically.

Automatic activation of internalized gendered beliefs and SGM oppression is due to the neurobiology of automaticity. Cognitive neuroscience research by Eichenbaum and Bodkin (2001) with brain-injured patients reveals that knowledge and beliefs take separate anatomical pathways. Beliefs are processed unconsciously, and new information is distorted to validate existing habits and emotions, while knowledge is processed consciously by integrating new information with existing information. This implies cisgender people oppress and discriminate trans people due to automatic information processing without knowing anything about the trans person. Likewise, trans people may interpret cisgender people's behavior in negative ways due to automatic activation of cissexism. This creates comprehension gap between the two parties resulting in inability to understand each other. This is one of the barriers to transgender equality.

As discussed earlier, asymmetric perception, attribution error (bias), and social projection are ethnocentrism which is based on binary thinking and is used by multiple social agents to introduce gendered values and beliefs to children from every level of the ecosystem [e.g., family (micro-level), school or temple (meso-level), and society or culture (macro-level)] (Bronfenbrenner, 1981; Giles & Heyman, 2005). Socialization is gendered, and research indicates that children (both boys and girls) as young as 3 or 4 exhibit gendered beliefs (King et al., 2021). Young children's gendered beliefs that White boys are superior to girls and White boys are more competent than girls influence their intrapersonal communication (Jaxon et al., 2019).

The following reflection-based learning activities are about gender oppression/privilege and identity. Centering prior to these activities may bring clarity and ability to focus.

Concrete Strategies

Reflection-Based Learning Activities on Systemic and Internalized Gender Privilege/Oppression

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot be honest with yourself. Uncensored writing is one way to access your inner experience. Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning.

1. Indicate whether you belong to a privileged group or an oppressed group in relation to gender. The question is whether you belong to a privileged group according to your society regardless of your feelings of gender oppression or privilege.
2. How important is gender to your identity?
3. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you feel calm in your head. Pay attention to your feelings and the images that come to mind as you breathe. Slowly open your eyes and record or draw your feelings and/or images.
4. What have you learned from this exercise?
5. What was your understanding of systemic gender privilege, systemic SGM oppression, and internalized SGM oppression before reading this chapter, and what is your understanding of them now?

Group discussion (for only #6):

6. Discuss your understanding of systemic gender privilege, systemic SGM oppression, and internalized SGM oppression with others who have participated in the same experiential learning activities of this section.
7. What did you learn about yourself and others in your group from Question 6?

Taylor (2013) has 50 questions on cisgender privilege, and I highly recommend for you to answer questions 1–25 in order to gain self-knowledge on what trans people are facing. The web address is https://foundationsofgenderstudies.files.wordpress.com/2013/01/taylor_cisgender-privilege.pdf. Which questions stood out to you and why?

Trans youth and adults who are engaging in self-harming behaviors such as suicidal attempts, substance abuse, and excess smoking may not have the time or

energy to pay attention to civil rights at the federal level for LGBT due to facing systemic trans oppression and their own internalized trans oppression on a daily basis. Trans people are coping with systemic cissexism, trans discrimination, and marginalization which intensify their internalized oppression and started in early childhood due to gendered socialization (see Chap. 5). Internalized oppression is treating the self like the oppressor. One of the components of minority stress theory, internalizing negative social attitudes, leads to self-harming behaviors. Understanding the systemic structure within which trans youth are living, their interpersonal experiences, and their intrapersonal communication is a potential source for how to assist trans youth (Russell & Fish, 2016). For example, gender-nonconforming individuals are at greater risk for poor health because they are subject to discrimination on a daily basis. LGBT youth who live in neighborhoods with a higher report of LGBT hate crimes also report greater likelihood of suicidal ideation and attempts than those living in neighborhoods that report a low concentration of these offenses (Duncan & Hatzenbuehler, 2014).

In 2023, the Supreme Court ruled in favor of a Christian web designer in Colorado who refused to create websites to celebrate same-sex weddings out of religious objections. This decision is devastating for LGBTQ people who thought the dark days were over after the landmark decisions of expanding protections for LGBTQ workers and legalizing same-sex marriage nationwide in 2015. Decreasing civil rights at federal level not only changes institutional and organizational policies and rules for trans people but also retraumatizes them. In Part III I will discuss more about what happens to our brain when we are retraumatized repeatedly.

The following experiential learning activities are designed for you to understand your learning on genders.

Concrete Strategies

Reflection-Based Learning Activities on Transgender

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to accessing your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe, go back in your timeline as far as you can to see whether you can recall experiencing gender issues during your childhood.

Memory on Your Awareness of Transgender

(continued)

1. Recall your awareness of transgender for the first time. How did you feel about it then, and how do you feel about it now?
 - (a) Did you share your experience with someone? If you did, with whom did you share it, and what was their response?
 - (b) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about your gender?
 - (d) What did you learn from your mother (or mother figure) about genders including trans?
 - (e) What did you learn from your father (or father figure) about genders including trans?
 - (f) What did you learn from your siblings (or sibling figures) about genders including trans?
 - (g) What did you learn from your teachers about your genders including trans?
 - (h) If your parents (or parent figures) applied gendered socialization practice, what was the main message? How did this message affect you then, and how does it affect you now?

6.4 Cissexism

Systemic oppression includes governmental laws and policies and institutional and organizational policies and rules structurally set up to benefit cisgender men and women whose gender identity and expression conform with societal expectations. Systemic transgender oppression denies trans people's rights, power, and control as human beings like cisgenders.

Taylor (2013) wrote, "The Latin prefix 'cis,' loosely translated, means 'on this side,' while the prefix 'trans' generally understood to mean 'change, crossing, or beyond' (p. 455). Cissexism is then on this side of sexism. Sexism is about how the systemic structure grants social power and control to men over women and to boys over girls undermining the power and safety of women and girls. Cissexism is systemic oppression of transgender youth and adults to benefit cisgender men and women who conform with societal gendered expectations. It is related to transphobia, irrational fear, or aversion against transgender people. Cissexism is much more complex than sexism because targets of cissexism are both females and males whose assigned sex is different from their gender identity. Cissexism is governmental laws and policies and institutional and organizational policies and rules that deny transgender individuals' rights, power, and control because of their gender identity and expression (Puckett et al., 2023).

6.4.1 *Prejudice Against SGM, Discrimination Against SGM, and Cisexism*

The table below describes the differences among prejudice against sexual and gender minority (SGM), discrimination against SGM, and cissexism. It is important to understand terms correctly since misunderstanding terms and inappropriate use of terms prevent us from developing effective action plans. For example, effective action plans for discrimination against SGM are different from effective action plans for cissexism (Table 6.2).

Cisexism is socially constructed by the system to benefit cisgenders in the United States. It is more than bias against SGM, prejudice against SGM, and discrimination against SGM. Bias against SGM is favoring cisgenders over SGM. Discrimination against SGM refers to negative behaviors toward SGM, and it can occur at every level of Bronfenbrenner’s (1981) ecosystem of the society [e.g., micro-level (family), meso-level (peer, teacher, community), and macro-level (society)]. Prejudice against SGM is prejudgment without any just ground, and discrimination occurs when prejudice is translated into behavior that denies SGM the same rights, benefits, and treatment of cisgenders. Cissexism is governmental, institutional, and organizational policies, laws, and rules that benefit cisgenders but not SGM. It is about the system granting social power and control to cisgenders and undermining the power of SGM.

Puckett et al. (2023) examined how cissexism impacts transgender and gender diverse (TGD) people. Their participants were 181 TGD (88 trans men, 34 trans women, 17 genderqueer, and 42 nonbinary individuals) whose ages ranged from 16 to 40 (mean age being 25.6). Forty-one percent of participants’ yearly income was below \$10,000 and 81% were white. Participants were asked to detail the types of their stressors daily for 56 days. The study results indicated that there were 446 written responses from 116 (69.6%) of the 167 participants. The written responses described daily stress from systemic, institutional, and interpersonal marginalization, oppression, and minimization due to not only imposed gendered social norm, but also it is embedded in laws, policies, and rules. The most reported stress from marginalization was non-affirmation from family, strangers, and coworkers (Klein & Golub, 2016). Another study by Johnson et al. (2023) also found the importance of validation for the people with nonbinary gender identity. A part of the reasons for

Table 6.2 Prejudice and discrimination against SGM and cissexism

Prejudice against SGM	Discrimination against SGM	Cisexism
Any prejudgment favoring cisgenders without just ground (e.g., cisgenders are normal and something is wrong with trans)	Prejudice is translated into behavior that denies equal treatment of SGM (e.g., I can’t continue my friendship with Pat since he is not normal. I thought he was normal for the last 10 years)	Governmental and institutional policies, laws, and rules that take away the rights of SGM (e.g., Companies not offering trans-Inclusive benefits)

these people's poor mental health is due to invalidation (Mulvey & Killen, 2015; Tassi et al., 2023).

A lack of awareness and education about these experiences is often the result of systemic, institutional, or organizational oppression or comments from cisgenderers who believe TGD people are abnormal (Price et al., 2020). Being anxious and/or depressed because of cissexism, prejudice, and discrimination is the natural response. Thus, it is important for mental health providers to learn how to differentiate them in order to provide effective treatment for TGD people (Gülgöz et al., 2019; Miller & Grollman, 2015; Moe et al., 2023; Russell & Fish, 2016; Stroumsa, 2014).

6.4.2 *Microaggression vs. Perceived Microaggression*

As stated in Chaps. 4 and 5, I have a concern about the way some people use microaggression as if the person who exhibits microaggression is conscious of their behavior. The term “microaggression” was conceptualized by Pierce in 1970 and revitalized by Sue (2010). Pierce referred to it as “**unintentional discriminations** against African Americans, akin to subtle insults and diminutives” (Hughey et al., 2017, p. 304).

In 1974, Pierce expanded his concept of microaggression:

Almost all black–white racial interactions are characterized by white put-downs, done **in automatic, pre-conscious, or unconscious fashion**. These mini-disasters accumulate. It is the sum total of multiple microaggressions by whites to blacks that has pervasive effect to the stability and peace of this world. (p. 515)

Sue (2010) revitalized Pierce's concept of microaggression and expanded as:

.... microaggressions are generally short and commonplace interactions and rely on relatively **unconscious biases** that denigrate people solely because of their perceived membership in a stigmatized racial category. (Hughey et al., 2017, p. 305)

I have **bolded** unintentional discriminations (Pierce, 1970); automatic, pre-conscious, or unconscious fashion (Pierce, 1974); and unconscious biases (Sue, 2010) to indicate that microaggression is produced without conscious awareness. All three definitions support Banaji and Bhaskar's (2001) notion:

The best intentions do not and cannot override the unfolding unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control. (pp. 142–143)

We have discussed cognitive distortions in ingroup favoritism, symmetric perception, attribution error, thinking style, and so on. In addition, we also discussed the power of language on influencing neural pathways (Eichenbaum & Bodkin, 2001; Lupyan & Bergen, 2016) and privilege being invisible to the privilege holders while oppression being vividly visible to the oppressed. It is imperative for us to apply both scientific (objective) inquiry and personal (subjective) inquiry to examine our

interpretation of perceived microaggression to make sure it is based on facts. Microaggression exists and is a barrier for achieving SGM equality. Identifying it accurately is a precursor to dismantling it.

Editors of *Refinery 29* (2015) investigated 50 states' laws and policies supporting and protecting trans and gender-nonconforming students and employees—laws and policies relating to civil rights of each state. Laws and policies in four categories (employment and school, healthcare insurance and provider's services, safety, and ordinance relating to hate crimes and bullying) were rated as (a) very good, (b) good, (c) bad, (d) very bad, and (e) unacceptable. The results indicated that 5 states were rated as very good, 13 states as good, 2 states as bad, 21 states as very bad, and 9 states as unacceptable. According to the study, only 40% of the states in the United States followed the Civil Rights Act of 1964. So much progress has been made since 1964 (53 years ago) but not in the areas of social justice and equity for trans people. This means that 60% of the states in the United States are not safe for trans people.

The Movement Advancement Project (MAP) in 2023 tracked LGBTQ-related laws and policies in 50 states, and their web page map shows the *overall* policy tallies (as distinct from sexual orientation or gender identity tallies) for each state, the District of Columbia, and the five populated US territories. "A state's policy tally scores the laws and policies within each state that shape LGBTQ people's lives, experiences, and equality. The major categories of laws covered by the policy tally include Relationship & Parental Recognition, Nondiscrimination, Religious Exemptions, LGBTQ Youth, Health Care, Criminal Justice, and Identity Documents" (<https://www.lgbtmap.org/equality-maps>). Their overall policy in LGBTQ equality by state is rated as (a) high, (b) medium, (c) fair, (d) low, and (e) negative. Their rating results on August 20, 2023, indicate 14 states were rated as high, 6 states as medium, 3 states as fair, 12 states as low, and 14 states as negative. The total of high (15), medium (6), and low (3) is 24, and the total for low (12) and negative (14) is 26. This means 52% of the states in the United States are not safe for trans people. Did we improve since 2014? Are we the same or worse?

The above two reports indicate that 60% of the US states were not safe for trans people in 2015 and 52% of the US states are not safe for trans people in 2023. In 2016, Washington post article by Balingit and Brown (July 19, 2016) reported high school transgender students in Maryland and Wisconsin were banned from their schoolboys' facilities even though the Obama administration's guideline was to allow students to use restrooms and locker rooms that align with their gender identity. The Obama administration guideline on transgender students revealed institutional cissexism in 60% of all states: 21 states sued to overturn the guideline, and 10 more states sued the Obama administration over bathroom guideline for transgender students. A high school transgender student in Wisconsin was banned from running for prom king by school officials until 70 students had a sit in protest to support him. Institutional transgender oppression and discrimination did not stop in Maryland and Wisconsin. The 2013 National School Climate Survey by Kosciw et al. (2014) indicated a lack of school support for LGBT students. They conducted the survey with a total of 7898 students between the ages of 13 and 21 (grades 6–12, with largest numbers in grades 10 and 11) from all 50 states. Participants consisted of 60.1%

White, 43.6% cisgender female, and 58.8% gay or lesbian. Over 60% of LGBT students felt unsafe at school, 71% heard anti-LGBT remarks at school, and the range of school harassment and assault was 74% (verbal harassment) to 16.5% (physical assault). Cyberbullying was 49%, and physical harassment was 36.2% to mention a few. Some LGBT (56.7%) students were harassed or assaulted but did not report the incident to school staff due to not feeling they would be heard, and 61.6% reported the incident but the school did not intervene. Trans adolescents and adults who lived in states without governmental laws and policies protecting them were threatened physically, emotionally, financially, and psychologically. Adolescents whose schools did not have policies and rules to grant them their rights as human beings lived in fear every day. Laws of nine states in the United States prevent K-12 students from using bathroom.

In 2023, I found *Bans on Transgender People Using Bathrooms and Facilities according to Their Gender Identity* at the Movement Advancement Project (MAP)’s website. “These laws prohibit transgender people from using bathrooms and facilities—such as locker rooms, shower rooms, changing rooms, and other sex-segregated spaces—according to their gender identity. Some of these policies apply to K-12 school settings, while others apply more broadly to government-owned buildings and spaces. This can include bathrooms and facilities in government buildings (e.g., city hall, courthouses, state legislative buildings, and more), colleges or universities, jails or prisons, and even in some cases airports, public parks, and much more” (accessed on 8/20/2023 from https://www.lgbtmap.org/equality-maps/nondiscrimination/bathroom_bans).

Bans on transgender people using bathrooms and facilities according to their gender identity (Table 6.3).

The Trevor Project’s 2023 US National Survey on the Mental Health of LGBTQ Young People amplifies the experiences of more than 28,000 LGBTQ young people ages 13 to 24 across the United States. Here are important findings (<https://www.thetrevorproject.org/survey-2023/#intro>):

Table 6.3 Bathroom bans

Sates	K – 12	Some but not all government-owned buildings/places	All schools, colleges, and government-owned buildings	Year passed
Alabama	*			2022
Arkansas	*			2023
Florida	*		**	2023
Idaho	*			2023
Iowa	*			2023
Kentucky	*			2023
North Dakota	*	*		2023
Oklahoma	*			2022
Tennessee	*			2021

*an anti-LGBTQ law, **an anti-LGBTQ law

- 41% of LGBTQ young people seriously considered suicide in 2022—higher rates were reported by trans, nonbinary, and/or people of color than White and cisgenderers.

Lower rates of suicidal attempts when all of people they lived with respected their pronouns.

Lower rates of suicidal attempts from gender-affirming schools.

- Mental healthcare was not available to 56% of LGBTQ young people who wanted mental health care and the total of 81% wanted the mental healthcare in 2022.
- Thirty-eight percent of LGBTQ young people was from LGBTQ-affirming home in 2022.
- A majority of LGBTQ young people were harassed at school in 2022.
- One in three LGBTQ young people suffer with mental health issues daily due to anti-LGBTQ policies and legislation in 2022.

Nearly two in three LGBTQ young people reported deteriorating mental health when they hear about potential state or local laws banning people from discussing LGBTQ people at school.

Sixty-seven percent of LGBTQ young people reported experiencing symptoms of anxiety.

Fifty-four percent of LGBTQ young people reported depression.

It makes sense that these pervasive trans discrimination and cissexism result in increased dropout rates due to unsafe school environment, high level of homelessness and poverty, exclusion from gainful employment, access to job advancement, and healthcare challenges. Even a homeless shelter is unsafe in some states because beds are assigned by a person's assigned sex at birth.

The following experiential learning activities are designed for you to apply transformative learning by perspective-taking.

Concrete Strategies

Perspective-Taking Experiential Learning Activities

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

(continued)

Go to the chapter and pick an example of institutional discrimination. Then close your eyes and imagine you are that person. Breathe slowly and evenly as you imagine you are the target.

1. As you breathe evenly and slowly, listen to your body. Breathe in and out as long as you want to. When you are ready to write your experience, slowly open your eyes.
 - (a) Draw and/or write your experience as the target.
 - (b) Have you been minimized or marginalized for who you are? If you have, write your story without censoring?
 - (c) Draw your story. What are commonalities between your story and the story of the target from your perspective? Or what are differences between your story and that of the target's?
 - (d) What would help you then? Imagine you are helping you then, and listen to your body's reaction. What would you like to say or do to comfort you?
 - (e) Close your eyes, and pay attention to your inner world without judgment as you breathe slowly and evenly until you feel like opening your eyes. Draw or write your experience.

Medical establishment of the US American Psychiatric Association (APA, 2013) replaced gender identity disorder of DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders*, 2000) with gender dysphoria in DSM-5 (2013). Their stated intention for name changes from gender identity disorder to gender dysphoria raises serious questions for me. The first question is the committee members' knowledge on trans people and their cultural sensitivity for trans people, especially their knowledge on the impact of systemic, institutional, and organizational cissexism on sexual gender minority (SGM). The second question is their knowledge of the systemic oppression of SGM from all three levels of the ecosystem (micro, meso, and macro) and its impact on their internalized oppression. The other concern is the validity of a diagnosis when the DSM fails to provide mental health providers (clinicians) information on how to differentiate normal behavior of SGM from diagnosable behavior (Stroumsa, 2014). For example, Criterion B states "The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of function" (DSM-5 2013, pp. 452–453). This statement is included in each disorder of DSM-5 and a determining factor in differentiating normal vs. psychological disorder. Cissexism, systemic transgender and other SGM oppression, and discrimination are socially constructed by the system to benefit a dominant group, and a clinician needs to assess environmental factors in diagnosing a client, especially when they have been dealing with "isms" like cissexism, racism, sexism, ageism, classism, and so on. A clinician must use an integrated science model as an assessment tool [biology, genetics, ecosystem's (family, institutions,

society) influences like systemic oppression individual's cognitive appraisal, socio-cultural contexts, developmental history, etc.] to diagnose each client. Frankl wrote, "An abnormal reaction to an abnormal situation is normal behavior," in his book, *Man's Search for Meaning*, in 1959 (Frankl, 1992, p. 32). The fact that the APA (American Psychiatric Association) committee members left condition B without addressing social injustice toward SGM suggests their internalized cisgender privilege and cissexism prevented them to develop criteria to differentiate normal SGM behavior from diagnosable SGM behavior for providers. Clinicians who diagnose trans people as gender dysphoria after hearing trans discrimination and systemic trans oppression are also exhibiting institutional trans discrimination. Clinicians may rationalize that their transgender clients need a diagnosis for gender reassignment surgery. Pathologizing and stigmatizing trans adolescence and adults in the name of helping are unethical professional behaviors (APA 2013, 2015). These professionals need to learn about transgender and the impact of pervasive systemic oppression on their health and identity construction (BalikAyhan et al., 2020; Motmans et al., 2019; Nowaskie & Najam, 2022; McLemore, 2018; Moe et al., 2023; Puckett, 2019; Rood et al., 2017).

Developmental path for individuals who are gender-variant, trans, or sexual and gender minority (SGM) is extremely rough emotionally, psychologically, and physically at every level of the ecosystem of the society as a result of pervasive gendered socialization and internalized gendered beliefs for both SGM people and cisgender. Cisgendered social agents from every level of the ecosystem (micro, meso, and macro) discriminate, marginalize, and pathologize children and adolescents for non-gendered behavior. Scholinski (1997) wrote this in Scholinski's memoir, *The Last Time I wore a Dress*:

Even now, it's always the same question: Why don't you act more like a girl? Makeup, dresses, a little swing in my walk is what people mean. The millennium is upon us and this is the level of discussion. The only thing I can say is, I tried. (p. ix)

His social agents' obsession with him exhibiting gendered behavior based on the assigned gender created a barrier for them to listen and observe him as who he is. Scholinski continued:

I still wonder why I wasn't treated for my depression, why no one noticed I'd been sexually abused, why the doctors didn't seem to believe that I came from a home with physical violence. Why the thing they cared the most about was whether I acted the part of a feminine young lady. The shame is that the effects of depression, sexual abuse, violence: all treatable. But where I stood on the feminine/masculine scale: Unchangeable. It's who I am. (p. 197)

The above statement speaks loudly and clearly about profound and irreparable damage when helping professionals are not aware of the impact of their values and beliefs on clients. Sometimes helping professionals harm people in the name of helping when they are fixated on their own values and beliefs.

The following experiential learning activities are designed for you to raise awareness of the impact of gendered beliefs on your own gender identity and its relation to transgender.

Concrete Strategies*Reflection-Based Learning Activities on Trans (SGM)*

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning as a result of uncensored response.

1. How was your gender portrayed by the media (TV, movies, computer games, popular music, social media, etc.) when you were growing up? Write down your responses.
2. What gendered qualities do you regularly display or perform?
 - (a) Are there any gendered qualities you possess that you find yourself unwilling to perform? Write these down.
 - (b) Write down the conditions under which you’re unwilling to perform these qualities. How do you feel when you do not perform them?
3. Describe your experience with gender issues. How did you feel about it when you were in high school, and how do you feel about it now?
 - (a) Did you share your experience with someone? If you did, with whom did you share it, and what was their response?
 - (b) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about your gender and the other genders?
4. How is transgender portrayed by the media (TV, movies, computer games, popular music, social media, etc.) when you were growing up, and how is it portrayed now?
 - (a) What did you learn from your mother (or mother figure) about transgender?
 - (b) What did you learn from your father (or father figure) about transgender?
 - (c) What did you learn from your siblings (or sibling figures) about transgender?
 - (d) What did you learn from your teachers about transgender?
 - (e) If your parents (or parent figures) applied gendered socialization practice, what was the main message? How did this message affect you then, and how does it affect you now?

6.5 Barriers to Equity and Justice for SGM: Unconscious and Automatic Activation of SGM Stereotypes and Prejudice (*Neurobiology of Automaticity*)

As stated in Chap. 1, no multicultural counseling textbooks and diversity, equity, and inclusion (DEI) training programs have addressed accessing unconscious bias for readers, students, or trainees except my textbook (Jun, 2009, 2018). In 2001 Banaji and Bhaskar warned us about the power of the unconscious processes:

The best intentions do not and cannot override the unfolding of unconscious processes for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control. (pp. 142–143)

Banaji is a cognitive psychologist at Harvard and Bhaskar is a neurologist at Yale. I am listing their credentials because of their emphasis on the unconscious in activating “automatic thought, feeling, and behavior” while American Psychological Association (APA) has been ignoring the important role of unconscious in dismantling racism, sexism, cissexism, heterosexism, and other isms. It is not possible to achieve justice and equity without accessing our individual unconscious bias since our prejudice, bias, and other ingrained beliefs reside in our unconscious. Jung (1963) states, “The salvation lies in our ability to bring the unconscious urges to consciousness....” (p. 245). However, this task is challenging in extrinsic value-oriented cultures like the United States since socialization process does not emphasize self-reflection and introspection which are the foundation for being aware of our inner experiences. Thus, most of us have no idea how to open ourselves to the unconscious.

Banaji and Bhaskar (2001) found gender as one of the most “fundamentally learned social categories” (p. 155) at an early age, and gendered behavior is automatically activated without conscious awareness. Trans children are exposed to cultural gendered beliefs in early childhood by multiple agents from every level of ecosystem of the society (Bian et al., 2017; Bronfenbrenner, 1981; Davis & Hines, 2020; Hackel et al., 2022). Repeated exposures to binary gender conditioning in the social structure convey a strong cultural message that cisgender is normal and transgender is pathological (Fredriksen-Goldsen & de Vries, 2019). As discussed in Chaps. 4 and 5, automatic processing of information is a product of interplay between information in long-term memory (lifelong experience) and information in working memory (Amodio & Cikara, 2021; Servant et al., 2018). The automatic activating system is one of the major barriers to transcend cissexism, trans stereotypes, trans discrimination, and trans prejudice. Conscious raising and mindfulness practice of new information, uncensored writings like responses to concrete strategies in this book, paying attention to dreams, and listening to the body are some of ways to reduce the neurobiology of automaticity.

6.6 Intersectionality of Race, Gender, and Trans

A paradigm shift in thinking from conventional (binary) to holistic (complex) must be achieved for comprehending intersectionality of multiple identities. Intersectionality is to uncover the underlying overlapping and intertwined layers of race, gender, class, sexual orientation, dis/ability, age, religious affiliation, region, language, and size which reflect lived experience of a person. If an individual's thinking style is binary, the intersectionality will be perceived as a simple either/or category since that's what is possible from the binary perspective. Kolivoski (2022) states "...intersectionality recognizes that they [multiple identities] cannot be understood in isolation and they mutually impact one another" (pp. 135–136). Examining transgender identity alone as if it is mutually exclusive from other identities does not lead us to know a person because it says so little about the whole person. The whole person's multiple identities and their interwoven intersectionality reside in the spectrum of consciousness from unconscious to subconscious to conscious. Gender is an important component of the identity. Because of lived experiences, it is more important than other identities for some people, and it is less important than other identities for other people.

Millar and Brooks (2021) studied differences in gender-related discrimination and psychological stress in transgender people. Ninety-nine self-identified transgender adults were recruited from North American LGBTQ organizations to examine the relationship among race/ethnicity, gender minority stress, and psychological distress. They found no significant group differences in relation to gender discrimination or victimization between White and Black Indigenous People of Color (BIPOC) trans participants when BIPOC participants were treated as a single group. However, the intersectional approach found greater discrimination and victimization and higher psychological distress among BIPOC trans participants relative to White trans participants. This was due to the intersectional approach enabling the visibility of heterogeneity within BIPOC participants. The study is an excellent example of how systems of oppression intersect to shape the experiences of individuals as opposed to an individual experiencing privilege or oppression compartmentally through individual social statuses (Barrita et al. (2023).

Nowaskie and Najam (2022) was interested in finding out healthcare professionals' LGBT cultural competency by comparing 12 demographically diverse healthcare professional groups based on gender identity, sexual orientation, and race. Healthcare professionals with more diversity, intersectionality, and multiple minority identities showed higher LGBTQ competency. I would like to see these gender, sexual, and racial minority professionals' unique perspectives to be recognized by the American Psychological Association (APA) and American Psychiatric Association (APA). This will encourage other helping professionals to promote the development of better, more culturally affirming LGBTQ+ health education. Gill's and Summerville's (2023) study with 14- to 26-month-old infants found that "witnessing helping led infants to form subsequent prosocial expectations whereas as witnessing unfairness led to subsequent anti-social expectations" (p. 7). If helping

professionals promote culturally affirming LGBTQ+ health practice with emphasis on resilience and emotional well-being for all people including trans (Zeeman et al., 2017), children will witness these and form prosocial expectations.

The following are experiential learning activities on the intersectionality of race and gender which are designed to facilitate transformative learning on intersectionality of your multiple identities through linear and nonlinear activities.

Concrete Strategies

Experiential Learning Activities on Intersectionality

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Prepare drawing materials (at least two sheets of drawing paper and a box of crayons, coloring pencils, or paints). Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. As you are breathing in and out slowly and evenly, think and feel how similar or different you are from other members of your race and gender ingroups. Slowly open your eyes.

1. Draw yourself in relation to your ingroups.
 - (a) Race
 - (b) Gender
2. Describe your differences and similarities in relation to your ingroups.
 - (a) Race
 - (b) Gender
3. How do you feel about your differences from your ingroups?
4. Draw how race and gender are linked for you?
5. Write about what you drew.
6. Do you ever feel pressured to be loyal to your race and gender by you or the group members whose dominant identity is race or gender?
 - (a) How do you feel when you are pressured?
 - (b) How do you balance your need to be loyal to your inner beliefs and your communities' requests?
 - (c) How is your narrative similar to and different from that of each group (race or gender)?
 - (d) On the basis of your experience, what type of questions would you like to ask in order to find information among and within group variations in relation to race and gender?

6.7 Cissexism, Trans Discrimination, and Inappropriate Thinking

Trans (SGM) people's courage to confront binary Western ideology asks us to raise our awareness to examine the effects of inappropriate dichotomous, hierarchical, or linear thinking on social justice and equity. Dichotomous and hierarchical thinking might have worked in Aristotle's era, and it still works when it is applied in appropriate situations. The problem is when it is applied inappropriately; the bathroom banning reflects cisgender people's inappropriate hierarchical and dichotomous thinking which leads to cruelty toward other human beings who could not eliminate their waste in a safe place prior to 2016 (Eckes, 2017). I wonder how many of cis-genders in each state would feel if they were prevented from eliminating their waste in a safe place. Eliminating waste is not a choice issue. It is a necessary survival function for every human being. If we know when to apply hierarchical, dichotomous, linear, and holistic thinking, we will think preventing trans from eliminating their waste in a safe space is unethical and inhumane.

The following experiential learning activities are designed for you to reflect on inappropriate thinking and their impact on intrapersonal communication with trans people.

Concrete Strategies

Inappropriate Thinking and Intrapersonal Communication (Trans People)

The purpose of these activities is to gain conscious awareness of how you think and how your thinking affects your intrapersonal communication on your gender. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

Reflection-Based Learning Activities

1. Examine whether you used inappropriate thinking (hierarchical, dichotomous, or linear) in relation to trans people and what happened as a result. Draw a picture to symbolize the results or write them down.
2. If you used inappropriate thinking in relation to trans people, do you recall the first time you were exposed to trans people?
3. Did your parents, siblings, and/or schoolteachers use inappropriate thinking (specify dichotomous, hierarchical, or linear) in relation to trans people

(continued)

while you were growing up? How did it shape your intrapersonal communication on trans people?

4. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times. Reflect on your answers to the previous questions. Open your eyes, and write down your relationship to the inappropriate thinking (specify dichotomous, hierarchical, and linear).
5. Think of one incident where you were frustrated with someone who represents other than your gender. What were your assumptions? What did you expect? Was your frustration related to inappropriate thinking (specify dichotomous, hierarchical, or linear)? If so, explain.
6. Estimate the percentage of inappropriate thinking (specify dichotomous, hierarchical, or linear) in your inner dialogue each day.

Social categorization (ingroup vs. outgroup) and ethnocentrism (e.g., asymmetric perception, social projection, and attribution error) are based on binary thinking (Bizumic, 2021). Cisexism, and trans discrimination are based on inappropriate dichotomous, hierarchical, and linear thinking (Pitonak, 2017).

6.8 Strategies for Dismantling Cisexism, Trans Discrimination, and Benefits for All

The first step of dismantling cisexism and trans discrimination is deconstructing ingrained inappropriate dichotomous, hierarchical, and linear thinking. For example, the diversity in sexual orientations are not binary but ranges from heterosexual to asexual. We also need to pay close attention to the unique story of each trans person in order to figure out what is the best way to dismantle cisexism for that individual. The second step is we need to be mindful, conscious, and intentional. This is especially important in this highly technological era where the trend is being distracted by social media, Internet, and cell phones, especially by disinformation and misinformation. We have changed, and we are changing our brain by the way we communicate interpersonally and intrapersonally (Carr, 2011, 2014; Turkle, 2015). “We let phones disrupt the conversations of friendship in several ways: By having our phones out, we keep conversations light, and we are less connected to each other in the conversations we do have” (Turkle, 2015, p. 157). We pay less attention to each other and pay more attention to digital device. There is various research indicating that we have gained convenience with technology but lost using certain parts of the brain. Paying close attention to information, a person, or nature plays an important role in consolidating and integrating stored memories by repetition, intellectual rigor, and emotional engagement (Asok et al., 2019). We can get

information from the web, but that information is different from information which is the result of active learning through consolidating our stored memories and feelings. “The Web’s connections are not our connections....When we outsource our memory to a machine, we also outsource a very important part of our intellect and even our identity” (Carr, 2011, p. 195). Figuring out our relationship to a digital device, its role in our personal and professional life, and how to utilize it to enhance our life is a challenging but important task (Carr, 2014). These tasks will let us know whether our personal and professional goals are in sync with the direction of increasing multicultural counseling competencies and equity and justice for all people. There are various ways to reduce or dismantle, transmisia, cissexism, and trans discrimination from policy to clinical practice and from micro-level (family) to macro-level (society or culture).

Dismantling cissexism at the personal, institutional, and cultural levels benefits cisgender people as well as trans (SGM) people. Trans people’s contributions to cisgender’s ability to expand thinking from a conventional binary perspective to a multilayered and multidimensional perspective have been phenomenal. Cisgender’s expanded intellectual ability will assist them to increase critical reasoning skills. Expansive critical reasoning skills will allow cisgender to view the world from a broader perspective with depth. For example, studies (Flores, 2015; Norton & Herek, 2013) found that previous contacts with a trans person did not reduce prejudice, while previous contacts with a gay or lesbian person reduced trans people prejudice. Further research needs to be conducted to verify the different impacts of a trans person versus a gay or a lesbian person on reducing prejudice. Kanamori’s (2019) study showed that high-quality contact was found to have a strong influence on explicit prejudice and a greater impact on implicit prejudice compared to the amount of contact. She suggests putting efforts on creating opportunities that foster more favorable cross-group interaction experiences than merely increasing contact opportunities.

Series of studies on transgender children by Olson and associates indicate the possibility of deconstructing binary thinking in childhood. For instance, Olson and Enright (2018) compared transgender children (N = 56) to a group of siblings of transgender children (N = 37) and control group children (N = 56) unrelated to transgender children during middle childhood (ages 6–8). They found that transgender children and the siblings of the transgender children were less gender stereotyped than the control group children. Another study by Fast and Olson (2018) found 3–5-year-old transgender children (N = 36) did not differ from the control groups [one group (N = 36) matched on age and expressed gender, and the other group (N = 24) was siblings of transgender and gender nonconforming children] on gender preference, behavior, and belief measures. But transgender children were less likely than both control groups to believe their gender at birth matched their current gender. Furthermore, both transgender children and siblings of transgender children were less likely to believe that other people’s gender is stable.

I cited Dunham’s (2018) research in the *Ingroup vs. Outgroup* section in this chapter. He postulates that ingroup bias is attributed to “mere membership” (p. 780) and cannot be attributed to social learning since it appears automatically and in the

absence of conflict or competition. I did not find him linking the neurobiology of automaticity (Amodio & Cikara, 2021; Saarinen et al., 2021; Servant et al., 2018) in his article to support the “mere membership” theory. However, the study by Olson and Enright (2018) with transgenders, siblings of transgenders, and non-transgender children showed that these children did not show conventional ways of viewing gender issues. It appeared these children learned different ways of viewing gender issues because of their experience of being transgender or exposed to transgender siblings.

Nowaskie and Najam (2022) was interested finding out healthcare professionals’ LGBT cultural competency by comparing 12 demographically diverse healthcare professional groups based on gender identity, sexual orientation, and race. Healthcare professionals with more diversity, intersectionality, and multiple minority identities showed higher LGBTQ competency. I would like to see these gender, sexual, and racial minority professionals’ unique perspectives to be recognized by the American Psychological Association (APA) and American Psychiatric Association (APA). This will encourage other helping professionals to promote the development of more culturally affirming LGBTQ+ health education and treatment. Gill and Sommerville (2023) studied 14- to 26-month-old infants and found that “witnessing helping led infants to form subsequent prosocial expectations whereas as witnessing unfairness led to subsequent anti-social expectations”(p. 7). If helping professionals promote culturally affirming LGBTQ+ health practice with emphasis on resilience and emotional well-being of trans (Zeeman et al., 2017), children will witness these and form prosocial expectations.

Dismantling gendered beliefs and conventional thinking will lead to increased freedom to honor our authentic selves (Motmans et al., 2019). Ethnocentrism (e.g., attribution error, social projection, ingroup favoritism, asymmetric perception) will decrease with decreasing inappropriate dichotomous, hierarchical, and linear thinking. When our holistic thinking becomes automatic through repetitions, we will view the world from a holistic perspective. We will probably value choosing authenticity over conformity, respect over ridicule, honesty over superficiality, innovative problem-solving over blaming others, inner peace over fear, scarcity over abundance, and cooperation over competition.

The following experiential learning activities are designed for you to reflect on Taylor’s questions you have completed and about this chapter in general and assess your relationship to yourself.

Concrete Strategies

Experiential Learning Activities

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

(continued)

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, observe your mind's and body's responses in relation to this chapter.

1. Which questions made you gain insight on your cisgender privilege or oppression and why?
2. Draw or color to capture your insights you gained through responding to Taylor's questions without censoring.
3. Your inner experience of reading this chapter
 - (a) Write down your feelings and thoughts about the chapter.
 - (b) Did you have similar feelings or thoughts before?
 - (c) If you have, describe in detail about it, and if you have not, skip this question.
4. What is your relationship to cisgender privilege and oppression?
 - (a) How are they similar to gender privilege and oppression?
 - (b) How are they different from gender privilege and oppression?
5. What was your physical condition before you read the chapter, and what is it now?
6. What was your emotional condition before you read the chapter, and what is it now?
 - (a) Describe the details of your emotions (e.g., joy, anxiety, depression, frustration, anger).
 - (b) Express your emotion through your body (narrative movement).
7. Describe your gender identity.

6.9 A Provider's Assessment of Self in Relation to Cisgender Privilege/Trans Oppression

Your self-assessment starts with reflecting on your own relationship to cisgender socialization process and cisgender privilege and oppression (APA, 2013, 2015; Martin et al., 2017). You have completed your responses to the first 25 questions of Taylor's (2013) cisgender privilege questions. Please complete your responses to the rest of questions (Questions 26–50). The Web address is https://foundationsof-genderstudies.files.wordpress.com/2013/01/taylor_cisgender-privilege.pdf.

Concrete Strategies

Perspective-Taking Experiential Learning Activities After Completing Taylor's Questions

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes, and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes. Proff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience your learning:

1. What questions stand out to you and how is your body responding to them?
 - (a) Draw your body's responses.
 - (b) Write whatever comes to your mind about the questions that stood out.
2. Close your eyes, and breathe in relaxation and breathe out tension for about ten times or until you feel calm internally. Put yourself as a trans person and observe your thoughts and feelings. Open your eyes and record your inner observation.
 - (a) Focus on recorded observation and observe your body's reactions to the recording. Sketch your body's reactions.
3. What type of thinking styles (e.g., hierarchical, dichotomous, linear, or holistic) did you find in your writing?
4. Have you ever minimized, marginalized, or laughed at someone because of their gender identity?
 - (a) If you have, describe an incident.
 - (b) How did you feel about the incident then, and how do you feel about it now?
5. Have you ever been minimized, marginalized, or laughed at because of your gender identity?
 - (a) If you have, describe an incident.
 - (b) How did you feel about the incident then, and how do you feel about it now?

.... transformation does not simply emerge due to the individual's awareness.... but is experienced..... (Benetka & Joerchel, 2016, p. 22)

Consciousness Practice

Am I conscious right now? How do I know?

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Chapter 7

Heterosexism



Mindfulness Practice:

Close your eyes, and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreath, two outbreath). Observe your mind and body without judgment as you breathe in and out. Slowly open your eyes. Are you ready to read the chapter?

7.1 Difference among Sexual Orientation, Homophobia, and Heterosexism

As stated in Chap. 5, sexual orientation is to whom individuals are attracted sexually. Heterosexuals are attracted to members of the opposite sex of their assigned sex at birth, and heterosexual orientation is considered the norm in the United States. Gays and lesbians are sexually attracted to members of their assigned sex at birth; bisexuals are sexually attracted to members of both their assigned sex at birth and not assigned sex at birth; and pansexuals are individuals with capacity to be sexually attracted to people regardless of their sexual orientation and gender identity. Trans people's sexual orientations are diverse; some trans people are attracted to heterosexuals, some to gays and lesbians, some to bisexuals, some to pansexuals, and some to asexuals.

Sociocultural-political changes along with technological revolution have increased scholarly research on LGBTQ community discrimination. Smith et al. (2012) reviewed research on LGBTQ community discrimination from the late 1970s till 2012 and found that there were inconsistencies among studies in defining terms (like homophobia). The terms reflected the researchers' biases. For example, they reviewed 41 articles, and only 19 articles met their relevancy criteria. Relevancy

was determined by the following criteria: (a) study is conducted after the birth of serious academic research in non-heterosexual orientation, and (b) the study is conducted by those who already published at least five peer-reviewed articles on non-heterosexual orientation. What stood out to Smith et al. was a contribution of Weinberg who defined homophobia as “a heterosexual person’s irrational fear and dread of being in close quarters with LGB individuals” (p. 3). Smith et al. state the word irrational in the definition as “noteworthy” (p. 3):

Firstly, it [irrational] permits a delegitimizing of the mainstream condemnation at the time and fear of homosexual individuals. Secondly, it implicated society in the violence, deprivation and separation that Weinberg considered to be the consequences of homophobia. (p. 4).

“Irrational fear” suggests that non-heterosexuality itself is not the problem but irrational fear about homosexuality is the problem. Thus, it is not a problem of the person who is non-heterosexual but the system which fosters heteronormativity. The United States institutionalized heterosexual orientation as a norm which implies that all other sexual orientations are not normal (inappropriate *dichotomous* and *hierarchical thinking*). This means heterosexuality has a higher status and legitimacy than non-heterosexuality. Thus, power within the social structure goes to heterosexuals, and non-heterosexuals are considered inferior to that of heterosexuals as a group. Thus, homophobia is a person’s bias, prejudice, or discrimination against non-heterosexuals as a result of socialization, whereas heterosexism is societal ideology. Heterosexism is “the overarching system of advantages bestowed on heterosexuals based on the institutionalization of heterosexual norms or standards and founded on the ideology that all people are or should be heterosexual, which privileges heterosexual” (Blumenfeld, 2013, p. 373).

A question from a gay student:

The following is a question from a gay student to the class when I was teaching human sexuality:

“Why do I want to choose to be gay when the cost is so high? I am rejected by my parents, siblings, some friends, and relatives. There is a hole in my heart. I miss them.... It’s been very painful. Why do I want to choose pain?”

Concrete Strategies

Experiential Learning Activities on Perspective-Taking

Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would

write is not the same as actually writing” (p. 11). Write and then experience your learning from your uncensored written responses.

1. What is your response to the gay student?
2. Close your eyes, and imagine you are rejected by your parents, sibling, some friends, and relatives because of who you are. When you are ready, slowly open your eyes. Write what you are feeling and thinking. Then draw what you are feeling.

The following experiential learning activities are designed for you to raise awareness of the impact of media on your relationship to sexual orientations.

Concrete Strategies

Reflection-Based Learning Activities on your Sexual Orientation

Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning from your uncensored written responses.

1. How was your sexual orientation portrayed by the media (TV, movies, computer games, popular music, social media, etc.) when you were growing up? Write down your responses.
2. What sexual orientation qualities do you regularly display or perform?
 - (a) Are there any sexual orientation qualities you possess that you find yourself unwilling to display? Write these down.
 - (b) Write down the conditions under which you’re unwilling to display these qualities. How do you feel when you do not display them?

7.2 Barrier to Dismantling Heteronormativity: Social Dominance Theory of Heterosexism

Pratto et al. (2006) define social dominance orientation (SDO) as “a generalized orientation toward a desire for unequal and dominant/subordinate relations among salient social groups, regardless of whether this implies ingroup domination or

subordination” (p. 282). SDO is how individuals are implementing social dominance theory in practice (Thomsen et al., 2010). Social dominance theory postulates that all societies are constructed on group-based hierarchies. In other words, racism, sexism, cissexism, and heterosexism are constructed by dominant groups in race, gender, and cisgender categories to maintain their dominant positions in the hierarchy. Therefore, social dominance theory promotes social inequality and is deeply embedded into the psychological process displayed as prejudice, discrimination, and oppression (e.g., dehumanization, violence) toward intergroups (Kunsta et al., 2017; Sidanius et al., 2016). The study by Kteily et al. (2012) found that participants with SDO support group-based inequality and hierarchy across time and social contexts. Kunsta et al. (2017) discuss that one of the important sources for SDO is status or power. According to them, members of high-status groups have more SDO than members of low-status groups (Johnson, 2017). In other words, men have higher SDO than women, and heterosexuals have higher SDO than non-heterosexuals. It’s all based on binary (hierarchical and dichotomous) thinking. Thus, paradigm shift in thinking from binary to holistic is a prerequisite to gender and racial equity and justice.

Heterosexism is the social structure or system granting implicit or explicit systematic advantages (e.g., power, control, and rights) to heterosexual individuals over non-heterosexual individuals. This means that governmental, institutional, and organizational policies, laws, and rules are written to benefit heterosexual men, heterosexual women, and heterosexual trans individuals. Systemic discrimination in housing, medical treatment, employment, and adopting children against gay men and lesbians is an example of heterosexism. Krieger described heterosexism well when she wrote, “Racism, Sexism. Heterosexism. Gender binarism. Together, they comprise intimately harmful, distinct, and entangled societal systems of self-serving domination and privilege that structure the embodiment of health [race, gender] inequities” (Krieger, 2020, p. 37).

The following experiential learning activities are designed to explore heterosexism through transformative learning.

Concrete Strategies

Reflection-Based Learning Activities on Heterosexism

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, go back in your timeline as far as you can to see whether you recall your first awareness of heterosexism. Slowly open your eyes.

Memory on heterosexism:

1. Describe your awareness of heterosexism. How did you feel about it then, and how do you feel about it now?
 - (a) Did you share your awareness with someone? If you did, with whom did you share it, and what was their response?
 - (b) If you did not share it with anyone, what did you do with it?
 - (c) What were your feelings about your awareness of heterosexism?
 - (d) What did you learn from your mother (or mother figure) on heterosexism?
 - (e) What did you learn from your father (or father figure) on heterosexism?
 - (f) What did you learn from your siblings (or sibling figures) on heterosexism?
 - (g) What did you learn from your teachers on heterosexism?
 - (h) If your parents (or parent figures) applied heterosexual-oriented socialization practice, what was the main message? How did this message affect you then, and how does it affect you now?

7.2.1 *Ingroup vs. Outgroup*

LGBTQ members have at least two outgroups. The heterosexual group is their outgroup. The LGBTQ movement has been fighting against the heterosexual group for social justice. The movement has been working hard for the rights of LGBTQ and has made substantial improvement. However, their internal narratives among different groups with different ideologies have created tensions among them, especially between trans and gay men and lesbians. Lenow (2015) wrote:

As the culture continues to struggle with the identity of bisexuals, the LGBT push for same-sex marriage has left them on the outside looking in....For example, a person who identifies as bisexual may appreciate the option of entering into a same-sex marriage relationship; however, to do so, he must deny the heterosexual desires that he also claims as part of his identity. (p. 12)

In 2015, the National LGBTQ boycotted Michigan Womyn's Music Festival due to the tension between lesbians and trans women over trans inclusion. For 40 years the music festival was run by mostly lesbians to support women and girls born female. Tension between cisgender lesbians and trans women was mostly from an inability to be patient with each other and to listen to each other's unique way of defining gender and sexual orientation. The most common difficulty cis lesbians had with trans women was that trans women presented a very old-fashioned femininity that lesbians worked hard to deconstruct socially and politically. Trans

lesbians were frustrated by cis lesbians' transphobia (Urquhart & Molly, 2015). Furthermore, bisexual individuals were excluded even though the LGBTQ movement postulated their rights to love whomever they pleased and their desire to be validated as who they were. Bisexuals' gay and lesbian friends often informed them that they could not really be bisexuals – that they were confused or they were waiting to reap the benefits of heterosexism. In other words, bisexuals' gay and lesbian friends were marginalizing them (Bostwick et al., 2014).

The incoherent ideologies within LGBT group and marginalization of others within LGBT group might have been due to their *dichotomous and hierarchical thinking*, their tendency toward ingroup loyalty (ingroup favoritism), or social projection. Incoherent ideologies and the lack of support for other LGBT groups indicate that LGBT groups are affected by the dominant cultural values and beliefs that foster ethnocentric bias just like some heterosexuals. Even though they want others to transcend their hierarchical and dichotomous thinking to understand them (non-heterosexuals), they are not able to transcend their own embedded inappropriate hierarchical and dichotomous thinking to understand other LGBT groups (Kteily et al., 2015). Ethnocentrism and inappropriate thinking are embedded in the American psyche (Singer, 2014; Takaki., 1993). Transcending these thought patterns and beliefs requires much more than intellectual understanding.

The following reflection-based learning activities are designed for you to experience transformative learning.

Concrete Strategies

Experiential Learning Activities on Group Membership of Sexual Orientation

Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning as a result of uncensored response.

1. Indicate whether you belong to a privileged group or an oppressed group in relation to your sexual orientation. Remember that the task is not to determine whether you feel privileged or oppressed but to determine whether you belong to a privileged group or an oppressed group according to your society.
2. Do you feel you are privileged or oppressed in relation to your sexual orientation? Explain why.
3. What was your understanding of privileged sexual orientation and oppressed sexual orientation before completing these activities and what is your understanding of them now?

4. What have you learned from these activities?

Group discussion:

5. Discuss your understanding of sexual orientation oppression and privilege with others who have participated in the same experiential learning activities of this section.
6. What did you learn about yourself and others in your group?

7.2.2 Variations Within, Between, and Among LGBTQ Community

Sexual orientation is a part of a person's whole identity. Other identities such as race, gender, class, disability, age, region, language, religion, etc. interact with the person's sexual orientation. All non-heterosexual individuals cannot be categorized the same since there are various types of non-heterosexual orientation and diverse relationships with their other identities. Each type of non-heterosexual orientation encompasses a wide range of differences according to sociocultural contexts and relationships with and dependence on other identities. In other words, there are variations among gay men, among lesbians, among bisexuals, and among trans as well as variations among queer and questioning. Non-heterosexual orientation theories vary in their conceptualization of sexual identity (Feinstein et al., 2023; Palazzani, 2012; Palazzani et al., 2018). Queer theory's foundation is based on Foucault's idea of poststructuralism. Queer theorists propose deconstruction of conventional gender and sexual identity categories by postulating that sexual identity is not static and is malleable over the life span of an individual. Queer theories also include a wide range of sexual practices and sexual identities while challenging the biology of sex dichotomy as male or female. They argue that the discrete biological category of sex chromosomes to differentiate male (XY) and female (XX) excludes individuals who are missing one X chromosome (XO, Turner syndrome), individuals who have more than one X chromosome (XXY, Klinefelter syndrome), and intersex individuals (Palazzani, 2012; Palazzani et al., 2018). Labeling these individuals as men or women is determined by beliefs about gender and not by scientific information.

Queer theory is not limited to sexual and gender identity or orientation. It extends to art, poetry, and politics. There are variations among different LGBTQ groups in their perceptions of dominant models of LGBTQ (Jordan-Young, 2010; Palazzani, 2012; Palazzani et al., 2018). Media representations of LGBTQ models are mostly Euro White-Americans and some African Americans. For example, some non-White individuals with non-heterosexual orientation believe that they are not represented within the LGBTQ community since the dominant LGBTQ models present White and middle-class values (Ward & Grower, 2020). There are variations in region and its intersection with other identities such as race, gender, class,

impairment/disability, age, language, and religion. Variations within a particular group of individuals with non-heterosexual orientation (e.g., trans, bisexual, gay, lesbian) along with the multidimensional and multilayered intersections with other identities lead to a wide spectrum of multiple identities. For example, the urban and rural experiences of gay men vary depending on intersectionality of race, social class, and other multiple identities. Sinclair (2017), a News Week reporter, wrote: “Jewish Flags Banned from Chicago Gay Pride March--Jewish people celebrating in Chicago were told not to display Star of David flags ... before being told she needed to leave with her flag” (June 25, Sinclair, 2017). The following is an article by Hajela (2017) at the Associated Press:

Pride and Prejudice? Race Tinges LGBT Celebrations

Gay pride marches in New York City, San Francisco and in between this weekend will have plenty of participants — and also protests directed at them from other members of the LGBT community, speaking out against what they see as increasingly corporate celebrations that prioritize the experiences of gay white men and ignore issues facing black and brown LGBT people. (June 23, Hajela, 2017)

Finding a coherent narrative to represent the group to the public can be challenging when there is diversity in ideologies and there are several subgroups. Having dialogical conversations can also be challenging due to privilege being invisible to privilege holders while oppression is so visible to the oppressed. Furthermore, dynamic interplay among ingroup favoritism, attribution error, social projection, and asymmetric perception operating consciously or unconsciously at an individual level complicates the process of developing a coherent narrative.

A provider’s ability to assess an individual client without perceiving them through the provider’s own assumptions about LGBTQ is crucial in being aware of variations among non-heterosexuals as well as within a single non-heterosexual individual. The provider needs to be familiar with up-to-date research in LGBTQ which assists her ability to listen attentively to the client’s narrative and to observe the client’s body language (Bjarnadottir et al., 2017). The provider not only needs to attentively listen to the client’s story but also needs to ask appropriate questions in relation to the intersectionality of race, gender, class, age, religion, and other identities to understand the client’s experience as a non-heterosexual individual in complex sociocultural contexts.

7.3 Barriers to Dismantling Heteronormativity: Systemic Oppression/Privilege and Internalized Oppression/ Privilege

I have written the following concepts in previous chapters, but I think it is relevant to state it again. Examining multiple identities simultaneously with their relationships to systemic oppression/privilege and internalized oppression/privilege is complex. One of the reasons is that most internalized privilege is invisible to

privilege holders while internalized oppression is vivid to the oppressed. The second reason is that most internalized privilege and oppression operate unconsciously. It is especially difficult to assess internalized sexual orientation oppression since children learn at an early age from their own family and other social agents such as schools, churches, the media, social media, and storybooks that having non-heterosexual orientation is not acceptable (Davis & Hines, 2020; Hackel et al., 2022; King et al., 2021; Shenouda, 2014). Monette's *Becoming a Man*, which depicts his own journey as a gay man in a heterosexual world, portrays how internalized oppression is shaped at an early age. His story reflects the powerful influence of heterosexual gender socialization on the development of self, describing unintentional cruelty toward non-gender-typed behaviors and its impact on non-heterosexual orientation development. Three studies conducted by Giles and Heyman (2005) showed early childhood learning of gendered behaviors. According to these studies, preschool children (ranging in age for the first study from 3.6 to 5.0 years, for the second study from 3.1 to 5.3 years, and for the third study from 3.1 to 4 years) perceive their world according to gendered beliefs regardless of their racial backgrounds. Giles and Heyman's study was published in 2005. Shenouda's research was published in 2014, almost a decade later. However, the results were the same. Children as early as 3 years old exhibited gendered stereotypes. Studies with children demonstrate that they learn to internalize their experiences of systemic gender oppression/privilege at an early age. They learn ingroup loyalty, social projection, attribution error, asymmetric perception, and generalizations from multiple social agents. As stated in the previous chapters, it takes about 10,000 hours to master a skill according to Sennett (2012). The children have spent much more than 10,000 h by the time they reach adulthood. This means their gendered beliefs and behaviors are activated unconsciously or automatically due to the neurobiology of automaticity. This is why it is difficult to change even though we have every intention and motivation to change.

External progress like changes in governmental laws, institutional and organizational policies and rules, and diversity training changed overt heterosexism to subtle and covert heterosexism which is called *contemporary heterosexism*. This indicates external changes without accompanying internal changes do not transcend systemic and internalized heterosexism and transmisia. The role of internalized oppression/privilege and systemic oppression/privilege in racism, sexism, cissexism, heterosexism, ableism, classism, ageism, and other *isms* on perpetuating heterosexism and homomisia needs to be examined from a holistic perspective. When we understand that they are interwoven with social dominance theory, we are ready to develop strategies to dismantle heterosexism and homomisia (Sidanius et al., 2013). Li et al's (2023) study that self-affirmation reduced internalized heterosexism of SGM is promising in terms of restoring mental and physical health by being an agent.

The following experiential learning activities are designed for transformative learning on internalized oppression/privilege and systemic oppression/privilege on three of your social identities. Be courageous to be honest with yourself by not screening your feelings and thoughts from your inner experience in order to be aware of your inner feelings and thoughts.

Concrete Strategies

Experiential Learning Activities on Internalized Oppression/Privilege and Systemic Oppression/Privilege

Keep an emotional diary for at least 10 days without analyzing the content. Your emotional diary should focus on how you felt about your interpersonal and intrapersonal relationships throughout the day. Do not describe what you did that day but how you felt about doing whatever you did (see experiential learning activities on defense mechanisms in Chap. 2 for an example). Pay particular attention to your intrapersonal communication and write your diary without censoring.

After 10 days:

1. Go back to each journal entry to critically examine the impact of internalized oppression/privilege and systemic oppression/privilege on each day. Tally whether your emotions were due to systemic oppression/privilege or due to internalized oppression/privilege.
2. Indicate whether you belong to a privileged group or an oppressed group in relation to the following identities: (a) race, (b) gender, and (c) sexual orientation. Remember to think about your answer not in terms of whether or not you feel privileged but in terms of whether or not you belong to a privileged group according to your society.
3. Which of the above identities are important to you? Rank the above identities in order of importance, with one being the most important and three being the least important in relation to your identity construction. What did you learn about yourself by comparing your tallies in Question 1 and your identity in Question 3?
4. Close your eyes, and breathe in and out slowly, evenly, and deeply for about ten times. Pay attention to your feelings and the images that come to mind as you breathe. Slowly open your eyes and write or draw your feelings and/ or images.
5. What was your understanding of systemic privilege and oppression before, and what is your understanding of them now?
6. Describe your understanding of systemic oppression/privilege and internalized oppression/privilege.

7.4 Barriers to Dismantling Heteronormativity: Unconscious and Automatic Activation of Stereotypes and Prejudice

As indicated in previous chapters, stereotypes, biases, prejudices, and ingrained beliefs are activated automatically. Internalized oppression/privilege, heterosexism, and homophobia are part of beliefs, biases, and stereotypes which are learned through early socialization (Bronfenbrenner, 1981). Cognitive and social psychology

research in unconscious processing of stereotypes, prejudice, and implicit learning sheds light on the difficulty in transcending racism, sexism, cissexism, heterosexism, ableism, ageism, and other *isms* due to automatic activation of information processing (Banaji & Bhaskar, 2001; Banaji & Greenwald, 2016; Bergen, 2012). Any strategies to dismantle heterosexism, homophobia, homonegativity, and internalized oppression/privilege need to consider the fact that automatic activation is from unconscious processing, and only by applying controlled (reflective) processing can the automatic activation process be reduced (Cheon et al., 2011; Chiao et al., 2009). Controlled (reflective) processing is consciously and mindfully processing with intention. Transformative learning needs to take place to dismantle the automatic activation process and generalizations prior to activation (Amodio & Cikara, 2021; Sapolsky, 2017; Servant et al., 2018).

.... when stereotypes are unconsciously activated and used, two different challenges to the implementation are posed: (a) Perceivers and targets are often unaware of the steady and continuous rendering of judgment, and (b) judgments are based on beliefs about targets' social groups rather than on targets' actions. (Banaji & Bhaskar, 2001, pp. 143–144).

The following personal story illustrates the intersectionality of race and sexual orientation. The story depicts prejudice against a nondominant sexual orientation by a nondominant racial group.

Personal Story *Asian and Gay*

I have known a Vietnamese friend for 15 years. By the time we became good friends, he was a well-established professional who was looking for his future wife. He often shared the qualities he was looking for in a woman. He said he was interested in a woman's inner beauty. Sometime ago, he invited a few friends over for dinner and fixed a delicious meal with the help of his male *friend*. He never introduced his male friend as his partner, and it took me a long time to figure out they were indeed partners.

I invited him and his partner over for dinner, and he showed up alone about an hour late. He was always punctual, and I wondered whether he was ok. When he arrived, he was nervous, and I had never seen him that nervous before. When I asked him when he realized his sexual orientation, he told me he knew a long time ago but could not admit it to himself or to anyone else.

He said it was taboo in his culture, and he tried to be “heterosexual” for a long time. That was why he was dating women, but he just could not go through with it. He said he knew intellectually I would accept him as a friend no matter what, but he could not bring himself to tell me the truth. It was his partner who initiated the relationship because his partner could tell that he was gay. He said it is difficult to be gay and Vietnamese, explaining that his parents and siblings accept him, but he can tell they wish he were straight. His

parents, just like many Asian parents, want their children to have Vietnamese partners, and all of his siblings fulfilled his parents' desire except him. His partner is White male.

My friend is much more comfortable around White people as a gay man, but he is loyal to his parents and siblings. He is also close to his Vietnamese community, whose members are not open to non-heterosexual relationships. He struggles with his multiple identities. Both being Vietnamese and being gay are equally salient to him.

7.5 Heterosexism

Heterosexism is the social structure or system granting implicit or explicit systemic advantages (e.g., power, control, and rights) to heterosexual individuals over non-heterosexual individuals. This means that governmental, institutional, and organizational policies, laws, and rules are written to benefit heterosexual men, heterosexual women, and heterosexual trans people. Systemic discrimination in housing, medical treatment, employment, and adopting children as gay men and lesbians is an example of heterosexism. Krieger depicted heterosexism to the point when she wrote, "Racism, Sexism. Heterosexism. Gender binarism. Together, they comprise intimately harmful, distinct, and entangled societal systems of self-serving domination and privilege that structure the embodiment of health [race, gender] inequities" (Krieger, 2020, p. 37).

As stated in Chap. 6, gendered socialization led Monette to believe he was "disgraceful" at age 9.5. Internalization of heteronormativity led Monette to devalue authentic self before his cognitive development was able to critically examine his authentic self. According to cognitive neuroscience research, new information is distorted to be congruent with existing belief which is cultural gendered beliefs in Monette's case (Eichenbaum & Bodkin, 2001; Lupyan & Bergen, 2016). Monette was socialized to believe he was "disgraceful" just like many individuals who are aware they are different at an early age (9.5). Gendered socialization starts early, and gendered beliefs become ingrained before children's cognitive development is capable of differentiating their authentic self from expected self by multiple social agents and institutions (Hässler et al., 2022; King et al., 2021; Ward & Grower, 2020). The above citation illustrates that oppression starts at an early age in the family (micro-level) and extends to "most of people" (meso-level) and becomes internalized oppression (separating psychic, "destructively from himself"). This process explains challenges involved in deconstructing gendered beliefs because they are unconsciously ingrained through daily exposures to multiple social agents from all levels (micro, meso, and macro) of the ecosystem. They are activated automatically due to the neurobiology of automaticity.

Table 7.1 Prejudice, discrimination, and heterosexism

Prejudice against non-heterosexuals	Discrimination against non-heterosexuals	Heterosexism
Any prejudgment favoring heterosexuals without just ground (e.g., cisgenderers are normal, and something is wrong with trans)	Prejudice is translated into behavior that denies equal treatment of non-heterosexuals (e.g., not being invited to a neighbor’s birthday party)	Governmental, institutional, and organizational policies, laws, and rules that take away the rights of non-heterosexuals (e.g., discrimination in housing, employment, promotion)

7.5.1 *Prejudice and Discrimination Against Non-heterosexuals and Heterosexism*

The table below describes the differences among prejudice against non-heterosexuals, discrimination against non-heterosexuals, and heterosexism. It is important to understand terms correctly since misunderstanding terms and inappropriate use of terms prevent us from developing effective plans for implementation. For example, effective strategies for dealing with discrimination against non-heterosexuals are different from effective strategies for dealing with heterosexism (Table 7.1).

7.5.2 *Microaggression vs. Perceived Microaggression*

There are numerous research articles on microaggressions on various demographic identities, but it is not clear to me whether studies defined the term microaggression as it was meant to be by Pierce who conceptualized it. It is important to understand terms like unconscious bias, microaggression, heterosexism, and homomisia correctly. Misunderstanding terms and inappropriate use of terms interfere with developing appropriate action plans. For example, developing effective action plans for heterosexism involves changing laws, policies, and rules, while effective action plans for microaggression involve engaging in interpersonal communication with the unconditional positive regard since “As long as people are either hyperaroused or shut down they cannot learn from experience” according to cognitive neuroscience research (van der Kolk, 2014, p. 207).

As stated in previous chapters, the term “microaggression” was conceptualized by Pierce (1970) and revitalized by Sue (2010). Pierce referred to it as “**unintentional discriminations** against African Americans, akin to subtle insults and diminutives” (Hughey et al., 2017, p. 304). Then he expanded the concept as “...automatic, pre-conscious, or unconscious” putdowns by White to “Almost all black” (Pierce, 1974, p. 515). Sue’s microaggression is “....relatively **unconscious biases**...” (Hughey et al., 2017, p. 305). I have **bolded** “unintentional discriminations”; “automatic, pre-conscious, or unconscious”; and “unconscious biases” to make sure that both Pierce and Sue defined that microaggression is produced without conscious awareness. All three statements support Banaji and Bhaskar’s (2001) notion:

The best intentions do not and cannot override the unfolding unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control. (pp. 142–143)

I have concerns about the way some people use microaggression as if the person who exhibits microaggression is conscious of their behavior. According to Pierce who conceptualized it in 1970 and Sue who revitalized it in 2010, the person who exhibits microaggression is most likely not aware of their behavior. I also wonder how we know our perceived microaggression is not from our own perception from our lived experience. We have discussed cognitive distortions in ingroup favoritism, a symmetric perception, attribution error, thinking style, and so on. In addition, we also discussed the power of language on influencing neural pathways (Eichenbaum & Bodkin, 2001; Lupyan & Bergen, 2016) and privilege being invisible to the privilege holders while oppression being vividly visible to the oppressed. It is imperative for us to apply both scientific (*objective*) inquiry and personal (*subjective*) inquiry to examine our interpretation of perceived microaggression to make sure it is based on facts. Microaggression exists and is a barrier for achieving sexual orientation equality. Identifying it accurately is a precursor to finding effective way to communicate to a person who has no awareness of their behavior.

7.5.3 *Institutional and Governmental Heterosexism*

There has been substantial progress toward gay, lesbians, and trans equality by changing governmental laws and organizational and institutional policies and rules prior to 2023. For instance, the Supreme Court of the United States ruled that the Defense of Marriage Act was unconstitutional, allowing same-sex marriages to be recognized on the federal level in 2013. The Supreme Court also declared by a margin of five to four that states must license same-sex marriages and recognize similar unions from other states, effectively ending a long legal battle over the marriage rights for gays and lesbians in 2015. Many organizations included policies against discrimination, and some offered diversity training workshops (MorBarak et al., 2016). However, minimal success in implementing changes or new policies has been reached (Burns et al., 2017; Greenwald et al., 2022; Kim & Roberson, 2021; Schmader et al., 2022). Non-heterosexual people still face persistent systemic institutional and governmental oppression (e.g., physical and psychological abuse, bullying, or economic alienation), family rejection (Montano et al., 2018), housing discrimination (Friedman et al., 2013), and peer rejection (Bizzeth & Beagan, 2023). It is understandable why the suicide rate is high and why there are various mental health problems among trans, gay, bisexual, and lesbian individuals compared to heterosexuals (Salerno et al., 2023). The suicide rate for LGBT (lesbian, gay, bisexual, and trans) youth is two to three times higher than for heterosexual youth (BalikAyhan et al., 2020; Lund & Burgess, 2021; Motmans et al., 2019; Watson et al., 2023; The Trevor Project, 2023).

Here are some examples of institutional heterosexism: The professional organization, American Psychiatric Association (APA, 1980), considered homosexuality as abnormal until 1973. Despite the disappearance of homosexuality being abnormal from the DSM, LGBTQ community members have been continuously devalued and pathologized by mental health providers. Heteronormativity is also pervasive in the educational system. In the educational system, being heterosexual is considered normal. Curriculum, events, and policies in high schools, colleges, and universities that are conceptualized based on heteronormativity impact LGBTQ students' learning. Other institutions like churches and medical facilities target LGBTQ community because of their embedded beliefs on heteronormativity. Their institutional policies and rules govern employees' interactions with LGBTQ community. In 2015, the Vatican ban on gay men becoming as a part of the solutions for child molestation scandals is a good example of internalized heterosexism in the religious community. LGBTQ community members are not dangerous to others or themselves because of their nonheterosexuality, but some institutional and governmental heterosexisms assumed that they are dangerous to others and may become dangerous to themselves because of their sexual orientation.

The following question is designed to raise your consciousness.

Consciousness Raising Exercise

As you reflect on all the jobs you have had since you were old enough to have a job, how many of your jobs required you to be a certain sexual orientation?

Prior to August 7, 2023, the FDA (Food and Drug Administration) policy was that people who had multiple sexual partners and have had anal sex in the last 3 months would be asked to wait for 3 months to donate blood from their last anal sex. However, FDA changed their policy on August 7, 2023. According to the Red Cross, "This historic change in approach to donor eligibility is significant progress, resulting in a blood donation process that is more inclusive than ever before. The Red Cross celebrates the FDA's elimination of blood donation policies based on sexual orientation" (Teddy Grant at ABC News, August 8, 2023).

The following experiential learning activities are designed for you to take an affective perspective of an outgroup member.

Concrete Strategies

Perspective-Taking Experiential Learning Activities

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot be honest with yourself. Uncensored writing is one way to access your inner experience. Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly.

Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning.

1. Think about a TV commercial and change it for non-heterosexual viewers.
2. Imagine yourself living in a non-heterosexual world and that you are the only heterosexual. Write down your feelings.
3. For non-heterosexuals:
 - (a) How did you feel in your imaginary non-heterosexual world?
 - (b) What can heterosexuals do to make you feel equal to them?
4. For heterosexuals
 - (a) Think and feel about how non-heterosexuals feel in this heterosexual world.
 - (b) Is there something you can do to make non-heterosexuals feel they are equal to heterosexuals?
5. For both
 - (a) What did you learn from these experiential learning activities?
 - (b) Describe or draw your feelings prior to the perspective-taking and after the perspective-taking.
 - (c) Share your learning and experience with others who completed this experiential learning activities.

When I taught human sexuality at a college in a conservative town, I had LGBTQ students from another town as guest speakers. I observed how difficult it was for some of my students to differentiate between academic knowledge about LGBTQ community and their religious beliefs about LGBTQ community. Students who believed from their religious perspective that non-heterosexuals are sinners were critical of guest speakers. Their emotional attachment to their religious beliefs hindered their academic learning (e.g., *asymmetric perception, ingroup favoritism, social projection*). They insisted that non-heterosexuality is a “sin” in “God’s” eyes, yet they were not able to support their beliefs with evidence. Some students believed that LGBTQ people are the same as pedophiles despite the textbook’s description that typical pedophiles are heterosexuals. Some heterosexual students insisted that they were against LGBTQ members being teachers because they were concerned about non-heterosexual teachers’ impact on children’s sexual orientation. These students did not want to admit that it was their assumption that such teachers would influence children to become LGBTQ because they believed it was a fact. These students’ belief system would not allow them to hear that most jobs do not require

an individual to be a certain sexual orientation and there are a wide range of teachers (good, bad, and in between; highly qualified, not qualified, and in between) with variations in sexual orientations. The issue of LGBTQ seemed to stir a different set of deep emotions with my students, and these emotions created barriers against their learning. As a result, these students were not open to discussing the following questions I raised in class after guest speakers left:

1. Limit to generalizability: If one LGBTQ teacher crosses the professional boundary in order to try to influence a student's sexual orientation, could you generalize such an action to all LGBTQ teachers? Does that particular teacher represent the whole LGBTQ population? Remember a sample size one ($N = 1$) is not the same as a sample size for all ($N = \text{all}$).
2. Have you known heterosexual teachers who cross the student-teacher boundary, which is as unethical as a LGBTQ teacher crossing the student-teacher boundary? Are heterosexual teachers not influencing children's sexual orientation as much as LGBTQ teachers?
3. If heterosexual teachers influence their students' sexual orientation, why do some of their students become LGBTQ?

Personal Story

Struggling to Be "Normal"

One of my former students who was in his early 20s told the class that he fasted and prayed for 12 days to see whether he could be a heterosexual because his parents rejected him when he came out to them. They told him God could make him "normal" if he prayed hard enough. He thought his faith was as strong as his parents' and did not understand why God was not making him normal. Both his church and his parents disowned him and his sense of self was shattered again. He was told and he believed that his church and parents would always be there for him.

7.5.4 Contemporary (Covert and Subtle) Heterosexism

Overt and blatant heterosexism became covert and subtle heterosexism since policy changes (Jones et al., 2017). Contemporary heterosexism is expressed in different ways than in the past. There are different degrees of subtleties and formalities. There are also differences in how these are interpreted by a sender and a receiver. Jones et al. (2017) define subtle discrimination as "negative or ambivalent demeanor or treatment" (p. 53) and often activated unconsciously as an expression of "ambiguous intent" (p. 53). Contemporary heterosexism study conducted with college students by Woodford et al. (2014) and another study by Kulick et al. (2017) found that

subtle and covert heterosexism increased psychological stress and lowered self-acceptance with students whose self-acceptance was on shaky ground. An emerging field of research on contemporary heterosexism after organizational policy changes to meet the federal guideline indicates that blatant heterosexism is changed to subtle or covert discrimination. The negative impact of subtle and covert discrimination shows up as incivility on organizational morale, absenteeism, tardiness, job dissatisfaction, and intention to quit (Jones et al., 2017).

Personal Feedback

The following is feedback from one of my former students on an assigned reading from a traditional (conventional) multicultural counseling textbook.

I am gay and the textbook perpetuates homosexual oppression. I feel this is done through the “common” labels that are used to define sexuality. This is extremely detrimental and limiting to anyone who does not fit in these boxes. Another example is the model of “Gay, Lesbian, and Bisexual Identity Formation.” By making a list of how someone “becomes” gay, or at least aware of it, you are in a sense making homosexuality abnormal. I am enraged that there is not a model of “Heterosexual Identity Formation.” I wonder who made the decisions about what is natural, normal, or standard? What I keep coming up with is that for the most part, White, upper-/middle-class, Christian men have sanctioned a code of conduct based on a system that benefits them and the position of power they hold. I see the power I have to change myself, but I feel more and more powerless against a system that feeds off of oppression.

—Brad

Transcending institutional and organizational heterosexism which has been deeply rooted in American culture requires more than improving laws, rules, and policies or 1- or 2-day workshops on diversity, equity, and inclusion. It requires diligent and mindful practices of deconstructing ingrained and unconscious beliefs embedded in our neural pathways as a result of many years of repeated exposures to heterosexism, discrimination, and stereotypes from every level of the ecosystem [micro (family), meso (institutions), and macro (culture, society)]. Transformative learning which can only be achieved by each individual by going through inner journey of facing disorientation, recalibration, and exploration as discussed in Chap. 1 (Kolb, 2020). Deconstructing the neurobiology of automaticity is needed to transcend ingrained heterosexism. This means we must engage in honest exploration with intentionality, self-awareness, and willingness to examine our own inner experiences.

7.5.5 *Internalized Heterosexism and Homophobia*

Belief systems in relation to identities are not based on factual information. They are constructed based on cultural, societal, institutional, and family myths. Such belief systems perpetuate racism, sexism, cissexism, heterosexism, ageism, and other *isms*. Most of them are based on dichotomous, linear, and hierarchical thinking that one belief is “right,” “correct,” and “better” than the others (Jones et al., 2017). The LGBTQ community as well as the heterosexual community are socialized to believe that something is wrong with or abnormal about non-heterosexual individuals. This may be one of the reasons that LGBTQ people are rejected by their primary ingroup, their immediate family. Individuals who are targets of racism, sexism, classism, ableism, and other *isms* generally are not rejected by their own family due to who they are (i.e., non-White person, female, poor, or disabled, etc.). However, members of LGBTQ often report rejection by their own family (e.g., Monette, Adrienne Rich, my former students, and clients, etc.) for who they are. Their internalized oppression may be more intense as a result of their own family’s rejection (Hammersmith, 2018; Montano et al., 2018), compared to other LGBTQ people who have family support in dealing with the rejection from dominant culture. Adrienne Rich, a poet, feminist, English professor, and lesbian also described family rejection as the worst prejudice. She struggled with the belief that others could not accept her if her family could not accept her, even though intellectually she understood the possibility of others accepting her. Her emotional pain from family rejection was overpowering her intellectual understanding of rejection (Feinstein et al., 2014).

Most LGBTQ community members struggle internally due to the heteronormativity around them from an early age (van der Toorn et al., 2020). Being rejected by family because of who they are increases their feelings of alienation, isolation, and self-doubt. It is likely that such children learn to internalize their family’s rejections and have difficulty transcending self-acceptance or others’ acceptance in their adult life. As Rich stated, it is hard to transcend that which is ingrained in early life, even after intellectual comprehension of family rejection (Feinstein et al., 2014). Read Monette’s excerpt in the first section of this chapter. Monette exhibited signs of internalized heterosexism when he was only 9.5 years old. He said “nothing” to his mother, and he had “instinctive need to hide” (Monette, 2004, p. xiv). If he were socialized in nonheteronormative environment, he would have no desire to lie or hide.

As stated earlier, homophobia is an irrational fear of LGBTQ by some heterosexuals and fear ranging from uncomfortable and uneasy feelings to feelings of intense hatred. Some of these feelings are from internalized homophobia which is conscious or unconscious attempts to carry out heterosexism that is based on their religious beliefs or heteronormative socialization (van der Toorn et al., 2017). Discussing racism, sexism, classism, heterosexism, and other “isms” brings more intense feelings to those who have been personally and/or institutionally oppressed and marginalized than to individuals who were, who are, or who represent the oppressor. However, discussing non-heterosexuality brings intense emotional reactions to

individuals representing both the oppressed and the oppressor. This may be due to internalized homophobia. Berg et al. (2017) examined the effects of sociopolitical and cultural factors on internalized homonegativity of gay and bisexual men. They found that 13 of 77 countries prohibit same-sex sexual activity between consenting adults, 23 countries have no anti-discrimination laws concerning sexual orientation, and 40 countries do not recognize same-sex union. Their study shows that (a) internalized homonegativity among gay and bisexual men is higher in countries with limited civil rights equity and unfavorable social attitude toward LGBT; (b) internalized homonegativity is higher among participants in European countries without legal provisions for same-sex relationship; (c) the strongest relationship was found between internalized homonegativity and the perception of public opinion about LGBT, higher internalized homonegativity when the community is perceived less tolerant of LGBT people; and (d) higher internalized homonegativity when participants experience or assume their sexual orientation is a cause of discrimination by their family, work, or education and healthcare systems. This study is important for mental health providers because knowing how, when, and where internalized heterosexism is originated and how often and how strong it is experienced by clients will assist providers to develop effective treatment strategies.

Effect of internalized heterosexism is determined by intersectionality with degree and intensity of internalized oppression and privilege with other identities of a person. For example, the study by Velez et al. (2013) found that internalized heterosexism affected lesbians differently than gay men. "...low internalized social identity complexity, or being identified with multiple social groups, can buffer against discrimination.... Specifically, when faced with discrimination against one identity, individuals may protect their psychological well-being and self-esteem in particular by reorienting themselves to another positively valued identity" (Velez et al., 2015, P. 13).

As stated in the beginning of the book, understanding a person comes from seeing a whole person. Heterosexism alone as if it is independent of other identities of a person is not seeing a real person. Impact of heterosexism for a person is determined by multiple factors (e.g., sociocultural, region, experience with systemic oppression/privilege of multiple identities, internalized oppression/privilege of multiple identities, racialized/non-racialized socialization, gendered socialization/non-gendered socialization, other identities and their intersections, sociocultural contexts, etc.), which result in heterogeneous heterosexism within the same heterosexual group. Velez et al.'s (2019) research design to reflect complexities of real people found that internalized heterosexism and internalized racism were negatively associated with LGBTQ individuals' well-being.

7.6 Intersectionality of Race, Gender, and Sexual Orientation

As stated earlier, it is not possible to understand the whole person based on one demographic identity or two to three identities independently as if they are mutually exclusive within a person. To understand the whole person, we need to be able to

conceptualize how a person's multiple identities and their intersectionality interlock to present the whole person's lived experience. To be able to comprehend complexities of multiple identities and their intersectionality of a person, we must be able to think holistically. If our thinking is dichotomous and hierarchical, we can only see a simplified version of these complexities. There is no way to understand the whole person from conventional binary thinking since it has only two boxes (e.g., either or, good or bad, superior or inferior). A real person has multiple identities which are interwoven and intersect with each other. Gallor (2005) writes:

I am a woman, I am a lesbian. I am Hispanic, with Spanish, Cuban, and Middle Eastern heritage....I have never, however, articulated how the separate identities blend together to form and influence one whole "me," nor have I ever discussed how these identities have interacted with one another to influence my reality and worldview....It is extremely difficult, maybe even impossible, to adequately illustrate how the heterosexist dominant discourse has had implications for me personally and professionally. The main reason for this difficulty is that it is impossible to separate my lesbian self from my Hispanic self or my gendered self from my lesbian self. (pp. 71–72)

As emphasized previously, the concepts of interrelation and interdependence are keys to understanding the intersectionality of race, gender, sexual orientation, class, disability, age, religion, region, and language (Jun, 2018). Understanding these concepts requires an individual to transcend inappropriate dichotomous and hierarchical thinking to see a real person's identity. McGuire et al. (2023) examined depression from the intersection of race/ethnicity, sex/gender, and sexual orientation in a national sample of US adults. Their outcome measures were lifetime and past-year major depressive episode (MDE). Their study results showed that multiracial, White, women, gay/lesbian, or bisexual had greater tendency for MDE. The highlight of the study was within and between group heterogeneity that is not available in non-intersectional research methods. The intersectional method allowed researchers to compare racial/ethnic and sex/gender groups within overall sexual orientation categories and found highly variable prevalence estimates among heterosexual (past year, 3.4–13.8%; lifetime, 6.7–23.9%), gay/lesbian (past year, 7.2–20.9%; lifetime, 10.2–33.8%), and bisexual (past year, 7.8–31.4%; lifetime, 11.9–47.4%) adults.

The ability to understand the dynamics and complexities of the intersectionality of multiple identities within various subcultural contexts requires fluid thinking. Fluid thinking operates within a wide spectrum from appropriate dichotomous, hierarchical thinking to diunital (both/and) and to holistic thinking. The fluid thinking allows us to critically examine the multidimensional and multilayered intersectionality of our identities.

The following are experiential learning activities on the intersectionality of race, gender, and sexual orientation designed to facilitate your transformative learning on intersectionality of multiple identities through linear and nonlinear activities.

Concrete Strategies

Experiential Learning Activities on Intersectionality

Prepare drawing materials (at least two sheets of drawing paper and a box of crayons, coloring pencils, or paints). Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. As you are breathing in and out slowly and evenly, think and feel how similar or different you are from other members of your race, gender, sexual orientation ingroups, and so on. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning.

1. Draw yourself in relation to your ingroups
 - (a) Race
 - (b) Gender
 - (c) Sexual orientation
2. Describe your differences and similarities in relation to your ingroups
 - (a) Race
 - (b) Gender
 - (c) Sexual orientation
3. How do you feel about your differences from your ingroups?
4. Draw how race, gender, and sexual orientation are linked for you?
5. Write about what you drew.
6. Do you ever feel pressured to be loyal to your race, gender, or sexual orientation group by you or the group members whose dominant identity is race, gender, or sexual orientation?
7. How do you feel when you are pressured?
8. How do you balance your need to be loyal to your inner beliefs and your communities’ requests?
9. How is your narrative similar to and different from that of each of your communities (race, gender, sexual orientation, and so on)?
10. On the basis of your experience, what type of questions would you like to ask in order to find information among and within-group variations in relation to race, gender, and sexual orientation, etc.?

There are numerous distinct variations in how an individual’s multiple identities are experienced within the person. For some, all three identities (race, gender, and sexual orientation) function as salient identities, and for others, they vary according to sociocultural contexts or interact with each other to create a particular

experience. Complexities in interrelationship and interdependence increase depending on whether the individual is a member of a privileged group or an oppressed group or on the individual's own experience with being a member of a privileged group or an oppressed group with a particular identity, for example, a non-heterosexual, White woman who has been accepted for who she is by her family in relation to her sexual orientation but who has experienced institutional sexism throughout the socialization process. She may feel oppressed as a woman and not feel privileged as a White woman. However, she may not feel she is oppressed due to her sexual orientation. Her identity construction and sense of self may be very different from that of a White woman who has been rejected by her family due to her sexual orientation in addition to experiencing institutional sexism throughout the socialization process. To discover how the intersectionality of multiple identities (race, gender, and sexual orientation, etc.) affects the identity construction of a client, a mental health provider needs to examine the client's whole story from a holistic perspective.

7.7 Heterosexism, Homomisia, and Inappropriate Thinking

Both homomisia and heterosexism are based on inappropriate dichotomous and hierarchical thinking. Both people with homomisia and heterosexism base their claim on an assumption that their standards are the norm, that they are right (*dichotomy*), and that everybody should be heterosexual (*social projection*). Directing hatred toward other people who have different concepts about sexual orientation and committing violent acts against them (dichotomy) are to assume that one way is not only the right way to live but also the better way to live (*hierarchical thinking, asymmetric perception, attribution error, and social projection*). Homomisia oppresses LGBTQ people on the personal, interpersonal, institutional, and cultural levels. If children are socialized to think from a diunital (*either/or and both/and*) perspective and from a holistic perspective, they will critically examine the relationship between an individual's sexual orientation and systemic oppression. Oliver et al. (2022) found that children (6–8 years old) favor ingroups. However, Fast's and Olson's (2018) study with 3–5-year-old children found that transgender children and siblings of transgender (N = 24) were less likely to believe that other people's gender is stable compared to the control group children. Olson and Enright (2018) compared three groups of children, ages 6–8: the first group consisted of transgender children, the second group consisted of siblings of transgender children, and the third group consisted of children who did not have non-heterosexual members in the family. Their study results were similar to Fast and Olson. The transgender children and the siblings of transgender children were less open to gender stereotypes than the control group children. According to the above three studies, ingroup favoritism is learned, and children can expand their thinking when they are exposed beyond binary thinking.

Holistic thinking provides the potential for valuing the differences as well as the similarities in human diversity. However, if children are socialized to think from a holistic perspective, they need to be in a sociocultural context that encourages and fosters holistic thinking. As long as the social context is heteronormativity oriented, dismantling heterosexism will not be possible. Heteronormativity is based on Western ideology which is formulated on dichotomous, hierarchical, and linear thinking. It has been embedded in American psyche since the birth of North America. As stated in previous chapters, Sennett (2012) states a skill mastery for playing a sport or a musical instrument takes 10,000 h. Children show gendered beliefs between 3 and 4 years of age (Shenouda, 2014), and if they have used binary thinking starting at age 3 daily, they have mastered using binary thinking by the time they are young adults. However, studies by Olson and colleagues show the possibility of transforming the binary thinking to holistic thinking,

The following experiential learning activities are designed for you to discover your thinking on LGBTQ in your intrapersonal communication.

The following experiential learning activities are designed for you to reflect on inappropriate thinking and their impact on your intrapersonal communication.

Concrete Strategies

Inappropriate Thinking and Intrapersonal Communication on LGBTQ

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access inner experience.

Reflection-Based Learning Activities

1. Examine whether you used inappropriate thinking (hierarchical, dichotomous, or linear) in relation to LGBTQ and what happened as a result. Draw a picture to symbolize the results or write them down.
2. If you used an inappropriate thinking in relation to LGBTQ, do you recall the first time you were exposed to LGBTQ?
3. Did your parents, siblings, and/or schoolteachers use inappropriate thinking (specify dichotomous, hierarchical, or linear) in relation to LGBTQ while you were growing up? How did this shape your intrapersonal communication on LGBTQ?
4. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or as long as you want. Reflect on your answers to the previous questions. Open your eyes, and write down your relationship to the inappropriate thinking (specify dichotomous, hierarchical, and linear).

5. Think of one incident where you were frustrated with LGBTQ. What were your assumptions? What did you expect? Was your frustration related to inappropriate thinking (specify dichotomous, hierarchical, or linear)? If so, explain.
6. Estimate the percentage of inappropriate thinking (specify dichotomous, hierarchical, or linear) in your inner dialogue each day.

7.8 Strategies for Dismantling Heterosexism, LGBTQ Discrimination, and Benefits for All

The first step toward dismantling heterosexism is learning to deconstruct inappropriate dichotomous and hierarchical thinking. The second step is changing our dominant discourse at the individual, interpersonal, and institutional levels in order to dismantle heterosexism and LGBTQ discrimination. Racism, sexism, heterosexism, classism, ableism, and other “ism” reflect our dominant discourse. Brown et al.’s (2022) study supports both steps. They conducted nine studies using both laboratory and field experiments to test their hypothesis which is societally advantaged group members perceive increased equality is harmful to their resource access even when it is not. I am citing their direct quotes to make sure I do not misinterpret their studies:

We therefore define misperceptions as viewing equality-enhancing policies as harmful—or, conversely, inequality-perpetuating policies as beneficial—to advantaged group members’ access to that particular resource (e.g., jobs) when no such change has occurred.... In studies 1 to 5, participants read various equality-enhancing policies that would provide additional resources (e.g., salary and jobs) to a disadvantaged group (e.g., Latino Americans, people with a disability, women, and ex-felons) without changing the resources provided to the advantaged ingroup (e.g., white Americans, people without a disability, men, and non-felons). (p. 2)

They assessed participants’ perception of policies that change disadvantaged groups’ access to resources without changing advantaged groups’ access to resources. Their conclusion of the analysis of the nine studies was:

Advantaged group members not only feel threat at losing superior status but also misperceive that reduces their access to resources even when access explicitly goes unchanged, or even increases. Our findings may be a key reason why ingroup favoritism proves so pernicious, both in the laboratory and real world. (p. 11)

This study depicts the consequences of zero-sum perception which is based on hierarchical and dichotomous (conventional or binary) thinking with a strong belief.

This comprehensive study in 2022 supports the cognitive neuroscience research findings by Eichenbaum and Bodkin (2001). They summarized the following in their article, *Belief and Knowledge as Distinct Forms of Memory*:

Knowledge-driven memory processing is “bottom up,” in that new experiences are paramount in forcing novel bits of information together to build or modify a memory scheme.... belief driven memory processing “top down,” in that general schema is paramount in guiding the interpretation of new experience to confirm convictions and to specify actions consistent with these convictions. (p. 204)

Eichenbaum and Bodkin found that new information is distorted to validate existing belief without conscious awareness. The advantaged group members “misperceive that equality *reduces* their access to resources even when access explicitly goes *unchanged*, or even *increases*” (Brown et al., p. 11, I italicized to make the point) which is an excellent example of distorting new information unconsciously to maintain their belief. The fact that “Members of societally advantaged groups frequently support the concept of equality and yet use their advantaged position to implement policies that perpetuate inequality” (Brown et al., 2022, p. 1) indicates inconsistencies between their conceptual understanding (*knowledge*) and one of their core beliefs. This verifies the fact that intention (*conscious*) is not sufficient to change action (*unconscious*) without internal processing since it requires deconstructing our muscle memory which became automatic through repetition (the neurobiology of automaticity). This has been a barrier not only in dismantling heterosexism but also in racism, sexism, classism, and other isms. Most participants in Brown et al. studies are White. I am assuming they have been socialized in the United States which is individualistic orientated culture to value competition, success defined by external achievement and money, and winning on the basis of external criteria. Socially advantaged White people’s misperception could be viewed as their desire to maintain the dominant discourse to win and protect their ingroup without conscious awareness. I was surprised to see their mean age ranges (32–40) and their ranges for politically liberal (53–65%) to perpetuate inequality despite the fact that they support the concept of equality. To me DEI trainings must provide safe environments for all participants to process conflicting values and beliefs without fear of judgment if we want DEI beyond the lip service. As I stated below, we cannot learn if we are hyperaroused or shut down. Another study also indicated that members of societally advantaged groups frequently support the concept of equality, but they implement policies that perpetuate inequality (Horowitz et al., 2020).

In order to dismantle heterosexism and LGBTQ discrimination, we need to provide the opportunity for those who believe in the dominant discourse to transform. When you hear someone using the dominant discourse, make sure you understand that “As long as people are either hyperaroused or shut down, they cannot learn from experience” (van der Kolk, 2014, p. 207). Then approach the person and ask specific questions about the dominant discourse with straight talk (“*I*” messages and “not you” messages in Chap. 2) and warm attitude. Read all four types of interpersonal communication in Chap. 2, and choose the most effective style, “straight talk” that leads the person to reflect on their beliefs and ideas to examine. Often people use “control talk” (see Chap. 2) by telling the other what to do and what not to do which do not lead the person to reflect and introspect on their own behavior since transformation cannot happen without intentional engagement from the person. The five stages of transformative learning process are *awareness of a disorienting*

dilemma, evaluation of the dilemma, exploration, recalibration, and exploration (Kolb, 2020). In the last stage, *exploration*, the learner plans action, and the action plan is a key in turning learning into transformation which is a deep shift in perspective.

The third step is being ready to abandon taking the path of least resistance. Taking the path of least resistance perpetuates heterosexism. If everyone takes personal responsibility to raise conscious on dismantling heterosexism at the personal and interpersonal levels, it will soon spread to institutional and cultural levels. Systemic heterosexism and LGBTQ discrimination have been perpetuated by people within government (states, counties, cities, etc.), institutions (K-12 schools, colleges, universities, etc.), organizations, and society. It is each individual's responsibility to change the system by taking personal responsibility. For example, if someone says, "LGBTQ people want their way all the time," you may want to ask the person to elaborate or define "all the time." You may ask a question like "don't heterosexuals want our way all the time, too?" Or you may want to say, "I do not understand your comment since heterosexuals get systemic benefits that non-heterosexuals don't get, such as easier access to housing and job." Or you want to ask specifics about "their way." It is how you ask questions. You want to ask with compassion and curiosity. Express your opinion using *I messages*, and back up the comment with evidence. It is at times difficult to take an initiative with sensitive issues. The other way to dismantle heterosexism at the interpersonal level is to be a good listener for LGBTQ people. Listening does not mean one has to feel guilty for being heterosexual. Listening means paying attention to speakers with compassion.

The following experiential and reflection-based learning activities are designed for transformative learning on sexual orientation through uncensored writing.

Concrete Strategies

Experiential and Reflection-Based Learning Activities on Sexual Orientation

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, go back in your timeline as far as you can to see whether you recall experience with heterosexism and during your childhood. Slowly open your eyes.

1. Describe your memory of sexual orientation privilege or oppression.
 - (a) How did you feel about it when you were a child and a teenager, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about your sexual orientation compared to your parents' and friends' feelings about it?
 - (d) What did you learn from your teachers about sexual orientation? Be specific.
 - (e) What did you learn about systemic heterosexual privilege and non-heterosexual oppression from your family when you were a child? Be specific.
 - (f) Do you belong to a privileged or an oppressed group in relation to sexual orientation, and how has this shaped your worldview?
 - (g) Write down your intrapersonal communication (in relation to your sexual orientation), which is reflection of your internalized oppression/privilege.
 - (h) When was the first time you were aware of systemic oppression/privilege in relation to sexual orientation? Describe the incident in detail.
 - (i) Is your sexual orientation different from that of your family members? If so, what overt and covert messages did you receive from your family, and how did these messages affect your relationship to your family?
2. Write down any heterosexist remarks you heard while growing up from (a) family, (b) friends, and (c) the media. How did you feel about them?
3. Write down any heterosexist remarks you have made; how did you feel when you made them?
4. What is your experience with homophobia?
5. Write down your intrapersonal communication in relation to sexual orientation.
6. Close your eyes, and breathe slowly and evenly as you observe your inner world. Just experience your inner world without judgment as you breathe in and out slowly and evenly. Open your eyes when you are ready, and draw, color, or paint what you have experienced.
7. Describe how you will use this experience as a mental health provider or DEI trainer?

In addition to the above, you can be an ally for the LGBTQ community and participate in changing institutional or organizational policies. You may organize a review of existing TV programs from children's programs including cartoons to educational programs, sitcoms, talk shows, news programs, and prime-time

programs for heterosexism. You may do the same for children's books, teens' magazines, women's magazines, and men's magazines. You may request that the media promote sexual orientation equality-based programs and advertisements. You may suggest specific strategies to eliminate programs with heterosexism. Mindful repetitions that integrate emotion and cognition are necessary to dismantle heterosexism.

There are numerous benefits for all people to dismantling heterosexism and homophobia; Heterosexuals begin Anti-Heterosexist Identity Development, becoming aware of sexual minority issues, systems of oppression against sexual minority people, and increased comfort around sexual minority people (Sylvan, 2017); People develop close relationships with each other based on who they are and not based on sexual orientation (Bizzeth & Beagan, 2023; Sylvan, 2017); All individuals will express their creativity and potential as who they are without socially constructed sexual orientation restrictions. This will lead them to being the authentic selves that they are meant to be.

7.9 A Provider's Assessment of Self in Relation to Heterosexism and Systemic and Internalized Sexual Orientation Privilege/Oppression

Reflect on your socialization process, various sociocultural contexts you grew up, and your experience relation to heterosexism-, homophobia-, and sexual orientation-based oppression/privilege. There are several ways for you to assess yourself. Examining the fluidity of your multiple identities and their intersectionality in a particular context is one way of assessing your relationship to systemic oppression/privilege and internalized oppression/privilege.

The following experiential learning activities are designed for you to assess your sexual orientation in relation to group membership, heterosexism, systemic privilege and oppression, internalized privilege and oppression, and homophobia.

Concrete Strategies

Assessing You

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot be honest with yourself. Uncensored writing is one way to access your inner experience. Close your eyes, and repeat breathing in and out slowly and evenly until you feel calm and centered. Then slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience your learning.

1. Indicate whether you belong to a privileged group or an oppressed group in relation to your sexual orientation. The question is whether you belong to a privileged group according to your society regardless of your feelings of sexual orientation oppression or privilege.
2. How important is sexual orientation to your identity?
3. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you feel calm in your head. Pay attention to your feelings and the images that come to your mind as you breathe. Slowly open your eyes and record or draw your feeling and/or images.
4. What was your understanding of heterosexism?
5. Reflect on the learning activities you have completed in this chapter, and answer the following questions:
 - (a) Describe the activities and interpersonal relationships you felt were the result of internalized sexual orientation privilege or oppression.
 - (b) Describe the activities and interpersonal relationships you felt were the result of homophobia.
 - (c) Describe the activities and interpersonal relationships you felt were the result of systemic privilege or oppression.
 - (d) Are you afraid of homophobia?
 - (e) How often are you upset or frustrated due to your sexual orientation?
 - (f) How often do people stare at you because of your sexual orientation?
 - (g) How often are you labeled negatively due to your sexual orientation?
 - (h) How often are you the recipient of systemic privilege due to your sexual orientation?
 - (i) How often are you the recipient of systemic oppression due to your sexual orientation?
 - (j) What have you learned about systemic oppression/privilege from participating in these activities? Which of your answers to the previous questions provide a clear example of systemic privilege?
 - (k) Which of your answers to the previous questions provide a clear example of systemic oppression?
 - (l) How would you use what you have learned from these activities in counseling/social work/human services/your work?

Group discussion:

6. Discuss your learning from the reflective and experiential learning activities as small groups (four or five people in each group).
7. How will you apply your learning when you are dealing with people who are from different sexual orientation than you? Be specific.

“... transformation does not simply emerge due to the individual’s awareness.... but is experienced....” (Benetka & Joerchel, 2016, p. 22).

Consciousness Practice

Am I conscious of my sexual orientation oppression or privilege? Where is this experience?

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Chapter 8

Classism



Mindfulness Practice:

Close your eyes, and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreath, two outbreath). Observe your mind and body without judgment as you breathe in and out. Slowly open your eyes. Are you ready to read the chapter?

8.1 What Is Class?

The major difference between traditional counseling and multicultural counseling is that a basic principle of multicultural counseling emphasizes understanding clients from their sociocultural contexts. Class includes economic security or insecurity, type of language, type of values and beliefs, dress code, location of residence, and much more. Class contextual factors are complex and complicated due to multiple determinants, unspoken subcategories, having different nuances within a particular class, and the tendency to deny the class existence in the United States.

The following section discusses the multiple determinants of class, the difference between class and status, and classism to illustrate the complexities involved in shaping a person's perception, worldview, communication style, and identity.

8.1.1 Multiple Determinants of Class

Some of these determinants are income, education, occupation, prestige, power, lifestyle, wealth, property, leisure, and consumption behavior. The cultural myth of the "American Dream" embodies class mobility as easy in the United States.

Everyone has an equal chance to succeed. Success in the United States requires no more than hard work, sacrifice and perseverance: "In America, anyone can become a millionaire; it's just a matter of being in the right place at the right time." (Mantsios, 2013, p. 151)

The *American Dream* is formulated on the assumption that everyone has an equal opportunity to succeed if they work hard and persevere. North American history supports this idea to an extent since individuals who were dissatisfied with England immigrated to the United States to build better lives for themselves (Takaki, 1993). However, some believe *American Dream* is fading away (Chetty et al., 2017).

It is not difficult to see how the belief in meritocracy - that it was hard work alone that enabled generations of European immigrants to become middle and professional class Americans - has become ingrained in the U.S. national identity....This belief in meritocracy thus obscures the racial disadvantage (resulting in long-term intergenerational economic deprivations) for Native American nations confined on reservation... (Adams, 2013, p. 144)

An association between students' class and their attitude toward the *American Dream* was revealed in students' final dream journals when Mageo (2015) taught *The Self in Culture* course. The course was studying dreams and learning about dream analysis techniques on life-history association. A total of 1469 dreams from 184 undergraduate students were analyzed, and Mageo found that dreams of students from the middle class felt a sense of worthlessness because the *American Dream* of class mobility is costly. The dreams of groups striving for middle class felt ambivalent, unworthy, and out of place. Campbell (1976), Jung (1963), and van de Castle (1994) all believe dreams assist individuals to understand the whole self, and what was manifested in students' dreams seems to reflect economic conditions in real life.

What is apparent is that social class has multiple meanings. It may be conceptualized differently according to contextual factors and beliefs from one's own experience with it. For example, some people make the distinction between class and status within class, and this type of distinction leads to multiple meanings of social class.

8.1.1.1 Class vs. Status

Class and status are interdependent with a slight difference between them. Class is usually defined by income, while status is defined by lifestyle within a class. For example, a farmer's income may be the same as a professor's (class), but the farmer may have a different lifestyle, practice a different type of parenting skills, and be perceived as having a different status than a professor in the United States. The distinction between class and status is determined by how an individual perceives the impact of class or status on their identity development. Some of factors influencing the identity development are systemic class oppression/privilege, internalized class oppression/privilege, an individual's worldview, and how interactions of these are manifested in an individual's behavior and lifestyle.

The following reflective learning activities are designed for you to gain insight on your relation to your class through transformative learning.

Concrete Strategies

Reflection-Based Learning Activities on Social Class

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe, go back in your timeline as far as you can to see whether you can recall experiencing class issues during your childhood.

Memory on your Class/Status:

1. Recall you noticing your social class/status for the first time. How did you feel about it then, and how do you feel about it now?
 - (a) Did you share your experience with someone? If you did, with whom did you share it, and what was their response?
 - (b) If you did not share it with anyone, what did you do with it?
 - (c) What was your feelings about your class/status and the other classes/statuses?
 - (d) What did you learn from your mother (or mother figure) about your class/status?
 - (e) What did you learn from your father (or father figure) about your class/status?
 - (f) What did you learn from your siblings (or sibling figures) about your class/status?
 - (g) What did you learn from your teachers about your class/status?
 - (h) If your parents (or parent figures) applied class/status-centered socialization practice, what was the main message? How did this message affect you then, and how does it affect you now?

8.1.2 Barrier to Reconceptualizing Class: Social Dominance Theory of Class

Sidanius et al. (2016) postulate that social dominance theory has been the foundation for existence of social hierarchy in modern social system. According to social dominance theory, there are three types of social hierarchy. The first type is age

hierarchy where adults have greater social and economic power over children. The second type of social hierarchy is patriarchy hierarchy where males have greater social and economic power than females. The third type of social hierarchy is arbitrary set system where power and status differences between socially constructed groups are evolved over time within a culture. Thus, social hierarchy varies from culture to culture in the third type, but social dominance theory postulates social inequality and groups in the top of hierarchy oppress ones in the bottom to perpetuate their dominance. The study by Gutierrez and D'Mello (2020) confirmed social dominance theory. They did two studies and found individuals with social dominance orientation supported a policy that would increase funding access to Whites but not minority entrepreneurs and they were willing to invest in firms owned by Whites but not firms minority owned.

8.1.2.1 Ingroup vs. Outgroup

Social inequality in class hierarchy is developed by the upper-class group to oppress and to perpetuate their dominance by capitalism. The occupy movement in September of 2011 symbolizes economic injustice and disparity of our time. The movement was against the 1% who are “claiming the world’s wealth for themselves at the expense of the 99% and having their way with our governments” (van Gelder, 2013, p. 212). The occupy movement was collective resistance against capitalists who exploit lower social classes through policies and economic systems to benefit them.

Recently a team of sociologists developed six classes in the United States: In this model, (a) the upper class is 3% of the population (1% of the US population, earning hundreds of millions to billions per year); (b) the lower-upper class is 2%, earning millions per year; (c) the middle class is 40% (upper-middle class is 14%, earning \$76,000 or more per year); (d) the lower-middle class is 26%, earning \$46,000 to \$75,000 per year; (e) the working class is 30% (earnings \$19,000 to \$45,000 per year); (f) the lower class is 27% (13%, earning \$9000 to 18,000 per year); and (g) the underclass is 14% (earning under \$9000 per year). This model does not include non-economic factors, such as education and occupational prestige (<https://www.coursesidekick.com/sociology/study-guides/boundless-sociology/the-class-structure-in-the-us>).

Numerous studies with people in the lower-class working poor and underclass categories in the United States indicate that most of the group members have no job security, no health insurance, high stress, and more mental and physical health problems and live in toxic and hazardous environments. They are much more challenged with life compared to other social classes. Capitalism rooted in social dominance theory paved the path for the top 1–3%, the dominant group by making a clear division between haves and have-nots. The following is the results in the income difference between haves and have-nots in 2016.

Average pre-tax national income per adult has increased 60% since 1980, but we find that it has stagnated for the bottom 50% of the distribution at about \$16,000 a year. The pre-tax income of the middle class—adults between the median and the 90th percentile—has

grown 40% since 1980, faster than what tax and survey data suggest, due in particular to the rise of tax-exempt fringe benefits. Income has boomed at the top in 1980, top 1% adults earned on average 27 times more than bottom 50% adults, while they earn 81 times more today. (Piketty et al., 2016)

Geloso and Magness (2023) improved the methodological inconsistency in estimates of income inequality by Piketty and Saez (2003). They corrected data discontinuities induced by arbitrary choices that distorted their fiscal income denominator between the mid-1980s and the present. The correction resulted in a more tempered rise in inequality in recent decades than the previous estimation.

Research with children and adolescents verifies class differences between lower class (working poor and poverty level) and middle and upper-middle class in academic achievement (Gibbs & Kenealey, 2022). Low social class not only impacts children's cognitive skills negatively (Na'amnih et al., 2023) but also impacts their brain development (Feijó et al., 2023; Li et al., 2023). Cognitive productivity is difficult to increase without noncognitive skills, and the class children are born into determines whether access to better education and better health is provided for children. Working class and poor people are not given the same opportunity as middle- and upper-class people to maximize their and their children's potential by virtue of what class they are born into. They are considered less able based on their class and not based on their intellectual capabilities. Because systemic oppression takes early in life, children have already been marginalized, minimized, and excluded before they are able to notice the impact of their parents' class on their thoughts, feelings, and actions. Early childhood experience shapes children's perception, and children grow up to perceive outer reality through children's childhood reality (Bakolis et al., 2023; Romeo et al., 2022; Jones et al. 2015). Bakolis et al. examined longitudinal associations (for 69 years) between area disadvantage and mental health symptoms of 2125 participants at adolescence and adulthood by using a multilevel modeling framework. The results showed that members who experienced increasing area disadvantage from childhood were at increased risk of poor mental health over the life course. Another study by Murtha et al. (2023) examined 1150 participants (age 8–23) and found participants from both higher neighborhood SES and higher parental education, compared to the participants from lower SES and lower parental education, demonstrated greater activation of the executive system of the working memory load.

The following reflection-based learning activities are designed for you to raise awareness of the impact of media (including social media) on your relationship to class.

Concrete Strategies

Reflection-Based Learning Activities on Media

Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. Please engage in the following activities without screening or judging. When you start to judge or

screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning as a result of uncensored response.

1. How was your class portrayed by the media (TV, social media, movies, computer games, popular music, etc.) when you were growing up? How about now? Write down your responses.
2. What class qualities do you regularly display or perform?
 - (a) Are there any class qualities you possess that you find yourself unwilling to display? Write these down.
 - (b) Write down the conditions under which you’re unwilling to display these qualities. How do you feel when you do display them?

8.1.2.2 Variations Within, Between, and Among Class

There are variations within, between, and among classes. Some people are clear about who they are and feel content with their life even though their annual income is considered to be in a lower socioeconomic category, while others are unhappy because they do not think they have enough money even though their income is in the upper middle-class category. The example of farmer versus professor in the beginning of the chapter was provided to differentiate between class and status, and it was also an example of variation within class. I once had a client who was a multimillionaire but could not continue therapy on a regular basis until he became a Medicare client because he thought he could not afford to pay 20% of the therapy fee. He was upset that his health insurance was paying only 80% and not 100%. There are variations among Koreans who immigrated to the United States. A significant portion of these immigrants were college educated in Korea and had professional jobs and were active in their communities prior to coming to the United States. These immigrants brought their savings to own small businesses such as minimarts, gas stations, motels, dry cleaning businesses, or restaurants since these jobs do not require English proficiency. They work hard and long hours while trying to deal with cultural adjustment issues. Cultural adjustment has been challenging in relation to their changed class and status. Owning small businesses is not considered status jobs in Korea. Thus, these immigrants feel they not only are demoted from where they were status wise but also feel the loss of emotional connections with friends and coworkers. Korean cultural tradition for men is to go out with their male friends or coworkers after work to release work stress, to renew friendships, or to continue business in a more relaxed environment. It is traditional for Korean

women to build friendships with neighbors and/or continue their friendships with their former female classmates from childhood to college. An old Korean proverb says, “neighbors are your cousins.” Due to the language barrier, Korean women and men have not found this type of social relationship in the United States. Men miss debating over politics, economics, and cultural events after work with their buddies. Women miss deep conversations about life with their neighbors. Most of these Korean immigrants, regardless of their gender, associate with other Korean immigrants – although it might be on a superficial level – because of commonality in race and language. Most of them are economically successful, but their economic success is not necessarily driven by a capitalistic orientation. Their economic success fulfills some of their emotional needs and heals some of their pain from systemic oppression based on race and language. They channel their energy into work when they are lonely, homesick, or frustrated due to the language barrier and cultural unfamiliarity.

Then there are Korean immigrants who came to the United States because one of their immediate family members obtained naturalized US citizenship through an interracial marriage. These immigrants vary substantially in terms of their prior socioeconomic status and education level in Korea. If they are from a lower socioeconomic class with lower education level (high school or less), many of them consider North America as a paradise since life is better for them in the United States than in Korea. These people feel they are rewarded for their hard work and enjoy both economic security and social rewards. Language and cultural barriers do not seem to frustrate them as much as those who perceive their class being demoted by coming to the United States. Their status is promoted since North American classism is less oppressive compared to that of South Korea to them, and their language barrier allows them not to notice the classism or racism. People from a middle socioeconomic class and who received a college education in Korea go through similar feelings as those who were professionals in Korea but came to the United States for their children.

There are multiple variations among Afro-Americans, Latinx, Vietnamese, Chinese, Japanese, Russians, and other racial groups including Whites. Each group stated here has diverse subgroups. There are Afro-Americans who were born in the United States to parents who were also born and raised in the United States, and there are Afro-Americans who were born in the United States to immigrant parents from various African countries. There are different socioeconomic classes in each group. Therefore, the intersectionality of race, gender, sexual orientation, class, and other isms is complex for each person from each group. Thus, class alone does not describe the whole person whose multiple identities and their intersectionality in a particular sociocultural context are different from anyone else.

One of my former clients has an income level in the middle-class category, but his perception and worldview were from what he learned when he was growing up as a boy from a poor family (see personal story: inner image in Ingroup vs. Outgroup section). The salient character of his identity was based on his internalized oppression from his childhood social class experience. He had risen above poverty and achieved economic security in terms of his income and material possessions, but his

inner experience was unchanged from that of his childhood. He was not able to appreciate his strengths and success due to automatic activation of the inadequate feelings and anxiety of his childhood. His chronological age was around 50 s. He lived in a nice house, but he did not experience privilege as a White male. His inner experience was still that of a boy who was laughed at by others due to holes in his shoes, no Christmas presents, and no electricity due to unpaid bills. Class identity may not affect individuals too much if they have a different salient identity such as sexual orientation, but it is crucial for understanding the intersectionality of multiple identities in order to understand his lived experience.

8.1.3 Barriers to Dismantling Class Oppression: Systemic Class Privilege/Oppression and Internalized Class Privilege/Oppression

Individuals often react to their environment due to their internalized privilege and/or oppression rather than as a result of an event in the current situation. Internalization is one of the private thought processes of an individual often without conscious awareness. The process starts in early childhood. Developmental psychology theorists such as Piaget, Erikson, and Kohlberg (Santrock, 2021) and many others theorize learning begins at birth, while scholars who focus on the importance of prenatal development theorize learning takes place during prenatal development. According to Piaget, infants learn about the world through sensorimotor stage. Infants are able to think before they can verbalize their thoughts, and this cognitive process takes place internally. This cognitive process is active and dynamic and interacts with psychosocial development in balancing assimilation and accommodation throughout childhood, adolescence, young adulthood, and adulthood. Learning to internalize privilege and oppression is achieved by a similar cognitive and psychosocial process. Systemic oppression challenges children's cognitive process of balancing assimilation and accommodation. Systemic oppression communicates devaluing and marginalizing messages to children of a lower status or a lower class. Children who are targets of systemic oppression are likely to develop internalized oppression, while children who are receivers of privilege are likely to develop internalized privilege. By repetitious exposures to these messages from all levels of the ecosystem of the society, these messages are stored in children's memory which are activated automatically without their awareness, and the process continues throughout adulthood. Neurobiologists call the process as the neurobiology of automaticity. This automaticity is a barrier against dismantling internalized privilege and oppression.

The following experiential learning activities are designed for you to gain insight on internalized class oppression/privilege and systemic class oppression/privilege. Be courageous to be honest with yourself by uncensoring your feelings and thoughts in order to get to know you.

Concrete Strategies

Experiential Learning Activities on Systemic Class Oppression/Privilege and Internalized Class Oppression/Privilege

Keep an emotional diary for at least 10 days without analyzing the content. Your emotional diary should focus on how you felt about your interpersonal and intrapersonal relationships throughout the day. Do not describe what you did that day but how you felt about doing whatever you did (see Chap. 2's experiential learning activities as an example). Pay particular attention to your intrapersonal communication and write your diary without censoring.

After 10 days:

1. Go back to each journal entry to critically examine the impact of internalized class oppression/privilege and systemic class oppression/privilege on each day. Tally whether your emotions were due to systemic oppression/privilege or due to internalized oppression/privilege.
2. Indicate whether you belong to a privileged group or an oppressed group in relation to the following identities: (a) race, (b) gender, (c) sexual orientation, and (d) class. Remember to think about your answer not in terms of whether you feel privileged but in terms of whether you belong to a privileged group according to your society.
3. Which of the above identities are important to you? Rank the above identities in order of importance, with 1 being the most important and 4 being the least important in relation to your identity. What did you learn about yourself by comparing your tallies in Question 1 and your identity in Question 3?
4. Close your eyes, and breathe in and out slowly, evenly, and deeply for about ten times or until you feel centered. Pay attention to your feelings and the images that come to mind as you breathe. Slowly open your eyes, and write and/or draw your feelings and/or images.
5. What was your understanding about systemic privilege and oppression before you read this textbook, and what is your understanding about them now?

Group Discussion:

6. Discuss your understanding of systemic oppression/privilege and internalized oppression/privilege in relation to class with others who also have participated in the same experiential learning activities of this section.
7. What did you learn about yourself and others in your group from Question 6?

Internalized oppression in one identity immobilizes individuals' ability to perceive their privilege in other identities. For instance, some White men from the working class have a difficult time understanding White privilege because of their powerless lived experience. It is hard for them to feel that they still benefit from

being White males because of their dominant class identity. It may be partly due to heavy emphasis on economic success in the United States, which is often measured by income, occupation, and wealth. Other types of success, such as having internal peace, health, and harmony in the family, have not been included as types of success in the United States. As a result, identity construction of success by someone who was born and socialized in a working class or poor family in the United States is very different from identity construction of success by someone who was born and socialized in a working class in a country that defines success in nonmaterial ways. I still remember how puzzled my 3-year-old son was when I answered his question of whether we were rich in a non-monetary way: I picked him up from preschool, and he asked me whether we were rich as I was driving. I said, “yes.” He looked very puzzled and said that we did not have a nice house or car like one of his friends. I told him that was true, but I told him that there were different ways to define “rich” and I told him I define “rich” by love, acceptance, and happiness. I said, “We are rich cause we love each other, accept each other, and are happy with each other most of the time.” He looked even more puzzled.

Children learn to internalize privilege or oppression as an experience of being oppressed or privileged by social agents and the social structure throughout the socialization process. For example, children learn about their social class early on from multiple social agents of every level of ecosystem of society (micro-level, family; meso-level, peers, teachers, and others, as well as through their sociocultural contexts such as school, church, and other institutions like governmental agencies, police, and hospitals; macro-level, cultural messages and cultural myth).

The following examples illustrate the impact of class identity construction on one’s way of interpreting others, especially those outside of one’s own social class. Students in one of my multicultural counseling classes were asked to describe challenging students in class and to identify the types of challenges. The following personal stories demonstrate interactions among systemic oppression/privilege and internalized oppression/privilege, the degree of intensity in relation to class identity, multicultural identities and their intersectionality.

Personal Stories

The Power of Internalized Class Privilege/Oppression on Perception

There is a student in class who challenged me. He is male and from an upper-class family. He always brought his “pet” issues without regard to the class conversation. I thought he was full of himself and always saying he is better than someone else. When I was trying to examine my feeling and thought about him by applying research methods, I couldn’t really substantiate my thought and feeling from what he said and did....This has been really difficult for me because for so long I have felt a great deal of jealousy and envy toward the upper classes. By admitting my true feelings rather than projecting onto him, I have been able to accept myself and others for

what we really are despite our economic (external) differences. I think I can build a relationship with him now. I realized that it wasn't his fault that he was born into the upper class and it wasn't my fault that I was born into the lower class.

—Pat-

Specific behavior from a particular student that is bothersome. He is talking about food, wine, and culture in a "snobby" way, having a distasteful tone. He offers opinions from a place of privilege that don't reflect true understanding. This student is male and from an upper middle-class family. I am a female from a working-class family. Learning that worldview is formulated from our family backgrounds helped me to understand this student and myself. It's possible I didn't really listen to him, the person. I might have framed him into my own perception of "snobby" people that I knew when I was growing up. It is hard to admit this. But it is possible.

—Mary Anne-

There are so many students who challenge me! I'll just pick one, so it will be clearer for me. This student does not speak standard English. I am still trying to figure out if this is a result of socioeconomic status or a learning disability. My mind says it reflects this person's rural "hick," white trash roots. I have a very hard time not assuming my superiority of education, of upbringing, of intellect, of language skills, and, ultimately, the superiority of me as a person over the other. I am learning about my bias. I can accept my bias more when I understand its roots. It is extremely difficult to be successful in therapeutic work with patients outside the White middle class if one maintains traditional notions about the norm. One of the things I am doing is working intimately with this person to achieve greater empathy and understanding of his difference.

—Eli-

The above stories provide multidimensional ways to understand the complex dynamics involved in perception. Pat's story reveals his jealousy and envy toward the upper class. How much of his jealousy and envy (inner experience) played a role in his perception of his classmates? Was his classmate "full" of himself and always saying "I'm better than everyone else," or did Pat perceive him that way due to his internalized class oppression? Was Pat's internalized oppression blurring his ability to see his classmate objectively? How about Mary Anne's description? Is her comment "He offers opinions from a place of privilege that don't reflect true understanding" a reflection of her internalized class oppression or her intersection of class and gender? Eli admits her struggle with internalized privilege and its role in her *ability to assess her classmate accurately*. But how much is due to her class privilege, and how much is due to intersectionality of gender and class?

All three students continued to work on transcending and transforming internalized privilege and oppression. They stated that they learned how much internalized oppression/privilege was linked to systemic privilege/oppression through working

on their own internalized oppression/privilege. They also indicated that they realized their responses from internalized oppression/privilege were automatic (*unconscious*) and that they had an emotional attachment to their own beliefs and values, which were results of their social class. Understanding internalized privilege and oppression and their relationship to systemic oppression and privilege allows individuals to evaluate others' behavior from a multilayered and multisession perspective.

8.1.4 Barriers to Dismantling Systemic Class Oppression: Unconscious and Automatic Activation of Stereotypes and Prejudice

Reactions to internalized oppression/privilege in relation to class are as automatic as responses to racial and gender oppression/privilege. Research by Banaji and colleagues contributed to understanding automaticity of the unconscious processes involved in beliefs and attitudes (Banaji & Bhaskar, 2001; Banaji & Greenwald, 2016). “The best intentions do not and cannot override the unfolding of unconscious processes for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control” (Banaji & Bhaskar, 2001, pp. 142–143). Understanding the automatic activation process assists with the realization that transcending any unconscious learning process or habit is a challenging task, because it requires mindful practice of repeating the same phrase or sentence (like learning to pronounce a foreign word) until it is transferred to long-term memory. Pat, Mary Anne, and Eli learned to understand the impact of their social class, their internalized oppression/privilege, and their thinking on their meaning making from a deeper level by accepting their feelings and thoughts of their challenging classmates without judging or censoring (see *Personal stories*).

We have improved substantially in changing governmental laws and institutional and organizational policies and rules since the first edition of this book published in 2009. However, the review of literature in racism, sexism, cissexism, heterosexism, classism, and other isms showed still maintaining the talk rather than walk the talk of social justice and equity. In fact, some of improved laws and policies were banned by the Supreme Court, some governors, and some lawmakers of some states in 2022 and 2023.

The following reflection-based learning activities are designed for you to reflect on class.

Concrete Strategies

Reflection-Based Learning Activities on Implicit Learning on Class

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe, go back in your timeline as far as you can to see whether you can recall learning from your class during childhood.

1. Indicate whether you belong to a privileged group or an oppressed group in relation to class.
2. Describe your group’s characteristics.
3. What assumptions were you led to believe about other classes when you were a child?
4. What assumptions do you have about other social classes now?
5. Review the experiential and/or reflective learning activities on your values and beliefs (Chap. 3). How many of your values and beliefs were the result of class conditioning?
6. Review your intra- and interpersonal communication (Chap. 2).
 - (a) What was the relationship between your intrapersonal communication and your class conditioning on beliefs? How about now?
 - (b) What was the relationship between your interpersonal communication and your class conditioning on beliefs? How about now?

8.1.5 *Classism*

Classism is structured in hierarchy based on wealth, income, educational attainment, and occupation in the United States.

8.1.5.1 **Prejudice and Discrimination Against Lower-Class People and Classism**

The table below describes the differences among prejudice against the lower-class people discrimination against lower-class people and classism. It is important to understand terms correctly since misunderstanding terms and inappropriate use of terms prevent us from developing effective action plans. For example, effective strategies for dealing with discrimination against low-class people are different from effective strategies for dealing with classism. (Table. 8.1)

Governmental laws, institutional, and organizational policies and rules are written to benefit the middle class, the upper-middle class, and the upper class and

Table 8.1 Prejudice and discrimination against people in low class and classism

Prejudice against low-class people	Discrimination against low-class people	Classism
Any prejudgment favoring middle-, upper-middle-, upper-class people without just ground (e.g., lower-class people are lazy)	Prejudice is translated into behavior that denies equal treatment of lower-class people (e.g., laughing at people who are getting food stamps)	Governmental, institutional, and organizational policies, laws, and rules that take away the rights of lower-class people (e.g., housing discrimination, mistreated at the healthcare clinic)

unfairly discriminate against people in a lower socioeconomic class. It is about the system (institutional and governmental policies and laws) giving social power and control to those who have economic and status security (Adams et al., 2016). It is beyond individual prejudice, bias, and discrimination. Classism is the pattern of privilege and oppression that perpetuates so that privileged groups maintain their power over the oppressed group. Both oppression and privilege are results of socially constructed hierarchy, a categorical interrelationship of classes based on inequality. There are at least three forms of class privilege: economic capital, social capital, and intellectual and cultural capital (Cole, 2017). Economic capital refers to wealth by income which affords non-violent and nontoxic environment for housing, schools, medical facilities, and aesthetics; social capital refers to the networks of relationships among people to provide resources for each other; and intellectual and cultural capital refers to accumulated intellectual, linguistic, and behavioral sophistication which exhibits cultural competency and leads to accessing resources from the educational, legal, political, and healthcare system for personal and family benefit (Cole, 2017).

In order to have class privilege, a person needs to belong to a privileged group. Belonging to a privileged group or oppressed group is not determined by the group members’ perceived feelings but is determined by the hierarchical social structure. For example, individuals who are making what is considered a middle-class income may not feel class privilege because they are comparing themselves to people who make substantially more money. Or some individuals who are making a relatively lower-class income may not feel oppressed because their happiness and contentment do not depend on their income. Johnson (2017) explains the difference between being a member of a privileged or an oppressed group and feeling privilege or oppressed. A White man who has been struggling with poverty since childhood does not feel he is privileged, although he belongs to a race-privileged group and gender-privileged group in the United States. His lived experience centers around being a member of the oppressed class which blinds his ability to feel race and gender privilege. This is why it is essential for mental health providers to view the client as a whole person by listening to his story without prejudgment on the basis of his appearance. His appearance is the tip of the iceberg. Researchers who do not make a clear distinction among classism, class prejudice, and class discrimination further complicate the understanding of class issues. For example, Liu (2012, 2013) defines classism as three forms, upward, downward, and lateral:

Classism is the manner in which marginalization, ostracism, and oppression occur within the social class worldview model....There are three main forms of classism within my theory: upward, downward, and lateral. Upward classism is marginalization directed to those who are perceived to be in a higher social class than the perceiver. Expressions of upward classism may be labeling someone a snob or elitist. Downward classism is marginalization directed to those who are perceived to be in a lower social class than the perceiver. Expressions of downward classism may be labeling someone as lazy or deserving of poor treatment. Lateral classism is marginalization directed to those perceived to be in a similar social class to the perceiver. Lateral classism may be expressed as “keeping up with the Joneses because the Joneses keep reminding you.” (pp. 9–10)

Classism is a form of oppression that is embedded in the social structure to systematically discriminate against the class that is on the losing end in a system of privilege. Liu (2013) is not making a clear distinction among classism, class prejudice, and class discrimination. Classism includes class prejudice and class discrimination, but it is much more. Not all individuals in the middle and upper classes discriminate against individuals in the lower class, but because the system (governmental, institutional, and organizational policies and rules) determines their group status, members of the middle and upper classes receive systemic benefits as a result of their membership in either class. Lower-class individuals may be prejudiced against middle- and upper-class individuals, but this prejudice is not classism since the lower class does not receive benefits like the middle and upper classes from the system. The lower class does not have systemic privilege and power over the middle and upper classes. The social structure is set up in a way that systemic privilege is only given to the middle class, the upper-middle class, and the upper class and not to the lower class, regardless of prejudice.

Personal Story

Inner Image

I once had a client whose inter- and intrapersonal communication was based on perceived self-inadequacy which my client projected onto others as if they considered him inadequate. He vividly remembered going to elementary school with worn-out shoes, and when his school gave him a new pair as a Christmas gift, he felt humiliated and perceived that everybody at his school knew he was poor. By the time he was my client, he was making a middle-class income; however, his inner experience of the world was the same as when he was in the primary grades. His basic belief was that others were laughing at him and thought they were better than him.

Privilege holders who think they care for humanity often practice unintentional class discrimination and prejudice. For example, after winter break, some elementary schoolteachers ask about children’s holiday activities. If a teacher asks children what they got for Christmas, the teacher is assuming that everybody in class celebrates Christmas and every child in class received a Christmas present. This is

unintentional discrimination against children who are from non-Christian tradition-oriented families and who did not receive presents either due to their own faith tradition or because their families could not afford them. These children may perceive the teacher's comments, which reflect the teacher's socioeconomic class and religion or religious preferences, as excluding or marginalizing them. It is not that the teacher wants to intentionally discriminate against children. The teacher's privilege does not allow the teacher to think about the possibility of some children not getting anything for Christmas nor celebrating it. Some children who did not receive presents may be forced to lie to be a part of the group. Well-meaning individuals who cannot fathom a world different from their own (*social projection*) unintentionally discriminate against others who face class discrimination or classism on a daily basis.

The following reflection-based learning activities are designed to provide a transformative learning opportunity for you. The only way to access your inner experience is being honest with you. Please do not judge, censor, or minimize your thoughts and feelings to fit into your ideal image and *shoulds*.

Concrete Strategies

Experiential Learning Activities on Group Membership of Class

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience relating to class. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience your learning as a result of uncensored response.

1. Indicate whether you belong to a privileged group or an oppressed group in relation to your class. Remember that the task is not to determine whether you feel privileged or oppressed but to determine whether you belong to a privileged group or an oppressed group according to your society.
2. Do you feel you are privileged or oppressed in relation to your class? Explain why.
3. What have you learned from these activities?
4. What was your understanding about class privilege and oppression before completing these activities, and what is your understanding of them now?

Group Discussion:

5. Discuss your understanding of class oppression and privilege with others who have participated in the same experiential learning activities of this section.
6. What did you learn about yourself and others in your group?

According to Summers (2014), Hopkins researchers conducted a 30-year longitudinal study with 800 children in Baltimore starting from first grade. They found social class was the main factor determining the type of future life. Only 4% moved from the lower to higher class, and only small numbers from the lower class obtained college degrees by age 28.

8.1.5.2 Microaggression vs. Perceived Microaggression

There are numerous research articles on microaggressions on various demographic identities, but it is not clear to me whether studies defined the term microaggression as it was meant to be by Pierce who conceptualized it. It is important to understand terms like unconscious bias, microaggression, and classism correctly. Misunderstanding terms and inappropriate use of terms interfere with developing appropriate action plans. For example, developing effective action plans for classism involves changing laws, policies, and rules, while effective action plans for microaggression involve engaging in interpersonal communication with civility since “As long as people are either hyperaroused or shut down they cannot learn from experience” according to cognitive neuroscience research (van der Kolk, 2014, p. 207).

As stated in previous chapters, the term “microaggression” was conceptualized by Pierce (1970, 1974) and revitalized by Sue (2010). Pierce referred to it as “**unintentional discriminations** against African Americans, akin to subtle insults and diminutives” (Hughey et al., 2017, p. 304). Then he expanded the concept as “...automatic, pre-conscious, or unconscious” putdowns by White to “Almost all black” (Pierce, 1974, p. 515). Sue’s microaggression is “...relatively **unconscious biases**...” (Hughey et al., 2017, p. 305). I have **bolded “unintentional discriminations”**; “**automatic, pre-conscious, or unconscious**”; and “**unconscious biases**” to make sure that both Pierce and Sue defined that microaggression is produced without conscious awareness. All three statements support Banaji and Bhaskar’s (2001) notion:

The best intentions do not and cannot override the unfolding unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control. (pp. 142–143)

It is important to remember that the person who exhibits microaggression is unaware of their behavior, according to Pierce who conceptualized it in 1970 and Sue who revitalized it in 2010. I also wonder how we know our perceived microaggression is due to projection of our own lived experience. As you recall, ingroup favoritism, asymmetric perception, attribution error, binary thinking, and our interpretation of the reality influence our perception (Bizumic, 2021; Eichenbaum & Bodkin, 2001; Lupyán & Bergen, 2016). It is imperative for us to apply both scientific (*objective*) inquiry and clinical (*subjective*) inquiry to examine our interpretation of perceived microaggression to make sure it is based on facts. Microaggression exists and is a barrier for achieving class equality and justice.

8.1.6 Intersectionality of Race, Gender, Sexual Orientation, and Class

As discussed in the previous chapters, defining self or self-identity by only one sociocultural context among multiple sociocultural contexts is as superficial as defining a person's identity by one identity (e.g., gender, class, race, sexual orientation, and so on) among multiple identities and their intersectionality. Unidimensional approaches serve no purpose in understanding the whole person. It is only an illusion that they somehow assist with understanding the person. Becares and Priest (2015) state:

Thus, neither gender nor race nor socio-economic status alone can fully explain the interacting social processes influencing outcomes for youth. Disentangling such interactions is therefore an important research priority in order to inform intervention to address inequalities at a population level and within local communities. (p. 4)

A growing body of research on a single identity does not provide information on how to close inequalities in achievement, health, income, job satisfaction, and so on. The necessity of examining simultaneous interactions among identities and the impact of systemic oppression (e.g., racism, sexism, heterosexism, classism, etc.) that operate at the micro-, meso-, and macro-levels were addressed by several researchers (García & Weiss, 2015; Becares & Priest, 2015). The study by Becares and Priest (2015) examined inequalities across several eighth-grade academic and nonacademic achievement. Intersectionality of race/ethnicity, gender, and socioeconomic classes was compared to the reference group, White boys in the most advantaged socioeconomic class. They studied six groups of children with at least one minority status of either race/ethnicity or gender (e.g., Black boys, Black girls, Latino boys, Latino girls): White boys ($n = 2998$), White girls ($n = 2899$), Black boys ($n = 553$), Black girls ($n = 560$), Latino boys ($n = 961$), and Latina girls ($n = 949$). They found that the largest inequalities in academic outcomes across racial/ethnic and gender appeared in the most privileged classes. There were large gaps in math scores across racial/ethnic and gender groups when compared to the reference group (privileged class White boys). In the privileged class, (a) both Black boys and girls achieved lower scores than White boys on math, reading, and science. (b) Latino boys performed as well as Whites except in science. (c) White girls performed better than the White boys on reading. In the disadvantaged class, (a) Latina girls outperformed White boys on reading. (b) Black boys and girls performed lower than White boys on math, reading, and science. Their study results provided the concrete directions in assisting students to maximize their potential which were not possible from a non-intersectional approach.

The intersectional approach requires an ability to think holistically which allows us to view an issue from a multilayered and multidimensional perspective. In terms of intersectionality of class, race, and gender, it appears as if there is a trend for class inclusion similar to race, gender, and sexual orientation inclusions. Reimers and Stabb (2015) conducted content analysis of 1440 articles published over a 15-year period in the *Counseling Psychologist* and *The Journal of Counseling Psychology* to

examine the degree of inclusion of class, gender, and race. They found that only 39% of the studies examined all three variables and only 1.9% (28 studies) considered all three variables as “primary” and only 15 of the 28 studies integrated three variables. It was 15 of 1440 studies. It is noteworthy to remember that there appears to be a trend for inclusion in race, gender, sexual orientation, and class, but there has not been real inclusion. As I stated in Chap. 1, there has not been a real change despite changes in laws and policies since the Civil Rights Act of 1964. Good intentions alone cannot deliver actions. We need to practice specific skills on a daily basis to create a new neural pathway like completing the concrete strategies to access unconscious bias.

Examining self and self-identity from a single-identity dimension or a single sociocultural context as if it is the only way to understand a person may be due to a habit of applying conventional thinking styles such as linear, dichotomous, and hierarchical thinking styles. As indicated earlier hierarchical and dichotomous thinking are embedded in North Americans’ consciousness (Singer, 2014; Takaki, 1993), and we need to work diligently in order to deconstruct them. Simplifying through inappropriate dichotomous and hierarchical thinking diminishes the possibility to consider human diversity as it unfolds in real life and to know the real person within the sociocultural context. In order to see the effects of intersectionality among multiple identities, we must be able to think holistically (“either/or” and “both/and”).

The following are experiential learning activities on the intersectionality of race, gender, sexual orientation, and class. These are designed to facilitate transformative learning on intersectionality of multiple identities through linear and nonlinear activities.

Concrete Strategies

Experiential Learning Activities on Intersectionality

Prepare drawing materials (at least two sheets of drawing paper and a box of crayons, coloring pencils, or paints). It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience relating to class.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning as a result of uncensored response.

Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. As you are breathing in and out slowly and evenly, think and feel how similar or different you are from other members of your race, gender, sexual orientation, and class ingroups. Slowly open your eyes.

1. Draw yourself in relation to your ingroups
 - (a) Race
 - (b) Gender
 - (c) Sexual orientation
 - (d) Class
2. Describe your differences and similarities in relation to your ingroups
 - (a) Race
 - (b) Gender
 - (c) Sexual orientation
 - (d) Class
3. How do you feel about your differences from your ingroups?
4. Draw how race, gender, sexual orientation, and class are linked for you?
5. Write about what you drew.
6. Do you ever feel pressured to be loyal to your race, gender, sexual orientation, or class by you or the group members whose dominant identity is race, gender, sexual orientation, or class?
7. How do you feel when you are pressured?
8. Do you balance your need to be loyal to your inner beliefs and your communities' requests?
9. How is your narrative similar to and different from that of each of your communities (race, gender, sexual orientation, and class)?
10. On the basis of your experience, what type of questions would you like to ask in order to find information among and within-group variations in relation to race, gender, sexual orientation, and class?
11. If you had difficulty engaging in the above activities, explain.
12. When you evaluate another person or group of people, do you evaluate that person or group on the basis of multiple identities operating in various sociocultural contexts, or do you evaluate on the basis of a single identity?

8.1.7 Classism, Class Discrimination, and Inappropriate Thinking

As previously defined, classism includes the patterns of privilege and oppression that perpetuate so that privileged groups (e.g., the middle and upper classes) maintain their power over oppressed groups (Johnson, 2017). Having power over another group is only possible when a society's framework is based on a dichotomous and hierarchical structure. Would poor and working-class children internalize, minimize, and marginalize themselves if all children were socialized with holistic

thinking which examines an issue from a multilayered and multidimensional perspective? If all children were socialized with holistic thinking, children from the middle- and upper-class would not likely minimize or marginalize children from the poor and working class because they would not be conditioned to value middle-class attitudes and beliefs as better than working-class attitudes and beliefs. Children from the poor and working class would not likely feel less than children from the middle and upper class because they would not be conditioned to value middle-class attitudes and beliefs as better than working-class attitudes and beliefs. Children from poor and working class may know that they have few material things but would not be likely to equate it to being less of a person or less intelligent. Children from the middle and upper classes may know that they have more material things and expensive things, but they would not generalize it onto other aspects of their identities and personal characteristics. All children may be able to accept their social class as it is, as well as other attributes of themselves that are distinctive.

The following experiential learning activities are designed for you to discover your thinking on class in your intrapersonal communication.

Concrete Strategies

Inappropriate Thinking and Intrapersonal Communication on Class

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience relating to class. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience your learning as a result of uncensored response.

1. Examine whether you used inappropriate thinking (hierarchical, dichotomous, or linear) in relation to class and what happened as a result. Draw a picture to symbolize the results or write them down.
2. If you used inappropriate thinking in relation to class, do you recall the first time you were exposed to people from different class than your own?
3. Did your parents, siblings, and/or schoolteachers use inappropriate thinking (specify dichotomous, hierarchical, or linear) in relation to class while you were growing up? How did this shape your intrapersonal communication on class?
4. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times. Reflect on your answers to the previous

questions. Open your eyes, and write down your relationship to inappropriate thinking (specify dichotomous, hierarchical, and linear).

5. Think of one incident where you were frustrated with a person who was from not your class. What were your assumptions? What did you expect? Was your frustration related to inappropriate thinking (specify dichotomous, hierarchical, or linear)? If so, explain.
6. Estimate the percentage of inappropriate thinking (specify dichotomous, hierarchical, or linear) in your inner dialogue each day.

Classism, class discrimination, biases, and prejudices are structured around inappropriate dichotomous and hierarchical thinking where higher income, bigger house, and more wealth are valued as if people who have these things are better than those who have less.

There is a difference between having more and having less. However, that does not lead to classism and class discrimination without inappropriate hierarchical and dichotomous thinking. Due to the automatic activation (*the neurobiology of automaticity*) of inappropriate hierarchical and dichotomous thinking, classism, class discrimination, and class prejudice are perpetuated.

8.1.8 Strategies for Dismantling Classism, Class Discrimination, and Benefits for All

One of the most important strategies for dismantling classism and class prejudice, discrimination, and biases is processing class issues through transformative learning. In North America classism is based on multiple layers of complex emotions starting from its foundation, and these emotional complexities need to be addressed by being open, honest, and acknowledging intrapersonal communication and feelings. At the personal level, dismantling classism, class prejudice, and discrimination is raising our consciousness to reflect on our tendency to be activated by the neurobiology of automaticity if we are not being mindful. You read the *Personal Stories* of Pat, Mary Anne, and Eli in this chapter. As you noticed they were able to begin their work in dismantling lived class experiences by being honest with themselves. Because of their willingness to be open, honest, and acknowledge their thoughts and feelings, transformative learning occurred. They were able to understand the impact of their class issues on their perceptions and worldviews. As Pat said, “By admitting my true feelings rather than projecting onto him [a challenging student in the class] I have been able to accept myself and others.” The key here is that he was able to accept himself. In order to accept himself, he first admitted his true thoughts and feelings about his classmate. It took enormous courage to express how he really

thought and felt. Mary Anne said, “It’s possible I didn’t really listen to him, the person. I might have framed him into my own perception of ‘snobby’ people that I knew when I was growing up. It is hard to admit this.” Mary Anne bravely admitted the possible consequence of generalization on the basis of her previous experience. Eli had courage to admit that she had a hard time not assuming her superiority as a whole person. Her courage to intimately work with a very challenging student in order to transcend her bias from internalized privilege was a powerful example of empowering herself and being an agent rather than a victim.

Transformative learning occurred because all three took the risk of examining their real emotions and thoughts without judgments. Pat, Mary Anne, and Eli showed how to dismantle classism and social class discrimination at the personal and inter-personal levels. At the personal and interpersonal levels, dismantling strategies need to tap on individuals’ unconscious. The unconventional strategies discussed in Chap. 3 may assist you with examining your unconscious learning process; narrative writing, drawing, narrative movement, dreamwork, engaging in mindfulness, and conscious raising activities may lead to exploring your deeper level of beliefs and values in relation to class and the intersectionality of class with other multiple identities. Introspection needs to be applied for you to examine your current relationship to class and status, and the impact of the current sociocultural context on your relationship to class and status. Admitting class issues existing in the United States may also assist in raising class consciousness. Reflecting on your own inter- and intrapersonal communication as well as others’ interpersonal communication to examine beliefs is another way to dismantle classism, discrimination, and prejudice related to class. Another way to dismantle classism is to decrease the automatization of ongoing intrapersonal communication relating to class prejudices and beliefs. According to Banaji and Bhaskar (2001), “The best intentions do not and cannot override the unfolding of unconscious process, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control” (pp. 142–143). Mindfulness and consciousness-raising activities will assist you with being aware of your neurobiology of automaticity. This needs to be practiced on a regular basis. “Thinking about what you would write is not the same as actually writing it” (Progoff, 1992, p. 11). Thinking about dismantling classism is not the same as actually dismantling classism.

Progoff (1992) describes four dimensions of inner experience as discussed in Chap. 3, and the following experiential learning activities are about dialoguing with society in relation to class and the intersection of race, gender, sexual orientation, and class. The dialogue dimension is “inner dialogue” with self (Progoff, p. 125). Both linear and nonlinear learning activities are designed for your transformative learning that integrates cognitive and affective information processing.

Concrete Strategies

Experiential Learning Activities

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your

intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience relating to class.

Close your eyes and imagine you are sitting in your cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying, breathe out tension and resistance, and slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. The dialogue dimension: close your eyes and breathe deeply and slowly while being aware of your emotions. Think about the society you grew up in while breathing deeply, evenly, and slowly. Sit still as you breathe deeply, evenly, and slowly. Open your eyes slowly and consider the following:
 - (a) How did your society treat you in relation to your class?
 - (b) Close your eyes, breathe deeply and evenly, and sit in silence thinking and feeling about yourself and the society in which you grew up. Begin a conversation with this society in your mind's eye and record your dialogue.
 - (c) When you finish writing, close your eyes again, breathe evenly and slowly, and feel your emotions without judgment or censoring. Then, read the dialogue to yourself, and take notes of any emotions that you feel. Observe whether these emotions are the same as what you felt before reading the dialogue. Record your emotional status.
 - (d) How did your society treat you in relation to the intersection of your race, gender, sexual orientation, and class?
2. The depth dimension is the process of integrating inner and outer life. If your inner experience is different from your outer life in relation to your class and your intersection of race, gender, sexual orientation, and class, how do you go about integrating them?
 - (a) Close your eyes again, breathe evenly and slowly, and feel your emotions without judgment or censoring. Just observe and attend to your inner voice. Describe your inner voice.
3. Have you gained insight to understand those who perpetuate classicism or class discrimination?

At the institutional and governmental level, organize a small group, and review policies in order to work toward equal access to benefits and privileges. Many institutions—for example, schools, temples, churches, homeless shelters, media production companies, county offices, and state offices—usually have a mission statement that advocates for equality for all people but often practice unintentional discrimination or perpetuate existing classism. Work collaboratively with others to dismantle classism at the institutional and governmental levels. The nationwide emphasis on diversity, equity, and inclusion (DEI) led to some improvements in laws, policies, and rules. However, they have not transcended and transformed ingrained beliefs, values, and biases. Thus, blatant classism became subtle or covert classism.

The following experiential learning activities are intended to introduce compassion for others by taking an affective perspective position.

Concrete Strategies

Perspective-Taking Experiential Learning Activities

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience relating to class.

Close your eyes and imagine you are sitting in your cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying, breathe out tension and resistance, and slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

1. In your mind, think about a TV commercial and change it for your class viewers.
2. Imagine yourself living in your class world. Write down your feelings.
3. For working-class individuals:
 - (a) How did you feel in your imaginary class world?
 - (b) Imagine yourself living in a middle-, upper-middle-, or upper-class world. Write down your feelings.

4. For middle-, upper-middle-, and upper-class individuals
 - (a) How did you feel in your imaginary class world?
 - (b) Imagine yourself living in a working-class world. Write down your feelings
5. Look around and observe events in your environments for a week, report back to class, and discuss your findings with other students.

When I taught *self and community*, a year-long interdisciplinary course with a sociology professor, all students learned theories of community psychology and research methods in fall quarter and were required to intern during winter quarter. Their spring quarter project was to return to class to evaluate their internship organizations based on community psychology principles and provide them with concrete proposals for implementation. Many students interned at nonprofit organizations and learned the importance of understanding state and federal policies in order to help lower-income individuals and families. They were instrumental in changing organizations' policies, which facilitated serving lower-income individuals effectively. Some students provided concrete strategies for how to integrate state and federal policies to help lower-income individuals. Most students were gratified that they were able to contribute to their internship organizations. Some students chose to continue to volunteer on a part-time basis during the summer because they believed in making changes at the institutional levels.

The following experiential and reflection-based learning activities are designed for transformative learning on issues related to class.

Concrete Strategies

Experiential and Reflection-Based Learning Activities on Class Issues

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience relating to class.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your learning from this chapter.

1. Open your eyes when you are ready and draw, color, or paint what you have experienced during your reflection.
2. Write down your intrapersonal communication in relation to class.
3. What was your feeling about your class compared to your parents' and friends' feelings about it?
4. Write down any class remarks you heard while growing up from (a) family, (b) friends, and (c) the media (including social media). How did you feel about them?
5. Write down any class remarks you have made about your class and the other classes; how did you feel when you made them and how do you feel about them now?
6. Close your eyes and breathe slowly and evenly as you observe your inner world. Describe how you will use this experience as a mental health provider or a DEI trainer?

Dismantling classism benefits everyone because it will bring class equality for all people. Individuals will not have to create distance from each other based on class differences. Individuals will not waste energy in marginalizing, minimizing, oppressing, and discriminating others. Individuals will not think, feel, and act superior or inferior on the basis of class, because they will interact with each other on the basis of their inner qualities. We will be able to accept our authenticity as well as the others' authenticity.

8.1.9 A Provider's Assessment of Self in Relation to Class

Accurate assessment of your class identity construction; multiple identities and their degree of importance; intersectionality of class, race, gender, and sexual orientation; and experience with systemic class oppression/privilege and internalized class oppression/privilege will assist you with understanding yourself as a whole person which will lead you to understand your client as a whole person. Knowing and accepting yourself as who you are will lead to less countertransference and accurate assessment of clients. Completing all of the experiential learning activities (*concrete strategies*) in this chapter will assist you with achieving accurate self-assessment in relation to classism and systemic class oppression/privilege and internalized class oppression/privilege. "Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our inner experience" (van der Kolk, 2014, p. 208). Sitting with your values, beliefs, and biases without judgment and repeated uncensored writing will lead you to your inner experience.

“.... transformation does not simply emerge due to the individual’s awareness.... but is experienced...” (Benetka & Joerchel, 2016, p. 22).

Consciousness Practice

Did I read this chapter consciously?

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Chapter 9

Disablism/Ableism



Mindfulness Practice:

Close your eyes, and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreath, two outbreath). Observe your mind and body without judgment as you breathe in and out. Slowly open your eyes. Are you ready to focus your attention to learning?

9.1 Definition of Disability

9.1.1 *The Definition of Disability Under the American Disability Act (ADA)*

Disability is a legal term rather than a medical term. Because it is a legal definition, the ADA's definition is different from how disability is defined under some other laws, such as for Social Security Disability-related benefits.

ADA National Network defines:

The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability. The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability. (ADA National Network [ADANN], 2023)

(<https://adata.org/faq/what-definition-disability-under-ada>)

The Center for Disease Control and Prevention (CDC) defines disability as:

any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world

around them (participation restrictions). There are many types of disabilities, such as those that affect a person's: vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationships. (<https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>)

As you have noticed, both ADA (2023) and CDC (2023) define disability broadly to encompass complexities of individuals, types of disability/impairment, and the interactions between individuals and their environments. There are various types of disability/impairment: physical impairment, sensory impairment, cognitive or intellectual impairment, learning disability, mental disorder (psychiatric disability), chronic disease, and so on. Furthermore, the social model's postulation that individuals with impairment do not have to be disabled with improvement in the environment is exciting and empowering. It inspires us to examine impairment from a new perspective and vision.

9.1.2 Medical Model vs. Social Model

According to the definition of Americans with Disabilities Act of 1990 (ADA), disability is not determined by a specific condition but by how the specific condition (impairment) affects an individual. Sandoz (2005) illustrates the distinction between impairment and disability by using a concrete example of a student with moderately impaired hearing who wore hearing aids in each ear and was able to hear lectures and discussions if the classroom was quiet and only one person was talking at a time. In this case, the student was not disabled if the other students did not create background noise during lectures and workshops. However, this student was disabled if there was a background noise. This student was living with a hearing impairment, but whether he was going to be disabled or not was determined by his environment (i.e., classmates) and not by him. One year I had a student similar to the student in Sandoz example. All students were required to read the section of difference between medical model and social model, and I explained the purpose for reading the section at the beginning of the year. All students agreed to assist, so the student with hearing impairment would learn as well as the others with no hearing impairment. However, I had to remind them so often to be quiet for the hearing-impaired student to learn. It was one thing to understand conceptually, and it was another to actually implement their good intentions. I was reminded of the statement by Banaji and Bhaskar (2001) "both memory and belief also operate implicitly in powerful yet unconscious ways, outside the actor's awareness of control" (p. 140) throughout the year. It was apparent that not all students processed the information (no noise during lectures for the student with impairment) through transformative learning. Transformative learning is a deep learning which brings an internal shift within each individual.

If Sandoz's student's hearing impairment was viewed from the medical model, he would have been forced to fix the problem, and he would not have had access to education because he could not have fixed the problem. The medical model assumes

the impairment needs to be fixed, and it is the individual's responsibility to fix it to make them more like individuals without impairment. Other students being quiet is an example of the social model which is based on improving the environment for the individual with impairment to function. Impairment does not necessarily equate with disability in the social model. The summary of distinctions between the two models is:

The medical model (a) is based on ableism which is born out of social dominance theory which pathologies and sees the individual with the impairment as the problem. (b) is rooted in inappropriate hierarchical and dichotomous thinking that considers an individual without impairment is normal and better than an individual with impairment. (c) does not distinguish between impairment and disability.

The social model (a) is based on disablism and structures within society as the problem of the impairment. (b) is rooted in holistic thinking which examines the impairment from a spectrum perspective (non-dichotomous and non-hierarchical) which includes multilayered and multidimensional characteristics of the impairment (e.g., environmental structures like stairs rather than ramps, organizational and institutional policies, interpersonal exclusion), terms like differently abled or challenged are preferred in place of impaired. (c) makes a distinction between impairment and disability. Impairment is viewed as a state of the body that is nonstandard and is based on improving the environment in order for the person with impairment to function. (Goering, 2015; Tyler, 2015).

There are substantial differences between the two models in relation to one's own feelings about self, others, and worldview. The social model fosters hopefulness, resilience, and being included because of a disabled condition, whereas the medical model fosters hopelessness, helplessness, and being excluded because of a disabled condition. In the mid-1950s, Thomas Szas, who was a psychiatrist, was the first person to initiate the idea of social model. Szas' concept of mental illness led some health professionals to call for reforming medical practice by including complex psychosocial aspects of disease and disability (Hogan, 2019). Currently, there are numerous social models such as the *enactive and ecological psychology approaches to cognition* (Jurgens & Kirchhoff, 2019), the *ecological-enactive model* (Toro et al., 2020), the *ecological functional model* (Chapman, 2021), and so on. After thorough evaluation of different social models, I agree with Jurgens (2023) that Chapman's (2021) model is the most comprehensive while the other models still expect a person with disability to adapt to their environment.

9.1.2.1 Comprehensive Social Model: The Ecological Functional Model

This model was developed by Chapman (2021) who is an autistic philosopher and neurodiversity proponent. His model does not rely on the person's capacity to adapt to their environment. Instead, the disability is determined within the relationships

the person has with their socio-material environment across three levels: (1) how mental traits function at the individual level, (2) how cognitive styles contribute to the community, and (3) how persistence propensity function or dysfunction emerges at the ecological level. Using this multilevel analysis, disability is determined by the individual's adaptive capacity as well as by the community's capacity to facilitate or hinder diverse individuals' adaptability and the individual's ability to contribute to the community. This model is able to distinguish between neurocognitive diversity that is normal and healthy manifestation of biodiversity and neurocognitive diversity that is identified as disability for neurodivergent individuals. This model is framed on a complex or holistic thinking. Models focusing on psychological and physiological individualism are outdated because it cannot capture complex relationship between society and biology.

9.1.3 Barrier to Reconceptualizing Disability: Social Dominance Theory

As discussed in previous chapters, social dominance theory postulates intergroup inequality to maintain group hierarchy (Kunsta et al., 2017; Uenal et al., 2022) by the dominant group. Group in the top of hierarchy oppresses ones in the bottom to maintain their power, control, and authority. Social dominance orientation is individuals' implementation of social dominance theory into behavior. Some governmental, institutional, or organizational policies, laws, rules, and employees discriminate against children and adults with disabilities (Boonstra, 2021; Hjorth et al., 2016; Martin et al., 2021). They are exhibiting social dominance orientation that is rooted in social dominance theory. Students with disabilities experience a lack of social, cultural, and economic power because their educational institutional structure is built into benefiting the able-bodied dominant group (Bastart et al., 2021; Rasamny, 2022; Woodard, 2022).

The following reflection-based learning activities are designed to raise awareness of the impact of media on your relationship to disability.

Concrete Strategies

Reflection-Based Learning Activities on Disability and Media

Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would

write is not the same as actually writing” (p. 11). Write, and then experience your learning as a result of uncensored response.

1. How was disability portrayed by the media (TV, social media, movies, computer games, popular music, etc.) when you were growing up? Write down your responses.
2. What qualities do you regularly display in relation to disability?
 - (a) Are there any qualities you possess that you find yourself unwilling to display? Write these down.
 - (b) Write down the conditions under which you’re unwilling to display these qualities. How do you feel when you do not display them?

9.1.3.1 Ingroup vs. Outgroup

As indicated above, social dominance theory is based on “us” vs. “them,” the binary thinking. The process of valuing non-impairment and non-disability standards starts early in childhood through socialization by parents, teachers, peers, other adults, the media, and siblings in the United States. The impact of discrimination on individuals with impairments/disabilities is similar to the impact of racial, gender, class, and sexual orientation discrimination on non-dominant group members (Coulter-Thompson et al., 2023). As discussed in the previous chapters, the impact of experiencing “less than” on a daily basis from all three levels of the ecosystem leads to internalization of dominant values without conscious awareness (Campbell, 2009; Uenal et al., 2022). Governmental, institutional, or organizational systemic oppression adds to already existing internalized oppression automatically due to the neurobiology of automaticity (National Alliance on Mental Health Illness 2022). The process affects individuals’ relationship to self and others, whether it is on the interpersonal, institutional, or cultural level. As described above, the solution for Sandoz’s hearing-impaired student was dependent on other students, and he had no power to make other students assist him. “The accompanying disability—the hearing students’ inability to function and participate given the (constructed) circumstances—rests entirely in other students’ failures to acknowledge and take seriously the student’s situation. He has been socially disabled by others’ choices and actions” (Sandoz, 2005, p. 4). Other students probably assumed that their conceptual understanding of him needing their help would automatically lead them to show their understanding in action without taking a necessary step to prevent their usual habits (e.g., whispering to another student during the lecture) from being activated without their conscious awareness. Oppression of individuals with impairment/disabilities is constructed by individuals without impairment and disability to grant power to them. Thus, individuals without impairment and disability have learned throughout their socialization process that their way of doing things is normal without

conscious awareness. This perspective, in binary thinking-oriented culture, implies that the individuals with impairment/disability should be doing things the way they (people without impairment/disabilities) do. Thus, individuals with impairment/disabilities are often viewed as abnormal by people without disabilities. Goering (2015) writes:

For many people with disabilities, the main disadvantage they experience does not stem directly from their bodies, but rather from their unwelcome reception in the world, in terms of how physical structures, institutional norms, and social attitudes exclude and/or denigrate them. (p. 134)

Thus, individuals without disabilities/impairments treat individuals with impairments/disabilities in their “normal” (“exclude and/or denigrate them”) way in various settings (e.g., micro-level, family; meso-level, school, church, workplace; macro-level, cultural message via media, social media, etc.) and often hurt individuals with impairment/disability.

9.1.3.2 Variations Within, Between, and Among People with Disability/Impairment

There are variations within individuals with the same type of impairment/disability since people have different degrees of impairment/disability. Variations within the same type of impairment and the same degree of impairment may be manifested by different experiences with intersectionality of multiple identities. Furthermore, some individuals may be disabled by the impairment regardless of environmental settings, while others may not be disabled by the impairment as a result of environmental accommodation and/or restructuring. The student in Sandoz’s (2005) example, as described above, was disabled only if other students did not reduce the noise level. He was not disabled if his classmates decided to reduce the noise. Thus, in some situations, whether an individual is disabled or not is determined by the feasibility of environmental accommodation and how they are carried out in practice. There are also variations between different types of impairment/disability. Some types of impairment result in daily functional difficulty, while other types of impairment are context bound. Some types of impairment are invisible, while other types are visible. Some types of impairment/disability are results of interdependent relationship between an individual’s experiences and other identities such as race, gender, class, sexual orientation, and so on.

A provider needs to listen to a particular client’s story attentively and ask specific questions in order to assess the client’s impairment/disability experiences with intersectionality of other identities. The provider also needs to be able to assess the impact of inappropriate dichotomous and hierarchical thinking for accurate assessment and treatment.

The following personal stories illustrate variations in impairment/disability.

Personal Stories*Variations in People with Impairment/Disability**Life Is About Love*

I met a man who was diagnosed with multiple melanomas and his prognosis was poor. However, he felt that he was awakened by cancer because he realized what was important in life. He said, “I learned life is all about love.” He said he defined success by material achievement prior to having cancer. But when I met him, he was working hard to help children in poverty. He said he wanted to help those in need to pay back for all the blessings he had received. His spirit was high and described his international project of helping children in poverty with passion. He practiced his concept of life daily with his family and community until his death.

His Body Is Alive, but His Spirit Is Gone

Brian had cancer when he was 21 and now, he is cancer-free. However, he has been grieving since he was 13—for his parents’ breakup, his father’s abandonment, his girlfriend’s betrayal with his “best” friend, and the cancer. He was a happy child who excelled in school, sports, music, and other activities. He has lost the will to live, and surviving cancer did not seem to bring his spirit back. His body is alive, but his spirit is gone.

Cancer or Bipolar?

Pat was 21 years old when she was diagnosed with bipolar disorder. She had been moody and agitated ever since her sister’s sudden death when she was 15. Her condition grew worse as she got older, yet Pat refused to go to a psychiatrist or a psychologist. She became increasingly pessimistic when she was down and filled with grandiosity when she was up. When she was up, her thoughts raced, and she was unable to sleep, was overconfident, and was engaged in many projects. In addition, she also made poor choices like drinking and driving and being generous to her friends with her money. When she was down, she was filled with regrets and shame about her poor choices, and she would sleep most of the time. She lost many friends due to making poor choices and being difficult. A series of reckless behaviors led her to involuntary psychiatric hospitalization at age 21 when she was diagnosed as bipolar. She was put on lithium and stayed in the hospital for about 10 days. She had at least six bipolar episodes after the initial hospitalization and went through ten different medications, none of which seemed to work. Her mother brought her to her home to take care of her.

When her mother’s friends told her mother that she was enabling Pat who needed to learn to manage her bipolar by herself, her mother asked them if they would not help their son or daughter if they had cancer. They said cancer was different from bipolar. Pat’s mother did not think cancer was any different from bipolar. She believed her daughter needed help as much as cancer patients.

9.1.4 Different Types of Disability

There are visible and invisible disabilities. Individuals whose physical impairment is visible are frequently treated as if they are lacking something intellectually. These individuals already struggle without others' mistreatment since they know they look different from others. They are socialized to believe that it is their fault that they have to struggle with their physical impairment/disability. These individuals are also conditioned to believe that they are inadequate because a particular part of their body is different and to feel helpless when others minimize and marginalize them as people who lack intellectual capacity. They did not choose to be physically impaired/disabled. Their impairment/disability is only one part of their whole being although individuals who are able bodied often treat them as if their impairment/disability represents their whole being. The definition of invisible disabilities according to Invisible Disabilities Association is:

invisible disability refers to symptoms such as debilitating pain, fatigue, dizziness, as well as hearing and vision impairments. These are not always obvious to the onlooker, but can sometimes or always limit daily activities, range from mild challenges to severe limitations, and vary from person to person. Also, someone who has a *visible* impairment or uses an assistive device such as a wheelchair, walker or cane can have an invisible disability or *invisible disabilities*. For example, whether or not a person utilizes an assistive device, if they are debilitated by such symptoms as described above, they live with *invisible disabilities*. (<https://invisibledisabilities.org/what-is-an-invisible-disability/> accessed 9/4/2023)

The definition by the Invisible Disabilities Association encompasses psychological, neurological, or physical conditions that afflict an individuals' movements, senses, or activities, but which are invisible to the others (Cook & Clement, 2019).

9.1.4.1 Neurodiversity in Place of Learning Disability

Neurodiversity describes people whose thought patterns, behaviors, or learning styles do not fit into what is conventional or "normal" or *neurotypical*. Neurodiversity is going beyond the binary conceptualization (normal or disabled) of learning and processing information. The term *neurodiversity* was first used in the late 1990s by Judy Singer, an Australian sociologist who was on the autism spectrum. The intention was not to stigmatize as learning disability but to celebrate the diversity of thinking, behaving, and learning. Neurodiversity includes autism, attention deficit hyperactivity disorder (ADHD), Tourette's syndrome, and variety of what we called learning disabilities such as dyslexia and dyscalculia. In place of disability, neurodiversity describes people whose thought patterns, behaviors, or learning styles do not fit into what is conventional or "normal" or *neurotypical*.

Learning disability in the United States covers a wide range of academic challenges such as reading, writing, spelling, listening, speaking, reasoning, and organizing information. The origin of learning disability is not low intelligence but

neurological and is not well understood. There are two types of academic learning challenges, information processing difficulties (input, integration, storage, and output) and specific learning disabilities (reading, math, dyspraxia, speaking and listening, auditory processing, and nonverbal learning). For a long time, most teachers, parents, and members of the public have not understood learning impairments/disabilities. Due to other's lack of knowledge, individuals with learning impairment/disabilities have been treated as if they are intellectually inadequate. Treating individuals with a learning disability as if they are inferior or stupid is an example of gross generalization on the basis of one aspect of an individual's identity among multiple identities. This type of generalization also ignores the impact of sociocultural contexts on the individual. For example, many dyslexic parents improve their reading skills by reading to their infants or preschool children. They seem to read better since they are not afraid of their children judging them. The fact that adults with a learning disability improve their reading and writing skills by reading to their children or by helping them to write indicates the power of unconditional acceptance of their children on their ability to improve their reading and writing.

The following are two personal stories: one is from a 62-year-old man who lived all his life with a learning disability.

Personal Stories

Individuals with a Learning Disability

I had a client who came to therapy, though unwillingly, because of his wife's frustration with him. As I was trying to assess his problem, I discovered that he had some signs of a learning disability. He was a highly intelligent White male who had retired from his job. He said he refused to be a manager even though he was asked to apply for the position several times. He said he was afraid he would be forced to do lots of paperwork and encoding information. His learning disability centered on dyslexia or difficulty encoding and decoding information. Like many individuals with a learning disability, he tried to compensate for his problems without discussing it with anyone, even with his wife. Many of his strategies to cope with his learning disability were perceived as inattentive and inconsiderate by his wife, who did not know the characteristics of individuals with learning disabilities. He and his wife were very relieved to find out that there was an actual explanation for his "inattentive" behaviors.

I had another client who knew she had some problems and quit college with only two more quarters to complete. She said she could not stand it. She was too exhausted to go through her elaborate strategies each day to cope with her academic life, and she did not want extra help for her condition. She was bright and creative but did not ask for assistance because she was too afraid of being "discovered as stupid." I wonder whether she would have the same difficulty if she were finishing up school now, when people seem to have more knowledge about learning disabilities.

9.1.4.2 Mental Disorders or Psychiatric Disabilities

These are complex concepts and difficult to understand due partly to inappropriate hierarchical thinking. There are various causes for psychological disorders (Ames et al., 2017). The cause could be hereditary, environmental, or developmental—or a combination of two or all. Various psychological disorders described in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) are mostly based on observable characteristics of symptoms (American Psychiatric Association, 2013). Psychological disorders have multilayered and multidimensional components, and observable symptoms represent only one aspect of these complexities. Accurate assessment is essential for accurate diagnosis and treatment, and accurate assessment relies on more than just visible symptoms. It relies on multiple factors, such as rapport with the mental health provider and the provider's ability to assist the client to be connected to his physical, emotional, psychological, and spiritual self to articulate both visible symptoms and invisible symptoms. Psychological disorders involve the whole person, complicated by sociocultural contexts, and require time to process both the conscious and the unconscious elements of the problem. We live in a culture where speed and production orientation are emphasized in almost all areas of institutions and organizations including mental health areas. Therefore, the “quick fix” is the foundation of mental health governing laws, policies, and rules of most mental health facilities, insurance companies, and state and federal governments. Quick fix is an indication of the lack of understanding of the complexities of psychiatric disorders at institutional and cultural levels.

The lack of understanding of psychological disorders is illustrated by Deegan's (2000) personal experience with being labeled mentally ill. The following is an essay written by Pat Deegan, Ph.D., who is an activist in the disability rights movement and an adjunct professor at Dartmouth College Medical School, Department of Community and Family Medicine. She was diagnosed with schizophrenia in her teen years. She wrote:

I was told I had a disease that was like diabetes, and if I continued to take neuroleptic medication for the rest of my life and avoided stress, I might be able to cope....And that deep sense of loneliness came from the fact that although many people were talking to me about my symptoms, no one was talking to me about how I was doing....Thus, to be with a person who is anguished is to risk experiencing the cry that is way down deep inside each of us. That is why the professionals have been so busy doing things to you, rather than being with you.... You may have been diagnosed with a mental illness but you are not an illness. You are a human being whose life is precious and is of infinite value....Great danger is that you might undergo that racially devaluing and dehumanizing transformation from being a person to being an illness. From being Patricia to being “a schizophrenic” (or “a bipolar” or “a multiple”). (pp. 359–361)

Deegan's story reflects on ableism at individual, institutional, and cultural levels. Hiring untrained staff to save money, the tendency of some institutions to medicate for a “quick fix” without a comprehensive assessment (prescribing appropriate medication for appropriate psychological disorders), the desire of some mental health providers to label but not to help, the tendency of some providers to judge

instead of listen, and some providers' inability to understand psychiatric disability from a multilayered and multidimensional perspective constitute individual, institutional, and cultural discrimination, prejudice, and ableism. National Center for Education Statistics (2022) reports nearly all (96 percent) public schools reported providing mental health services for their students during the 2021–22 school year. However, 87 percent of public schools did not strongly agree that they could effectively provide mental health services to all students in need (https://nces.ed.gov/whatsnew/press_releases/05_31_2022_2.asp). However, the report did not state reasons for schools' inability to provide effective mental health services. Finding out reasons for schools' inability to provide effective services (e.g., untrained staff, quick fix, institutional prejudice, etc.) may lead to the solutions to the effective services.

Being with clients does not come from conceptual learning alone. It comes from experiencing conceptual learning through affective processing, connecting conceptual learning to the individual as a whole person while being able to observe your thoughts and feelings without judgment. It comes from transformative learning where you value your intellect as much as your emotion (Mezirow, 2012).

Beliefs about stereotypes and prejudice against individuals with psychiatric disorders are socially constructed to benefit individuals who are not impaired or disabled (La Salle et al., 2018). The following reflection-based learning activities are designed to provide the opportunity for transformative learning by recalling an experience of marginalization by and to others.

Concrete Strategies

Experiential Learning Activities on Prejudice and Discrimination Against People with Disability/Impairment

Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times or until you are centered. Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write, and then experience your learning as a result of uncensored response.

Close your eyes, and breathe in and out slowly, evenly, and deeply for about ten times or until you are relaxed. As you breathe, go back to your timeline as far as you can to see whether you recall an experience with impairment/disability or being able- or not able-bodied during your childhood. Slowly open your eyes.

1. Have you ever minimized, marginalized, or laughed at someone because of their disability/impairment?

- (a) If you have, describe an incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about impairment/disability?
 - (d) What did you learn from your mother (or mother figure) about disability/impairment?
 - (e) What did you learn from your father (or father figure) about disability/impairment?
 - (f) What did you learn from your siblings (or sibling figure) about disability/impairment?
 - (g) What did you learn from your teachers about disability/impairment?
2. Have you ever been minimized, marginalized, or laughed at by someone because of your disability and/or impairment?
- (a) If you have, describe an incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about your impairment/disability and others' impairment/disability?
 - (d) How is this experience compared to when you minimized, marginalized, or laughed at someone because of their disability and/or impairment?
 - (e) If your parents applied socialization practice with emphasis on lack of impairment/disability, what was the main message? How does it affect you now?

9.1.5 Barriers to Dismantling Ableism: Systemic Oppression/Privilege and Internalized Oppression/Privilege

Systemic privilege for people without disability/impairment has been maintained to benefit them, and the results have been systemic exclusion or systemic oppression of people with disability/impairment. Examples of systemic oppression, which denies equal access to people with disabilities and/or impairment at individual, institutional, and societal levels, are numerous (Chaturvedi, 2019; Mireles, 2021, 2022; Rasamny, 2022; Sarrett, 2018; Woodard, 2022).

Individuals with disability/impairment have been conditioned to believe the privileged groups' beliefs that they cannot measure up to the norm as a result of their condition. Many individuals with impairment/disability internalize societal norms and feel ashamed and embarrassed about being disabled because they have been exposed to mistreatment, marginalization, or discrimination from every level of Bronfenbrenner's (1981) ecosystem (micro-, meso-, and macro-levels) of the society. Individuals with disability/impairment internalize systemic oppression from multiple social agents. Campbell (2008) articulates this process as the following:

Internalized ableism means that to assimilate into the norm the referentially disabled individual is required to embrace, indeed, to assume, an 'identity' other than one's own – and this subject is repeatedly reminded of this by epistemological formations and individuals with hegemonic subjectivities of their provisional and (real) identity. (p. 157)

Internalization is an inner experience and meaning-making from outer world's injustice which reoccurs and accumulates on a daily basis. Ableism, discrimination, and prejudice are invisible to individuals with privilege but visible to individuals with disability/impairment. Deegan (2000) describes the experience of being objectified by a professional: "Professionals have been so busy doing things to you, rather than being with you". This description illustrates unintentional ableism due to internalized privilege. Some professionals who operate from a privileged perspective may "do things" to clients because they think they know better (*hierarchical thinking*). Some professionals may objectify clients with impairment/disability due to their internalized privilege and beliefs about them. As a result of their unconscious processing, professionals may not be aware that they "do things" to clients rather than "being with them."

It is important to understand that many people without disability/impairment do not intend to discriminate, marginalize, or minimize people with disability/impairment. They believe without thinking about the impact of their behavior (*verbal* and *nonverbal*) on individuals with impairment/disability since privilege is often invisible to privilege holders. They probably have been allowed to practice their internalized privilege because it has been systematically given to them throughout their socialization process.

The following experiential learning activities are designed for transformative learning about internalized oppression/privilege and systemic oppression/privilege on your social identities. Be courageous to be honest with yourself by not censoring your feelings and thoughts from you in order to experience your inner values, beliefs, and biases.

Concrete Strategies

Experiential Learning Activities on Internalized Oppression/Privilege and Systemic Oppression/Privilege

Keep an emotional diary for at least 10 days without analyzing the content. Your emotional diary should focus on how you felt about your interpersonal and intrapersonal relationships throughout the day. Do not describe what you

did that day but how you felt about doing whatever you did (see Chap. 2 experiential learning activities for an example). Pay particular attention to your intrapersonal communication, and write your diary without censoring.

After 10 days:

1. Go back to each journal entry to critically examine the impact of internalized disability/impairment oppression/privilege and systemic disability/impairment oppression/privilege on each day. Tally whether your emotions were due to systemic oppression/privilege or due to internalized oppression/privilege.
2. Indicate whether you belong to a privileged group or an oppressed group in relation to the following identities: (a) race, (b) gender, (c) sexual orientation, (d) class, and (e) disability/impairment. Remember to think about your answer not in terms of whether you feel privileged but in terms of whether or not you belong to a privileged group according to your society.
3. Which of the above identities are important to you? Rank the above identities in order of importance, with 1 being the most important and 5 being the least important in relation to your identity construction. What did you learn about yourself by comparing your tallies in Question 1 and your identity in Question 3?
4. Close your eyes and breathe in and out slowly, evenly, and deeply for about ten times. Pay attention to your feelings and the images that come to mind as you breathe. Slowly open your eyes, and write or draw your feelings and/or images.
5. What was your understanding about systemic privilege and oppression before you read this book, and what is your understanding about them now?

Group discussion:

6. Discuss your understanding of systemic oppression/privilege and internalized oppression/privilege in relation to disability/impairment with others who also have participated in the same experiential learning activities of this section.
7. What did you learn about yourself and others in your group from Question 6?

The following three personal stories illustrate how “experts” view people with disabilities through their worldviews which are shaped by internalized privilege. Thus, the experts’ worldviews prevent them implicitly or explicitly from knowing their client’s worldview. In order to view the client from his own worldview, experts need to know their inner experiences through reflection, introspection, no self-judgment, and no censoring.

Personal Stories

Cancer from a Privileged Professional's Perspective

A nurse sent a young cancer patient home and asked him to start chemotherapy on Monday even though his oncologist had told him to start the chemo on Friday. The nurse knew that the oncologist went on a vacation that afternoon, and she made a unilateral decision to start his chemotherapy on Monday instead of Friday, so her clinic did not have to pay the hospital for the weekend treatment (the clinic was only open on weekdays). This particular nurse had a screen saver saying, "Oh! Lord! Please help my patients." Yet, she didn't help her patient. She did not ask how the patient was feeling about his condition. Nor did she discuss with the patient about why she thought it was ok to delay the chemo and why she was not following the oncologist's recommendation. To the young cancer patient, one day was like a month. He was scared for his life and angry because he was forced to think about his death when he just started his young adulthood. His desire to follow the oncologist's order and do something about his life (start chemo) was squashed by the nurse who put her priority (saving money for her clinic) over his in the name of helping him, the patient.

Not Because She Was Not Able to Learn

I once had a community college transfer student who had a learning disability and needed to learn how to write a basic college research paper. When I called several campus offices that advertised they assisted students with special needs, each office informed me that it did not deal with students who needed to learn basic writing skills. I was confused about these offices' roles and how much they were operating from a privileged perspective. The student was highly motivated to learn and told me that she was put into a special education class until high school where she was not asked to do much. According to her, no one at her community college tried to teach her how to write. She transferred as a junior and wanted to work in human services. She had attended programs for students with learning disabilities but did not learn the necessary skills because she was not taught, not because she was not able to learn.

You Are So Lucky to Be Alive

A 25-year-old young man, a cancer survivor, is grieving. People tell him how lucky he is to have survived and that he should be happy. His medical checkup indicates that he is cancer-free, but he is struggling with understanding the meaning of cancer and his changed identity as a result of his experience with the disease. His physician looks at him says, "You are so lucky to be alive. What are you complaining about? A lot of cancer patients would trade places with you." No one is ready to listen to how he is feeling and what he has been struggling with. Everyone tells him he should not be complaining and he should be happy. No one seems to understand his posttraumatic stress is still very alive in his inner experience. Yes, his physical cancer is gone from his body, but he could feel his trauma in his body, heart, mind, and soul. Can you just let him grieve?

I think of Deegan's statement, "Great danger is that you might undergo that radically devaluing and dehumanizing transformation from being a person to being an illness, ..." (p. 361) whenever I think of internalized oppression. Internalized oppression is the result of systemic oppression, most often, by people with internalized privilege.

9.1.5.1 Barriers to Dismantling Ableism: Unconscious and Automatic Activation of Stereotypes and Prejudice

Automatic activation of information is the result of unconscious processing of stereotypes, prejudice, and discrimination. Stereotypes, prejudice, beliefs, and values are activated automatically (Banaji & Bhaskar, 2001; Banaji & Greenwald 2016; Krishna & Strack, 2017; Saarinen et al., 2021). Individuals learn to value the dominant cultural beliefs and myths at an early age as we have seen in previous chapters relating to racism, sexism, cissexism, heterosexism, and classism. Learning is a relatively permanent change in behavior (e.g., overt behavior, covert behavior like thinking) as a result of experience. Physical beauty and health norms, internalized oppression/ privilege and systemic oppression/privilege in relation to impairment and disability, and ableism are learned throughout the socialization process and are stored in long-term memory.

The nurse described above who sent the young cancer patient away to save her clinic money, mental health professionals who were too busy to be with a client, and those teachers and staff who ignored students in need showed inconsistencies between their behaviors and what they claimed to be. They behaved as if there was no correlation between their implicit expressions and their explicit expressions. They seem to express their internalized privilege without conscious awareness because implicit beliefs are activated automatically and affect perception and judgment without conscious awareness. It is important to note that this might have been partially due to neural mechanisms involved in information processing (the neurobiology of automaticity). Impulsive or automatic processing does not require much cognitive capacity (Banaji & Bhaskar, 2001; Krishna & Strack, 2017; Sapolsky, 2017). It might have been due to repeated exposures and practices of dominant cultural values and beliefs. It might be due to processing information via neural pathway of "belief" as a result of perceiving it (incoming information) relating to belief rather than knowledge (Eichenbaum & Bodkin, 2001). In order to stop automatic activation of information processing, we need to learn to shift to the controlled information processing system. This can be achieved by raising mindfulness or consciousness by centering with deep and slow breathing. The controlled information processing system allows us to apply critical reasoning skills to consider the values, the consequences, and the motivations. It is a deliberate process we each need to engage in. It can be challenging in the modern era due to multilayered and multidimensional distractions (e.g., social media, digital device, misinformation, disinformation, etc.).

9.1.5.2 Barriers to Dismantling Ableism: Inappropriate Thinking

It is not conceivable to deal with ableism without inappropriate dichotomous and hierarchical thinking. Social psychology research in attribution bias, ingroup favoritism, asymmetric perception, and social projection has consistently shown that people in the United States tend to put themselves in better position than the others. Since both dichotomous and hierarchical thinking can only operate in a simplified binary perspective. This means we are better and the other is not; if we are superior, then the other is inferior; if we are good, then the other is bad (*ingroup favoritism*). From a holistic perspective, on the other hand, an event can be interpreted in a variety of ways since it covers a broader spectrum (*either or and both*). For example, from a holistic perspective, any physical difference in one part of a person's body is considered only one dimension of one identity among multiple identities and their intersectionality. One dimension of one part of a person's body is just that. A person is comprised of a wide range of different dimensions, such as personality, intelligence, ability to provide empathy, ability to draw, ability to feel, ability to think and reason, and so on. In addition, the difference is only one layer of one dimension of the person, and there are many layers to this one dimension. If people think in a holistic perspective, it will be difficult to conceptualize a person as inferior or inadequate based on only one difference in one aspect of a person's multiple dimensions and multiple layers of one dimension. It is not possible to perpetuate ableism without inappropriate thinking and generalizations.

Individuals with impairment/disability would not be labeled as inadequate or inferior if they lived in a society where people think and conceptualize from a holistic perspective. My clients would not have felt that their disability was inferior if people's dominant thinking was not based on hierarchy. These clients were treated as if they were stupid when their difficulty was due to a neurological impairment.

The following experiential learning activities are designed for you to discover your thinking on disability in your intrapersonal communication.

Concrete Strategies

Inappropriate Thinking and Intrapersonal Communication (Disability)

The purpose of these activities is to gain conscious awareness of how you think and how your thinking affects your intrapersonal communication on disability. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience on disability.

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Reflection-Based Learning Activities

1. Examine whether you used inappropriate thinking (hierarchical, dichotomous, or linear) in relation to disability, and what happened as a result? Draw a picture to symbolize the results or write them down.
2. If you used inappropriate thinking in relation to disability, do you recall the first time you thought this way?
3. Did your parents, siblings, and/or schoolteachers use inappropriate thinking (specify dichotomous, hierarchical, or linear) in relation to disability while you were growing up? How did this shape your intrapersonal communication on disability?
4. Close your eyes, and breathe in relaxation and breathe out tension slowly and evenly for about ten times. Reflect on your answers to the previous questions. Open your eyes, and write down your relationship to the inappropriate thinking (specify dichotomous, hierarchical, or linear) style(s).
5. Think of one incident where you were frustrated with someone who represents other than your status in relation to disability. What were your assumptions? What did you expect? Was your frustration related to inappropriate thinking (specify dichotomous, hierarchical, or linear)? If so, explain.
6. Estimate the percentage of inappropriate thinking (specify dichotomous, hierarchical, or linear) in your inner dialogue each day.

9.1.6 Ableism

Ableism is constructed based on the medical model, which reinforces the belief that individuals with disabilities/impairments need to be fixed or cured to be normal (Campbell, 2009; Lee, 2020). From this perspective individuals with impairments/disabilities are blamed for their impairments and/or disabilities and are expected to fix their disabled condition. Thus, ableism is the oppression of disabled people, on a systemic level such as failing to provide adequate ramps for wheelchair users to enter a space.

9.1.6.1 Difference Between Ableism and Disablism

Disablism and ableism cannot be used interchangeably since there is a profound difference between the two in relation to their focus (Nieminen, 2023). Disablism focuses on the production of disability (Baglieri & Lavani, 2019), whereas ableism

focuses on the production of ability. Disablism is “a set of assumptions and practices promoting the differential or unequal treatment of people because of actual or presumed disabilities” (Campbell, 2008, p. 152). Ableism is “a belief that impairment (irrespective of ‘type’) is inherently negative which should, if the opportunity presents itself, be ameliorated, cured or indeed eliminated” (Campbell, p. 154). The disability in ableism is defined by its deviance from ability, which suggests that people with disabilities as a group are inferior to people without disabilities (Mellifont, 2021).

9.1.6.2 Prejudice and Discrimination Against People with Disability/ Impairment and Ableism

The Table 9.1 below describes the differences among prejudice and discrimination against the people with disability/impairment and ableism. It is important to understand terms correctly since misunderstanding terms and inappropriate use of terms prevent us from developing effective action plans for example, effective strategies for dealing with discrimination against people with disability/impairment are different from effective strategies for dealing with ableism.

Ableism is systemic oppression of individuals with disabilities/impairments based on their disabilities. Ableism is much more than discrimination and prejudice against such individuals. It is a system granting advantages for individuals without disabilities over individuals with disabilities or impairment. For example, the governmental laws and institutional and organizational policies, rules, and designs of environment (e.g., buildings, streets) are constructed for individuals without impairment/disabilities (Hammel et al., 2015). But the system and individuals without impairments/disabilities in the system often are not aware of these privileges because privilege is invisible to privilege holders. Changing laws, policies, and rules to look like egalitarians, to avoid penalty, or to really want to be inclusive would not automatically transcend long practiced ideology of social dominance theory and social dominance orientation in the United States (Tesi et al., 2019). Changing laws, policies, and rules is a precursor to embody social justice and equity, but embodying social justice and equity requires dismantling ingrained beliefs, ingroup favoritism, attribution error, social projection, and asymmetric perception to mention a few. It

Table 9.1 Prejudice, discrimination against people with disability, and ableism

Prejudice against people with disability/impairment	Discrimination against people with disability/impairment	Ableism
Any prejudgment favoring people without disability/impairment without just ground (e.g., people with disability are not smart)	Prejudice is translated into behavior that denies equal treatment of people with disability/impairment (e.g., avoiding them)	Governmental, institutional, and organizational policies, laws, and rules that take away the rights of people with disability/impairment (e.g., refusing to provide reasonable accommodation)

requires mindful and diligent daily practice of conscious raising, honesty to self, and critical reasoning skills.

The following reflection-based learning activities are asking you to recall your memory on disability to access your own inner experience on disability in your childhood.

Concrete Strategies

Reflection-Based Learning Activities on Disability

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Close your eyes, and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe, go back in your timeline as far as you can to see whether you can recall disability/impairment experiencing during your childhood.

Memory on disability:

1. Recall awareness of disability for the first time. How did you feel about it then, and how do you feel about it now?
 - (a) Did you share your awareness with someone? If you did, with whom did you share it, and what was their response?
 - (b) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about disability and non-disability?
 - (d) What did you learn from your mother (or mother figure) about disability?
 - (e) What did you learn from your father (or father figure) about disability?
 - (f) What did you learn from your siblings (or sibling figures) about disability?
 - (g) What did you learn from your teachers about your disability?
 - (h) If your parents (or parent figures) applied able-bodied socialization practice, what was the main message? How did this message affect you then, and how does it affect you now?

9.1.6.3 Microaggression vs. Perceived Microaggression

There are numerous research articles on microaggressions on various demographic identities, but it is not clear to me whether studies defined the term microaggression as it was meant to be by Pierce who conceptualized it. It is important to understand

terms like unconscious bias, microaggression, ableism, and diabolism correctly. Misunderstanding terms and inappropriate use of terms interfere with developing appropriate action plans to dismantle. For example, developing effective action plans for ableism involves changing laws, policies, and rules, while effective action plans for microaggression involve engaging in interpersonal communication with the unconditional positive regard since “As long as people are either hyperaroused or shut down they cannot learn from experience” according to cognitive neuroscience research (van der Kolk, 2014, p. 207).

As stated in previous chapters, the term “microaggression” was conceptualized by Pierce in 1970, modified in 1974, and revitalized by Sue in 2010. Pierce referred to it as “**unintentional discriminations** against African Americans, akin to subtle insults and diminutives” (Hughey et al., 2017, p. 304). Then he expanded the concept as “...automatic, pre-conscious, or unconscious” putdowns by White to “Almost all black” (Pierce, 1974, p. 515). Sue’s microaggression is “...relatively **unconscious biases**...” (Hughey et al., 2017, p. 305). I have **bolded** “unintentional discriminations”; “automatic, pre-conscious, or unconscious”; and “unconscious biases” to remind you both Pierce and Sue stated that microaggression is produced without conscious awareness. Their definitions support Banaji and Bhaskar’s (2001) notion:

The best intentions do not and cannot override the unfolding unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control. (pp. 142–143)

I have concerns about the way some people use microaggression as if the person who exhibits microaggression is conscious of their behavior. According to Pierce who conceptualized it in 1970 and Sue revitalized in 2010, the person who exhibits microaggression is most likely not aware of their behavior. I also wonder how they know their perceived microaggression is not from their own perception from their lived experiences. We have discussed cognitive distortions in ingroup favoritism, symmetric perception, attribution error, binary thinking, and so on. We also discussed the power of language on influencing neural pathways (Eichenbaum & Bodkin, 2001; Lupyan & Bergen, 2016) and privilege being invisible to the privilege holders while oppression being vividly visible to the oppressed. It is imperative for us to apply both scientific (*objective*) inquiry and clinical (*subjective*) inquiry to examine our interpretation of perceived microaggression to make sure it is based on facts. Microaggression exists and is a barrier for achieving disability equality (Lett et al., 2019). Identifying it accurately is a precursor to developing effective action plans for disability equity.

9.1.7 *Intersectionality of Race, Gender, Sexual Orientation, Class, and Impairment/Disability*

Because multiple identities are interwoven, examining only disability/impairment status as if it functions independent of other identities of an individual is artificial and provides no information about the whole person as discussed in previous

chapters. For example, the health of a person is not solely determined by race, gender, or class alone. It is dangerous to generalize on the basis of a single identity without considering interwoven relationships among race, socioeconomic class, and other multiple identities resulting in health conditions. LaVeist et al. (2011) examined how these multiple identities and their intersectionality are experienced by individuals and lead to poor health. Their study results demonstrated that:

racial segregation creates different exposures to economic opportunity, environmental conditions, and other resources that improve health, resulting in racial disparities confounded by disparities based on geographic location. For example, environmental pollution may be more intense in impoverished areas, and hazardous waste sites may even be intentionally located in poor and minority neighborhoods because of familial SES or discrimination based on race and ethnicity. Consequently, it is difficult to disentangle the adverse consequences of that pollution from the effects of discrimination. (p. e231)

Even though it is challenging to tease out the negative consequences of pollution from discrimination, they were able to identify all the complicated variables. This would not be possible if they only examined a single identity.

Another study by Zuckerman et al. (2017) identified how to improve assisting children with autism spectrum disorders by intersectionality of race, disability, and language. They used a mixed-mode survey to find out how to better serve families. They surveyed three types of families: (1) non-Latino White families, (2) Latino families with English proficiency, and (3) Latino families without English proficiency. All three types of families reported stress involved in the diagnostic process and not having enough knowledge about autism spectrum. However, the study found that the lack of proficiency in English was the most prominent challenge in providing services.

The following are experiential learning activities on the intersections of race, gender, sexual orientation, class, and disability. These are designed to facilitate your transformative learning on intersectionality of multiple identities through linear and nonlinear activities.

Concrete Strategies

Experiential Learning Activities on Intersectionality

Prepare drawing materials (at least two sheets of drawing paper and a box of crayons, coloring pencils, or paints). Please do not screen or judge you. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you are breathing in and out slowly and evenly, think and feel how similar or different you are from other members of your race, gender, sexual orientation, and class ingroups. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

1. Draw yourself in relation to your ingroups.
 - (a) Race
 - (b) Gender
 - (c) Sexual orientation
 - (d) Class
 - (e) Disability
2. Describe your differences and similarities in relation to your ingroups.
 - (a) Race
 - (b) Gender
 - (c) Sexual orientation
 - (d) Class
 - (e) Disability
3. How do you feel about your differences from your ingroups?
4. Draw how race, gender, sexual orientation, class, and disability are linked for you?
5. Write about what you drew.
6. Do you ever feel pressured to be loyal to your race, gender, sexual orientation, class, or disability by you or the group members whose dominant identity is race, gender, sexual orientation, class, or disability?
7. How do you feel when you are pressured?
8. How do you balance your need to be loyal to your inner beliefs and your identity communities’ requests?
9. How is your narrative similar to and different from that of each of your communities (race, gender, sexual orientation, class, and disability)?
10. On the basis of your experience, what type of questions would you like to ask in order to find information among and within-group variations in relation to race, gender, sexual orientation, class, and disability?
11. If you had difficulty engaging in the above activities, explain.
12. When you evaluate another person or group of people, do you evaluate that person or group on the basis of multiple identities operating in various sociocultural contexts, or do you evaluate on the basis of a single identity.

Whether it is about physical health disability or mental health disability, researchers indicate that it is essential to examine multiple identities and their intersectionality as well as contextual factors simultaneously to investigate the disability from a comprehensive perspective for an accurate assessment, diagnosis, and treatment.

This comprehensive model requires providers' ability to think holistically to explore various factors from a multilayered and multidimensional perspective. In other words, providers need to be multiculturally competent.

9.1.8 Strategies for Dismantling Ableism and Discrimination to Benefit for All

Ableism and discrimination related to disability need to be dismantled at the personal, interpersonal, institutional, and cultural levels. Deconstructing inappropriate dichotomous, hierarchical, and linear thinking is the main strategy for dismantling ableism at all levels. Thinking about such deconstruction is not enough to dismantle them. Implementing thinking into behavior takes a specific and detailed plan which is deliverable by each one of us.

At the personal and interpersonal levels, individuals need to practice deconstructing ableism and discrimination daily in order to minimize automatic activation. As stated in previous chapters, Sennett (2012) estimates it takes at least 10,000 h to master a skill such as playing a sport and making music, etc. If you started disability prejudice and discrimination at age 3 (just like gendered beliefs) and you are in your 20s, your beliefs on disability have reached more than one cycle of mastery. It is firmly grounded in your unconscious. Therefore, it is activated automatically without your conscious awareness despite your good intentions due to the neurobiology of automaticity. "The best intentions do not and cannot override the unfolding of unconscious process, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control" (Banaji & Bhaskar, 2001, pp. 142–143).

Wilson and Scior (2015) wrote:

The results obtained may appear disheartening. Over the last few decades considerable effort has been made to tackle negative stereotypes and attitudes held towards people with intellectual disabilities. This study highlights that, despite all these efforts, negative attitudes, in the form of implicit attitudes, appear to prevail. (p. 14)

Similar results were found in Friedman's (2017) study. Siblings of individuals with disability held implicit prejudice toward people with disability which is contradictory to their explicit behavior and statements. Social psychology research findings in ingroup favoritism, attribution error, asymmetric perception, and social projection have shown inconsistencies between external (*explicit*) behavior and internal (*implicit*) behavior. These inconsistencies have been maintained persistently. We need to develop action plans that lead to consistencies between external behavior and internal thought before social justice movement and advocating for cultural and multicultural competencies can be obtained. It appears that our conscious attention has not been paid to develop strategies based on integrating research findings from cognitive neuroscience, social psychology, developmental psychology, consciousness studies, neurobiology, and learning theories in the United States

partly due to valuing conscious over unconscious, extrovert over introvert, conceptual learning over transformative learning, and so on. Inconsistencies between explicit and implicit attitudes indicate that we need to develop strategies in changing implicit attitudes. Revisit your own stereotypes, biases, and assumptions in relation to disability/impairment to critically examine their validity and purpose. It is not to defend your position but to observe your internal process. Revisit your internalized privilege and oppression in relation to ableism in order to question, reconstruct, or observe assumptions and standards for internalized privilege and oppression.

Another strategy at the personal and institutional levels is learning to conceptualize disability and impairment from the social model perspective by reframing the automatic tendency to see people with disability/impairment from the medical model perspective. Cognitive restructuring from the medical model to the social model allows you to think about what can be improved so that both individuals with and without disabilities will have equal access. For example, you will gradually become aware of most of the architectural designs which are constructed for able-bodied individuals. I do not think it is intentional. It probably is due to social projection and the power of privilege being invisible to the privilege holders. As you gain a new perspective that individuals with impairment/disability do not choose to be disabled, you will be aware that institutions at times impose cultural norms which are constructed for people without disabilities on people with disabilities/impairments. By shifting your focus from the medical model to the social model, you not only advocate for individuals with impairments/disabilities but also work with them to provide equal access at institutional and governmental levels.

There are several concrete strategies for dismantling institutional ableism. Institutions need to critically examine the physical structures of buildings and the degree of accessibility by those with physical disability/impairment. They can also review policies, especially ADAAA (Americans with Disabilities Act Amendments Act) and regulations to make sure that equal access is provided for neurodivergent individuals. Graduation rates of some states vary for students with disabilities (Samuels, 2015). Education for disability/impairment awareness can begin for all members of an institution through variety of activities. But the most important activity is to provide a space and instructions for honest and uncensored self-assessment for each employee (e.g., reflective learning activities in this book). I have been critically examining why changing laws, policies, and rules did not change structural problems of institutions and government agencies since writing this book. Recent research findings in racism, sexism, cissexism, heterosexism, and ableism indicate that blatant *isms* did not transform. They are changed to subtle, covert, contemporary, and implicit forms. This means that changing laws, policies, and rules, reading, listening to speakers on a regular basis, and short-term diversity training (1 or 2 days or a week) have not penetrated ingrained values, beliefs, and biases which have been accumulated throughout socialization starting in early childhood. Transforming ingrained beliefs cannot be done as group work because "...transformation does not simply emerge due to the individual's awareness... but is experienced..." (Benetka & Joerchel, 2016, p. 22). What institutions can do is to provide a set of questions relating to ableism, racism, sexism, heterosexism,

classism, cissexism, etc. for every employee and 30 min a week to work on responding to questions without censoring for at least 6 months. It is important to assure everyone that the institution is creating a safe space for each one to respond honestly from within. Assuring everyone that uncensored writing is not for others but for the self to access their inner experience which is an essential step for transformation. The institutions can inform employees that they can destroy their writings afterward since experiential learning activities are for them to gain self-knowledge necessary. The next step is having an institution-wise communication workshops on the difference between “*I messages*” and “*you messages*” and the ineffectiveness of you messages for dialogical conversation. Effective communication is necessary to discuss complex issues like diversity, inclusion, and equity. The next step is for each department or division to spend 30–60 min to process their experiences with uncensored writing. Establishing ground rules for small group discussions is necessary to build trust and to respect each other. Group covenant on confidentiality, importance of attending, and avoiding inappropriate hierarchical, dichotomous, and linear interpretations of group members’ statements are a few examples of ground rules. After each employee gains self-understanding through reflective uncensored writing, they can listen to those who want to share their oppressed experiences. It is important that experience is shared without generalizing blame to current individuals who belong to the same group as their oppressors. Blaming other employees who have the same group memberships as your oppressors creates tension, fear, uncomfortable feeling, and helplessness. Instead of blaming (“*you*” messages), tell your story (pain) with *I messages*. If the listeners are not blamed for their ancestral and systemic injustice, they will likely spend less time in internal torment and helplessness and more time listening to your story. Tell your stories as often as you want as long as you articulate it by *I messages*. Your listeners will probably want to do something so that no one else will suffer from injustice like you, your family, and your community. At this point, the institutions can collaboratively work with employees to decide what is the realistic goal for the next step. Ongoing self-reflection-based activities need to be supported by the institution regardless of what is offered externally from the institution, and all the employees and employers need to participate in activities on a regular basis for institutional transformation to occur. As stated in previous chapters, Sennett (2012) discusses taking at least 10,000 h for a skill mastery. Employees and employers need to remember that they have spent a lot more than 10,000 h in ableism and discrimination against individuals with disability and/or impairment without their conscious awareness.

The following experiential learning activities are designed for you to practice perspective-taking to understand the other.

Concrete Strategies

Perspective-Taking Experiential Learning Activities

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be,

you cannot access your inner experience. Uncensored writing is one way to access your real values, beliefs, and biases. Progoff (1992) depicted the important difference between thinking about writing and the act of writing. He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

1. In your mind, think about a TV commercial, and change it for viewers with disability/impairment.
2. Imagine yourself living in a disability-oriented world and that you are the only one without disability. Write down your feelings.
3. For people with disability:
 - (a) How did you feel in your imaginary disability world?
 - (b) What can people without disability do to make people with disability feel equal to them?
4. For people without disability:
 - (a) Think and feel about how people with disability feel in this non-disability-oriented world.
 - (b) Is there something you can do to make people with disability feel they are equal to people without disability?
5. Look around and observe events in your environments for a week, report back to class, and discuss your findings with other students.

The following experiential and reflection-based learning activities are designed for transformative learning on disability/impairment through uncensored narrative writing.

Concrete Strategies

Experiential and Reflection-Based Learning Activities on Disability

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your real values, beliefs, and biases.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing. He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, go back in your timeline as far as you can to see whether you recall an experience with disability/impairment during your childhood. Slowly open your eyes.

1. Describe your experience with impairment/disability. Which group did you identify with, the privileged or oppressed?
 - (a) How did you feel about your experience with impairment/disability when you were a child and a teenager, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about impairment/disability or lack thereof compared to your parents' and friends'?
 - (d) What did you learn from your teachers about ableism? Be specific.
 - (e) What did you learn about systemic ableism privilege and impairment/disability oppression from your family when you were a child? Be specific.
 - (f) How did your group membership shape your worldview?
 - (g) Write down your intrapersonal communication (in relation to ableism), which reflects your internalized oppression/privilege.
 - (h) When was the first time you were aware of systemic oppression/privilege in relationship to ableism and disability? Describe the incident in detail.
 - (i) Is your ableism/disability status different from that of your family members? If so, what overt and covert messages did you receive from your family, and how did these messages affect your relationship to your family and your worldview?
 - (j) Write down any ableism remarks you heard while growing up from (a) family, (b) friends, and (c) the media. How did you feel about them? Write down any ableism remarks you have made; how did you feel when you made them?
2. Write down any remarks about individuals with impairment/disability you heard while you were growing up from (a) family, (b) friends, and (c) the media. How did you feel about them? Write down any ableism remarks you have made; how did you feel when you made them?

3. Write down any remarks about individuals with impairment/disability you heard while you were growing up from (a) family and (b) friends.
4. Write down how you felt when you have made any remarks about individuals with impairment/disability.
5. Close your eyes and breathe slowly and evenly as you observe your inner world. Just experience your inner world without judgment as you breathe in and out slowly and evenly. Open your eyes; when you are ready, draw, color, or paint what you have experienced.
6. Describe how you will use this experience as a mental health provider or a DEI trainer.

Dismantling ableism benefits all. Individuals with disability/impairment will flourish, and other individuals will build genuine relationships with individuals with impairment/disability on the basis of human qualities. Both parties will be able to learn from each other in discovering their potentiality and learning about each other's culture. Individuals may be able to connect who they are as people with all their unique characteristics. The concept of being differently abled will be understood and celebrated.

9.1.9 A Provider's Assessment of Self in Relation to Disability

From 1996 to 2015, psychologist and counselors specializing in various psychological disorders have been invited to be guest speakers of my yearlong multicultural counseling program. Every one of them has stated the importance of knowing oneself as a prerequisite to being a competent helping professional. Smith (2016) supports this notion by stating that counselor's self-assessment in relation to ableism is one of the most important qualities of assessing clients accurately. The more they (counselors or providers) are clear about who they are, the more this knowledge will assist them with accurate assessment of clients.

Write and/or draw your assessment of you in relation to disability?

Consciousness Practice

What is it like being a person with or without impairment/disability?

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Chapter 10

Other *Isms* Due to Age, Language, Religion, and Region



Mindfulness Practice:

Close your eyes and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreathe, two outbreathe). Observe your mind and body without judgment as you breathe in and out. Slowly open your eyes. Are you ready to read the chapter?

10.1 Other *Isms*

There are identities besides the ones we have discussed so far. Identities like age, language, religion, region, size, and other identities may be more significant to some individuals. These may be dominant (salient) identities for some individuals than those identities discussed in this book. Racism, sexism, cissexism, heterosexism, classism, and disablism/ableism, and their intersectionality were explored both linearly and nonlinearly with reflective and experiential learning activities. Each chapter up to this point in part II systematically repeats concepts that are in our long-term memory as a result of the neural basis of automaticity (Amodio & Cikara, 2021; Servant et al., 2018). For example, unconscious activation of prejudice is because we learned it throughout our socialization process by multiple social agents from all levels of the ecosystem (micro, meso, and macro). As stated in Chap. 1, there has not been real change despite changes in laws, policies, and rules on racism since the Civil Rights Act of 1964. As stated in this chapter and others, good intentions alone do not implement our conceptual understanding of equality. My intention of repetition in chapters was to incorporate research findings from social psychology, cognitive neuroscience, and social neuroscience. Banaji and Bhaskar (2001) have shared their research finding over 20 years ago and we are still ignoring it. They found:

....when stereotypes are unconsciously activated and used, two direct challenges to the implementation of fairness are posed: (a) perceivers and targets are often unaware of the

steady and continuous rendering of judgment, and (b) judgments are based on beliefs about targets' social groups rather than on target's actions. (pp. 143–144)

In this chapter ageism, adultism, linguism, and isms in religion and regions will be explored. The fundamental principle underlying isms is unequal power distribution. Your mindful engagement with incorporating learning from previous chapters will assist you to connect your conceptual understanding of concepts (*objective*) to your experience (*subjective*).

10.1.1 *Barrier to Dismantling Other Isms: Social Dominance Theory of Isms*

This book has discussed racism, sexism, cissexism, heterosexism, classism, ablism, and other *isms*, and the recurring theme has been that for generations the dominant groups constructed the hierarchy of inequality to maintain their systemic privilege and power over the nondominant groups (Kunsta et al., 2017; Sidanius & Pratto, 1999). As a result, governmental and institutional policies, regulations, and laws are structured around the dominant groups' standards and norms as if they are the only ones that matter. The pervasiveness of the systems of hierarchy has been deeply embedded in social dominance theory which is based on social inequality (Sidanius & Pratto, 1999). Kunsta et al. (2017) discuss that one of the most important sources for social dominance orientation (SDO) is status or power. According to them, members of high-status groups have more SDO than members of low-status groups. It's all based on binary (hierarchical and dichotomous) thinking. Kunsta et al.'s study (2017) parallels the current sociopolitical climate in the United States. Their participants were 4613 from 30 US states, and what they found was greater racism, sexism, classism, and willingness to enforce group hegemony violently by participating to persecute outgroups. Paradigm shifts in thinking (from binary to holistic) and learning (from conceptual to transformative) are essential for justice and equity for all people.

As stated earlier, *isms* are based on ethnocentrism which is framed on inappropriate dichotomous and hierarchical thinking. Thus, ethnocentrism considers ingroups as superior and better than outgroups (Bizumic, 2021). As you have seen throughout the book, children as young as 3 or 4 show that they not only have learned to be loyal to their ingroup but also have learned to dislike other children who do not conform to the norms of their ingroup. By the time these children grow up to be teens and adults, they will be ingrained with ingroup favoritism, social projection, attribution error, asymmetric perception, and ethnocentrism. They are likely to selectively perceive events in their environment as fitting into their beliefs. The personal stories and research findings in this chapter support *isms* are based on hierarchical and dichotomous thinking. For example, ageism and adultism are created by institutional and societal age segregation in the United States.

10.1.2 *No More Ingroup vs. Outgroup but Learn Variations Within, Between, and Among Age, Language, Religion, and Region*

Variations within age, language, religion, and region are as diverse as variations between and among ages, languages, religions, and regions. Not all elderly adults feel marginalized, discriminated against, and silenced. Not all people whose first language is not English feel that they are discriminated against or minimized because of their insufficient English proficiency. Not all people with religious affiliations show religious prejudice against those whose belief systems are different from theirs. Not all people living in a particular region demonstrate regional biases toward people who live in different regions. People from the same state are different from region to region. People from the same region in the same state are also different from each other. Generalizing that people from the same regions have the same characteristics is judging people on the basis of one external aspect of one identity among multiple identities and their intersectionality. Generalizations about one region being better than the other regions is geographic ethnocentrism based on *hierarchical thinking*. Most people have the tendency to prefer what is familiar to them, but they do not have to put down other people's preferences to justify their preference.

People are different even if they come from the same region regardless of the size of the region. Some people in small towns do not care for city life or city people, but not all people in small towns do not care for city life or city people. People from the same region have different family histories (birth order, socioeconomic class, religion, racial and ethnic backgrounds, etc.), and these have affected their worldviews. In addition, some people show their preferences, biases, prejudices, and discrimination to different degrees at different intensities in the same sociocultural contexts, while some people show their preferences, biases, prejudices, and discrimination to different degrees at different intensities in different sociocultural contexts. Thinking holistically by including individuals' multilayered and multidimensional aspects facilitates understanding and perceiving variations within as well as between and among groups in relation to age, language, religion, and region. The following personal story is an example of regional dialectic differences within the United States.

10.2 Barriers to Dismantling Other Isms: Systemic Oppression/Privilege and Internalized Oppression/Privilege

Both dominant and nondominant groups perpetuate social norms and standards without conscious awareness since the dominant group's norm is enforced as the correct norm for all people. The process of conditioning starts before children can

apply their own critical reasoning skills to evaluate. When members of the dominant group perpetuate their own standards and norms, it is because they have been socialized with systemic privilege which became internalized and stored in the long-term memory as a result of repetition without their conscious awareness. Neurobiologists termed this process as the neurobiology of automaticity (Sapolsky, 2017). This is why it is so difficult for privileged group members to comprehend that they are privileged because the way they have been treated by the system has been denied for those oppressed. When nondominant group members perpetuate the dominant groups' norms and standards, it is from being targets of repeated systemic oppression becoming internalized (treating themselves the same as the dominant group members treated them) because of repeated treatments for who they are throughout socialization process. They have felt complex and intense emotions (anger, depression, anxiety, etc.) throughout socialization process. Therefore, processing an individual's own internalized privilege and oppression requires transformative learning to grieve and to heal from wounds created by both systemic oppression/privilege and internalized oppression/privilege. Intellectual understanding alone does not transcend and transform *isms*. Transformative learning is a process of connecting intellectual understanding (*objective*) with their experience (*subjective*) without judgment.

I have introduced one aspect of transformative learning up to this point for you to access your inner experiences through introspection, reflection, mindfulness practice, consciousness raising practice, uncensored writing, and some drawing. I am going to introduce you to the deeper level transformative learning since you are now more familiar with the first level of transformative learning, I introduced to you. Friedman's (2023) comprehensive article on transformative learning addresses a 30-year-old question, "what are the consequences of transformation, and how do they differ from consequences of non-transformation?" The consequences of transformation are experiencing the dialectical unity, the unity of opposites, which is the most important dialectical principle by Lenin (McGill & Parry, 1948). The dialectical unity is determined by *its internal oppositions*. McGill and Parry describe it as:

Change involves a unity of opposite, of being and non-being. The Hegelian dialectic on the other hand, accepted the contradiction as a real aspect of the world, which is continually overcome and continually renews itself in the process of change. (p. 419)

Transformative learning has been studied by numerous scholars, and most recent study by Friedman (2023) was most close to explaining consequences of transformative leaning. However, he also has attempted to describe what is not describable by words. As he stated, the consequences of transformation are *experiencing* the dialectical unity. Indeed, it is experiencing the unity of opposites internally without judgment by trusting the unfolding process of change. In order to experience the unity of opposite, we need to pay attention to our inner experience mindfully without any assumptions, expectations, or anticipations in order to transform. As Proffoff wrote, "Thinking about what you would write is not the same as actually writing" (1992, p. 11). Assumptions, expectations, and anticipations distract us from our ability to access our inner experience. "Neuroscience research shows that the only

way we can change the way we feel is by becoming aware of our inner experience and learning to befriend what is going on inside ourselves” (van der Kolk, 2014, p. 208). Transformative learning reminds us the power of our inner experience on our ability to change. If we are able to apply transformative learning that allows us to experience dialectical unity in relation to systemic privilege/oppression and internalized privilege/oppression, we may be able to have difficult conversations on isms by using “I” messages (see Chap. 2) to heal and to renew our relationships as real people.

The following personal story may be an example of internalized oppression. What do you think?

Personal Story

One of my closest friends from middle school came to the United States to stay with her sister who was a naturalized citizen. She arrived 3 months later than I did, and she understood that she would be attending college. However, she was deeply disappointed when she realized that her sister was interested in using her as a babysitter rather than letting her go to college. About a year later, she got a job at a bank and moved out of her sister’s house. I had not heard from her in a while when I received a letter from her. The letter was written in English, and she had changed her name to an American name. When I wrote back to her, I wrote in Korean explaining that I did not feel like I knew her when she used her English name and I preferred to write in Korean since I could not articulate our relationship in English since our friendship has developed since middle school in Korea using Korean language. I did not hear from her for another 2 years.

She called me 2 years later to tell me she wanted to visit me. We were so glad to see each other after so many years. When we met, she said she preferred speaking in English because she had forgotten Korean language. I could understand if we were with non-Korean speakers, but I didn’t know why we needed to speak in English when we were the only two visiting with each other. I assumed her Korean listening and speaking proficiency was as good as mine since she came to the United States 3 months later than I did and she lived near her Mom who did not speak English. So, I spoke in Korean and she spoke in English and it was very confusing. She said she liked being an American and disliked Koreans and Korean culture. I was the only Korean classmate she was communicating with even though she lived in the city with “Korea town” and over 20 of our high school classmates.

She said she’d had numerous surgeries to alter her vocal cords in order to speak perfect English. She also said she wanted to be born with blue eyes and blond hair after this life and asked me what I wanted to be in my next life. I told her I didn’t have the time to think about my next life since I was struggling with this life.

(continued)

We see each other whenever I pass her city on my way to or from Korea. I gave up speaking in Korean to her since it was confusing to use two languages to converse. When my 5-year-old son asked me why I spoke in English with her when I spoke Korean with all other Koreans, I found his question hard for me to answer. Her attitude toward other Koreans stayed the same. So, she would drop me off to see our high school classmates in her town and would come and pick me up. I often wondered whether her behavior was a sign of internalized oppression or it is just her preference.

The following reflection-based learning activities are designed to facilitate your understanding of systemic oppression/privilege and/or internalized oppression/privilege through transformative learning. Repeat the same activities by replacing age with language, religion, and region. Please apply what you have learned from the deeper level of transformative learning that is explained the above. When you complete both reflection-based and experiential learning activities in relation to age, language, religion, and region, you are likely to gain new knowledge about complexities of your identity construction from intersectionality of age, language, religion, and region. This new knowledge is a by-product of transformative leaning which is integrating emotional and intellectual understanding of the concept in addition to mindfully observing your inner experience.

Concrete Strategies

Reflection-Based Learning Activities on Oppression/Privilege in Relation to Other isms

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is a key to accessing your real values, beliefs, and biases.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, go back in your timeline as far as you can to see whether you recall an experience with certain age* or age issues during your childhood. Slowly open your eyes.

(continued)

1. Describe your memory of age privilege or oppression. How did you feel about it when you were a child and a teenager, and how do you feel about it now?
2. Did you share your experience with someone?
 - (a) If you did, with whom did you share it, and what was their response?
 - (b) If you did not share it with anyone, what did you do with it?
3. What were your feelings about your age compared to that of your friends?
4. When was the first time you became aware of systemic oppression/privilege in relation to age? Describe the incident in detail.
5. What did you learn from your teachers about *age*?
6. Write down any remarks about age you heard while you were growing up from (a) family, (b) friends, and (c) the media. How did you feel about them? Write down any remarks related to age that you have made. What was your motivation for making these remarks? Write down your intrapersonal communication on age.
7. What did you learn about systemic age privilege and/or oppression from your family when you were a child? Be specific.
8. Did you belong to a privileged or an oppressed group, and how has this shaped your worldview?
9. Write down your intrapersonal communication, which reflects your internalized age oppression/privilege.

*Repeat the same activities by replacing age with language, religion, and region.

10.2.1 *Barriers to Dismantling Other Isms: Unconscious and Automatic Activation of Stereotypes and Prejudices (the Neurobiology of Automaticity)*

Researchers define age, race, and gender categories as *primitive* or *automatic* categories because responses to them are easily activated. The theory that stereotypes and prejudices in the areas of race, gender, and age are automatically activated is supported by various research findings consistently for a long time (Amodio & Cikara, 2021; Banaji & Bhaskar, 2001; Banaji & Greenwald, 2016; Eichenbaum & Bodkin, 2001). Banaji and Bhaskar (2001) conclude as follows:

The best intentions do not and cannot override the unfolding of unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control.... (pp. 142–143)

Unconscious and automatic activation of stereotypes and prejudices are barriers to dismantling “isms” due to the neurobiology of automaticity. During the

COVID-19 pandemic, social media was used to express stereotypes and prejudice against older adults which depersonalized and dehumanized older adults (Ramirez et al., 2022). There were also adultism (Pearson et al., 2023), linguistic discrimination (Tan et al., 2021), religious discrimination (Kawachi, 2020; Wang et al., 2020), and residential segregation (Massey, 2020). Some researchers speculated the correlation between the pandemic stress and ageism, adultism, linguism, and othering.

As stated throughout this book, it takes 10,000 to master a skill (Sennett, 2012) and most of us probably have spent more than 10,000 hours being exposed to prejudicial attitudes and stereotypes by the time we reach age 5. In other words, stereotypes and prejudices are gradually formed implicitly or explicitly throughout socialization process as a result of multiple social agents' verbal and nonverbal communication on dominant standards or norms (Dunham, 2018). Thus, dismantling prejudices and stereotypes requires our patience, reflection and introspection, willingness to learn holistic thinking, and diligent and mindful practice on a regular basis. As stated in this chapter, the consequence of transformation is *experiencing* the dialectical unity which is experiencing the unity of opposites internally without judgment. Remember it is observing our inner experience mindfully which means our mind is free from assumptions, expectations, or anticipations.

10.2.2 Discrimination Against Other *Isms*: Inappropriate Thinking

Dichotomous and hierarchical thinking perpetuate the cycle of *isms* against age, language, religious, and regional equality. Within this frame of reference, it is impossible to transcend and discover or create a new vision of relating to people with different religious affiliations, people with no religious affiliation, people in different age groups, non-English speakers or ESL speakers, and people with different regional backgrounds. Whether they speak with an accent, struggle to pronounce English words, or explain in a circular style, they are able to speak their own language as well as North Americans speak English. If native English speakers have compassion for their struggle to articulate rather than being impatient with them, they may feel less stressful. It is not possible to grant power and privilege to one group over the other groups if society does not value *dichotomous and hierarchical thinking*. *Isms* are not possible when all social identities are given equal power by the system and by people. "A shift toward complexity and inclusiveness will be painful" partly due to long-held beliefs of ethnocentric bias in each demographic group and partly due to the long-held practice of simplifying complex issues (Bieschke et al., 2005, p. 203). Changing one's thinking from simple *either/or* thinking to *both/and* thinking is a difficult task emotionally as well as intellectually. However, not changing it because it is painful and difficult will allow *isms* to perpetuate generations after generations, just like they have been doing since the birth of the United States in North America. Ethnocentrism of dominant groups will

perpetuate at individual, institutional, and cultural levels. The more we practice “either/or” (binary) thinking because it is easier, the harder it is to change.

The following reflective learning activities are designed for you to increase your awareness of your thinking.

Concrete Strategies

Inappropriate Thinking and Intrapersonal Communication on Age

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should write, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, think about what you have learned so far about your multiple identities. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

1. Examine whether you use inappropriate thinking (hierarchical, dichotomous, or linear) in relation to age* and what happens as a result. Draw a picture to symbolize the results or write them down.
2. If you use inappropriate thinking in relation to age, what type of thinking do you usually use (e.g., hierarchical, dichotomous, linear)?
3. Did your parents, siblings, and/or schoolteachers use inappropriate thinking (specify dichotomous, hierarchical, or linear) in relation to age, while you were growing up? How did this shape your intrapersonal communication on age?
4. Write down exactly what you say about age.
5. Think of one incident where you were frustrated with a person (older, younger, or the same age range). What were your assumptions? What did you expect? Was your frustration related to inappropriate thinking (specify dichotomous, hierarchical, or linear)? If so, explain.
6. Estimate the percentage of inappropriate thinking (specify dichotomous, hierarchical, or linear) in your inner dialogue each day.

*Repeat the same activities by replacing age with language, religion, and region.

10.3 Microaggression vs. Perceived Microaggression

There are numerous research articles on microaggressions on various demographic identities, but it is not clear whether studies defined the term microaggression as it was meant to be by Pierce who conceptualized it. It is important to understand terms

like unconscious bias, microaggression, adultism, ageism, linguism, and so on correctly. Misunderstanding terms and inappropriate use of terms interfere with developing action plans that are effective. For example, developing effective action plans for ageism involve changing laws, policies, and rules while effective action plans for microaggression involve engaging in interpersonal communication with the unconditional positive regard since “As long as people are either hyperaroused or shut down they cannot learn from experience” according to cognitive neuroscience research (van der Kolk, 2014, p. 207). Effective action plans need to be communicated through dialogical conversations if the goal is to dismantle inequality.

As stated in previous chapters, the term “microaggression” was conceptualized by Pierce in 1970 and revitalized by Sue (2010). Pierce referred to it as “**unintentional discriminations** against African Americans, akin to subtle insults and diminutives” (Hughey et al., 2017, p. 304). Then he expanded the concept as “...**automatic, pre-conscious, or unconscious**” putdowns by White to “Almost all black” (Pierce, 1974, p. 515). Sue’s microaggression is “...relatively **unconscious biases**...” (Hughey et al., 2017, p.305). I have **bolded** “unintentional discriminations,” “automatic, pre-conscious, or unconscious,” and “unconscious biases” to make sure you notice that both Pierce and Sue defined microaggression as the product of “**automatic, pre-conscious, or relatively unconscious**. This means the person who exhibited microaggression is not aware of their behavior. This is a very important information to consider in developing effective action plans to dismantle isms. Definitions of microaggression by Pierce and Sue state the challenges involved in dismantling prejudice, discrimination, and isms which were clearly spelled out 22 years ago by Banaji and Bhaskar (2001).

The best intentions do not and cannot override the unfolding unconscious processes, for the triggers of automatic thought, feeling, and behavior live and breathe outside conscious awareness and control. (pp. 142–143)

You can see why I have concerns about the way some people use microaggression as if the person who exhibits microaggression is conscious of their behavior. I also wonder how we know our perceived microaggression is not from our own perception from our lived experiences. I have discussed cognitive distortions in ingroup favoritism, asymmetric perception, attribution error, and social projection in addition to unconscious processing of beliefs in previous chapters. I also discussed the power of language on influencing neural pathways (Eichenbaum & Bodkin, 2001; Lupyan & Bergen, 2016) and privilege being invisible to the privilege holders while oppression being vividly visible to the oppressed. It is imperative for us to apply both scientific (*objective*) inquiry and clinical (*subjective*) inquiry to examine our interpretation of perceived microaggression to make sure it is based on facts. Microaggression exists and is a barrier for achieving equality. However, identifying it accurately is a precursor to finding an effective way to communicate to a person who has no awareness of their behavior.

This information needs to be repeated for each ism [ageism, adultism, linguism, religious discrimination, and regional (geographical) discrimination] discussed in this chapter.

10.4 Ageism and Adulthood

The social structure of the United States segregates people according to age. Age segregation divides individuals into “us” versus “them” (*dichotomous thinking*). Age segregation sets rules as to when children should start school, when they become adults, and when adults should retire from work. In other words, developmental tasks in each stage in the United States are socially constructed on the basis of chronological age and White middle-class values (Massey, 2018). This tends to lead to indifference toward other age groups, especially children and old adults. Often, children and old adults are discriminated against, marginalized, and silenced. They are oppressed by the system based on their ages. Age segregation leads to ageism and adulthood (Deng & Mao, 2018; Lehning et al., 2021).

Both ageism and adulthood are more than prejudice, marginalization, and minimization against old adults and children. It is granting systemic advantages for dominant groups based on chronological age. This means governmental, institutional, and organizational policies, laws, and rules are written to benefit dominant age groups (Levy et al., 2020; Kornadt et al., 2021; Whiteman et al., 2023).

10.4.1 Ageism

Ageism is governmental and institutional laws, policies, and rules is taking away power, responsibility, and dignity from older adults solely based on their chronological age regardless of their intellectual, emotional, physical, and social competency levels.

10.4.1.1 Prejudice and Discrimination Against Older Adults and Ageism

Table 10.1 describes the differences among prejudice and discrimination against the older adults and ageism. Researchers in the review of literature did not make distinctions among ageism, prejudice, and discrimination. As I stated in the previous chapters, it is important to understand terms correctly in order to develop effective strategies to dismantle injustice and inequity. For example, effective strategies for

Table 10.1 Prejudice, discrimination, and ageism

Prejudice against older adults	Discrimination against older adults	Ageism
Any prejudgment against older adults without just ground (e.g., My mom doesn’t remember anything. She is losing her mind.)	Prejudice is translated into behavior that denies equal treatment of the older adults (e.g., You can’t go to the store alone since your memory isn’t working well.)	Governmental, institutional, and organizational, policies, laws, and rules that take away the rights of older adults (e.g., Doctor diagnosing without letting the older person to finish her description of symptoms)

dealing with discrimination against older adults are different from effective strategies to reduce ageism.

Due to the culture's emphasis on youth in the United States, older adults are often silenced, marginalized, and discriminated. Older adults not only have to deal with the developmental challenges related to natural aging process but also have to deal with ageism (CDC, 2023; Feng et al., 2014; Kornadt et al., 2021). Kornadt et al. found that old adults' perceived ageism during the Covid-19 crisis remained in their body and mind as threats to self. Similar results were also found by Molinaro et al. (2021). My older clients frequently processed their experiences about how their healthcare providers did not listen to them. At times, their problems were results of their developmental process which was nonlinear and could be remedied if they were listened to. They were often silenced before they could fully describe their problems. They felt they were treated as if their external changes equated to their internal deterioration of their intellectual abilities. They felt objectified as if they were no longer individual human beings. The growing research evidence linking self-reported experiences of discrimination by healthcare indicates that discrimination and ageism are important risk factors for a broad range of health outcomes. This body of research is a reminder that aging adults' health issues are interwoven by multiple psychosocial factors such as race, gender, class, genetics, family, lifestyle choices, beliefs, values, expectation, and the quality of life. A broad range of psychosocial factors in homes, neighborhoods, workplaces, and schools can be critical determinants of health.

Healthcare providers are not the only ones who marginalize and minimize the old adults because prejudicial attitudes and discriminations against old adults and ageism take place at interpersonal, institutional, and cultural levels (Levy et al., 2020; Sivertsen et al., 2015; Macdonald & Levy, 2016). The youth orientation of the US culture tends to frame aging as a negative life event that needs to be avoided or denied. Excluding or silencing the older adults as if they do not exist is one way of focusing on youth. However, such exclusion—treating the elderly as “other”—often leads to elder abuse (Monahan et al., 2020; Whiteman et al., 2023).

Levy et al. (2020) were interested in the cost of ageism. They used (a) discrimination against older adults, (b) negative age stereotypes of older adults, and (c) negative self-perceptions of aging as predictors of ageism. Healthcare costs of ageism were computed by combining analysis of the ageism predictors and healthcare spending data in 1 year for 8 most expensive health conditions among all Americans aged 60 or older in the United States. They found 1-year cost of ageism was \$63 billion for 8 health conditions. Ageism resulted in 17.04 million cases of these health conditions after adjusting for age and sex as well as removing overlapping costs from the three predictors. Their findings suggest that a reduction of ageism would not only save governmental and institutional funds but also have a health benefit from not being targets of discrimination and ageism for older adults.

The following is a personal story of an 80-year-old client who was treated as if her external changes equated to an internal deterioration of her intelligence. Her mind was clear, but her movement was slower due to her physical aging.

Personal Story

An 80-year-old client, who was highly intelligent and creative, told me that she went to a self-service gas station, and the attendant charged her about \$10 more than the actual bill. She could not go back to the meter to check the price since another person had already started using the pump. She felt she had no choice but to pay the requested amount, which hurt because she felt she was devalued due to her external appearance.

The cultural focus on youth coupled with a belief in technological reconstruction to look younger leads some North Americans to be obsessed with staying *youthful forever*. This myth impacts older adults from middle class and upper middle class differently than working poor older adults. *Youthful forever* myth encourages the middle and upper middle-class older women to buy into commercialism, which emphasizes maintaining youth by consuming such products as antiaging creams, diet pills, and plastic surgery while considering the older adults as *other* (Crary, 2011). Technological advancement may temporarily allow for a *youthful appearance*, but it cannot prevent the neuro-biological and physiological process of aging. Technological advancement cannot prepare individuals to deal with the emotional and psychological processes of human development that are internal. Inappropriate application of technology may cause further internal conflict for older adults since it enables their discontent with the natural developmental process. Being fixated on outer appearance is a form of denial which does not allow for dealing with the reality of the present condition. Such discontentment with the natural aging process is desperate attempts to conquer nature's mysterious unfolding of life. It blinds older adults' learning from the positive aspects of getting old. These extrinsic value-oriented cultures often emphasize external things such as money, fame, and image. The intrinsic value-oriented cultures often emphasize inner growth, wisdom from lived experiences, and genuine concern for the community. The study by Karasawa et al. (2011) showed the impact of cultural support for growth on aging adults. Karasawa et al. conducted cross-cultural study by comparing Japanese and North Americans. Japanese participants [(482 Japanese adults, 199 males and 283 females), age range from 26 to 74 and mean age of 51] were from Tokyo and Sapporo (a regional center of the northern island of Hokkaido). North American participants [(3033 adults, 1472 males and 1561 females), age range from 25 to 74, mean age of 47] were recruited through random digit dialing procedures. The study result showed that Japanese older adults maintained their interests in personal growth compared to that of the North Americans. The researchers showed the power of intrinsic valuation of collective culture on the aging process of Japanese older adults.

The following is a personal story of a 67-year-old colleague who was marginalized solely based on her chronological age.

Personal Story

A colleague of mine who was 67 years old sprained and cracked her ankle while she was hiking up a steep mountain. She had been physically active all her life; she hiked, walked, and biked regularly.

When she went to see the doctor, the nurse told her that it was going to take her a long time to heal since she was not a “young chick” anymore. Then the nurse proceeded to tell her she should act her own age by restraining her “rigorous” physical activities. However, when my colleague began to recover much “faster than normal,” both the doctor and the nurse were surprised. They did not know what to say to her. She was not fitting into their expectations of what was normal based on her chronological age. They did not consider her personal health history in their assessment. In addition to getting regular exercise, she ate balanced and nutritious meals, was intellectually and emotionally satisfied with her work, and was surrounded by sportive friends and family. She was invisible to her health professionals due to their bias.

Generalizations about old age based on external appearances, chronological age, or cultural myths about old age are examples of prejudice. Physical appearances or chronological age does not inform anything about the older adult’s lived experience. Furthermore, chronological age is only one identity among multiple identities and their intersectionality of an older adult. Chronological age and physical appearance do not give much information about lived experience of the older adult or a group of older adults. Physical appearance and chronological age do not provide information about the older adult’s health-related history such as psychological factors, spiritual factors, cognitive functions, or emotional functions. Studies indicate substantial individual differences in cognitive as well as emotional functions of older adults due to differences in their psychosocial and health conditions, lifestyles, support systems, educational levels, and so on (Friedman, 2023; Hogan, 2019; Krishna & Strack, 2017; Kumar et al., 2023; Loewenthal et al., 2023; Population Reference Bureau, 2017; Steptoe et al., 2015; Weder, 2022).

As indicated earlier, ageism and old age discrimination are based on social dominance theory which postulates that social groups in all societies are based on a hierarchy (Pratto et al., 2006; Sidanius & Pratto, 1999). This theory is framed in social inequality which permits the dominant group to discriminate and/or oppress the subordinate group (e.g., dehumanization, violence) to maintain their power (Kunsta et al., 2017). Abuse of older adults, ageism, and age discrimination can be explained by social dominance orientation which is implementing social dominance theory into practice (Kteily et al., 2012; Whiteman et al., 2023). Constructing a hierarchy where the older adults and children are at the bottom and adults who have socioeconomic and political power are on the top makes sense from a social dominance theory perspective. The common theme of the studies reviewed for the

chapter was aging adults are *less* in all the categories studied compared to adults and youth. Repeated ageism, abuse, discrimination, and prejudice impact an older adult's health (both physical and mental), sense of self-worth, and helplessness (Turner et al., 2017). Some older adults internalize their oppressed experience and treat themselves like their oppressors. Lee (2017) reports "Older adults can be reluctant to reveal that they've been the victims of financial abuse" (p. 49) with their family for fear of family taking away their autonomy around managing finance.

The following reflection-based learning activities are designed for you to take the perspective of an older adult.

Concrete Strategies

Reflection-Based Learning Activities on Older Adult

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in and out slowly, evenly, and deeply for about ten times or until you are relaxed. As you breathe, go back to your timeline as far as you can to see whether you recall an experience with older adult during your childhood. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Have you ever minimized, marginalized, or laughed at an older adult? If you have, describe an incident.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What was your feelings about the older adult?
 - (d) What did you learn from your mother (or mother figure) about the older adult?
 - (e) What did you learn from your father (or father figure) about the older adult?
 - (f) What did you learn from your siblings (or sibling figure) about the older adult?
 - (g) What did you learn from your teachers about the older adult?

(continued)

2. Have you ever been minimized, marginalized, or laughed at by someone because of your age?
 - (a) If you have, describe an incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What were your feelings about your age and others' ages?
 - (d) How is this experience compared to when you minimized, marginalized, or laughed at the older adult?

From a nonlinear perspective, old age is a part of the life cycle and needs to be accepted and appreciated as the natural process of life. The unique characteristics of old age, such as not being able to see or hear well, are a part of the developmental process of aging. Both physical and neurobiological aging change our body's shape and structure. If the sociocultural context fosters living each moment to the fullest by embracing the changes, the older adult may enter another level of consciousness and transform. If the sociocultural context encourages us to accept the reality of who we are as well as who others are, we will realize that birth and death are not results of human technology but of the natural process of life itself. The older adult would enjoy living life without discrimination, prejudice, and ageism. They may also enjoy reflecting on, synthesizing, and integrating their lived experiences.

10.4.2 *Adulthood*

Adulthood refers to prejudice and discrimination against children, adolescents, and youth.

10.4.2.1 Prejudice and Discrimination Against Children and Adulthood

Table 10.2 describes the differences among prejudice and discrimination against children and adulthood. Researchers did not make distinctions among adulthood, prejudice, and discrimination. As stated in the previous chapters, it is important to understand the concept correctly in order to develop effective strategies to dismantle injustice and inequity. For example, effective strategies for dealing with discrimination against children are different from effective strategies to reduce adulthood.

Table 10.2 Prejudice, discrimination, and adulthood

Prejudice against children	Discrimination against children	Adulthood
Any prejudice against children without just ground (e.g., you are selfish.)	Prejudice is translated into behavior that denies equal treatment of children (e.g., no dinner for you since you were too selfish)	Governmental, institutional, and organizational, policies, laws, and rules that take away the rights of children (e.g., school banning trans student to use bathrooms according to their gender identity)

Developmental tasks are considered “normal” and forced upon children who are not White or of the middle class in the United States. Children who do not perform these developmental tasks are pressured to conform according to these standards even though they are not represented in formulating this normalcy. I once had a Japanese American client who was socialized by Japanese cultural values at home. He was socialized to be considerate of others by putting others first and being obedient to parents and other adults. However, his teacher wrote in his report card that he was an excellent student but too shy. He needed to be “sociable with other children,” implying that he needed to talk more with other children. The teacher did not know my client was being considerate of others by listening to his classmates. Talking more with others is considered being “sociable” and a positive quality in the mainstream American culture. The teacher imposed the mainstream value on my client without considering his cultural background. His parents wanted him to follow the teacher’s recommendation at school since teachers are respected in Japanese culture. Being a good student was not good enough for the teacher, and being a good son was not good enough for his parents. He obeyed his parents by being considerate of his classmates, but it did not please his teacher at school and his parents wanted him to obey the teacher even though obeying his teacher would be going against his Japanese cultural value. He was totally confused.

The above is an example of children being treated as if they do not have a voice. Children not having a voice shows up in various cases: They are victims of domestic violence, neglect, or physical, emotional, or sexual abuse (Garcia et al., 2017; Whiteman et al., 2023). Children who report abuse to their parents often are minimized and become a target for suspicion instead of being protected from their abuser. Not having a voice means they are powerless, and as a result, they have a higher tendency to perceive the world from their lived experience, being a victim. I remember a Japanese international student, who, during a book seminar in Multicultural Counseling Program, could not stop crying about how many school-aged children were maltreated in the United States. She said that she was raised in a poor family but had an abundance of love from family and neighbors in Japan. She asked, “How come the United States, which is supposedly the richest country in the world, ignores its own children?” The answer to her question was complex due to cultural differences, which were based on different values and belief systems. From a collectivism-oriented cultural perspective like that of Japan, it is difficult to

comprehend that the community does not take care of its children, but a governmental agency such as the Department of Social and Health Services intervenes to take care of them. An individualism-oriented cultural perspective like that of the United States, it takes pride in individual choices, rights, and freedom. Thus, the neighbors are hesitant to help children in need not because they do not care but because they do not want to impinge upon their neighbor's rights. The US social system is set up to protect the individual's rights, and it is not clear how to determine the individual went beyond their rights. Instead of intervening directly like in a collectivism-oriented culture, a concerned neighbor reports to an appropriate agency like Child Protective Services. Sociocultural contexts affect how each society provides intervention for children who are in need.

Research findings indicate children's adverse experiences impact their intellectual, social, emotional, and physical development (Downey & Crummy, 2022; Huang et al., 2023). Many children are exposed to a spectrum of psychological and emotional traumas, but adults often do not intervene due to a lack of visible evidence which is a requirement for intervention. In an individualistic society like that of the United States, it is difficult for social agents like schools and Child Protective Services to intervene on behalf of children who are exposed to emotional traumas because their policies require visible evidence. The impact of the trauma is not evident at the time of trauma because it takes time for the impact to be visible to others. Lang et al.'s (2020) research on epigenetic and epidemiological studies has shown a relationship between adverse childhood experiences and chronic pain in later life. Antoniou et al. (2023) also found that adverse childhood experiences increased physical and mental health consequences throughout life by altering functions and structures of the brain. van der Kolk (2014) discusses children developing faulty judgment from these experiences. It is called social reasoning bias which is selectively attending to social cues that are threatening and violent or to perceiving social cues as threatening and violent, even if they are not. The link between the neurobiology of the brain and the development of social reasoning bias derived from maltreatment of children indicates that once children learn to make meaning out of their environment, they view the world from that perspective (Garcia et al., 2017; Theall et al., 2017). Emotional and psychological traumas impact the development of the brain, and early intervention is needed to prevent further damages (Bergen, 2012). As discussed in the previous chapters, some children have been mistreated throughout their socialization processes from every level (micro, meso, and macro) of Bronfenbrenner's (1981) ecosystem.

Even well-meaning parents often unintentionally minimize their children due to hierarchical thinking because they think they know what is best for their children. Some parents are so caught up in satisfying their own needs that they unintentionally ignore their children while rationalizing that they are good parents. Then, there are parents who are silenced by technology and silence their children because they are preoccupied with a digital device. Turkle (2015), in her book *Reclaiming Conversation: The Power of Talk in a Digital Age*, wrote, "It is not enough to ask your children to put away their phones. You must model this behavior and put away *your phone*" (p. 14). Some parents who want to spend a great deal of quality time

with their children cannot do so because they have to work to provide food and shelter for their children. Some states provide health insurance and develop an educational program to aid these children, but they hardly provide children with emotional nurturing.

Beliefs about stereotypes and prejudice against children are socially constructed. The following reflection-based learning activities are designed for you to recall your childhood experience.

Concrete Strategies

Reflection-Based Learning Activities on Being a Child

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe in and out, go back to your timeline as far as you can to see whether you recall an experience related to being a child. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11). Write and then experience your learning.

1. Have you ever been minimized, marginalized, or laughed at by someone for being a child?
 - (a) If you have, describe an incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What were your feelings about children in general?
 - (d) What did you learn from your mother (or mother figure) about children?
 - (e) What did you learn from your father (or father figure) about children?
 - (f) What did you learn from your siblings (or sibling figure) about children?
 - (g) What did you learn from your teachers about children?
2. Have you ever minimized, marginalized, or laughed at another child?
 - (a) If you have, describe the incident. How did you feel about it then, and how do you feel about it now?

(continued)

- (b) Did you share your experience with someone?

(i) If you did, with whom did you share it, and what was their response?

(ii) If you did not share it with anyone, what did you do with it?

(c) How is this experience compared to when you were minimized, marginalized, or laughed at for being a child?

10.5 Language

Unintentional or intentional marginalization of international students, immigrants, and refugees based on their English proficiency is an example of linguicism, linguism, or linguistic ethnocentrism (Fadiman, 1997). The injustice of socially constructed linguistic ethnocentrism is evident when monolingual North Americans discriminate against, minimize, and are prejudiced against others who demonstrate insufficient English proficiency when it does not interfere with their ability to perform their job.

10.5.1 Prejudice and Discrimination Against ESL Speakers

Table 10.3 describes the differences among prejudice and discrimination against ESL (English as a Second Language) speakers and linguism. Researchers did not make distinctions among prejudice, discrimination, and linguism. As I stated in previous chapters, it is important to understand terms correctly in order to develop effective strategies to dismantle injustice and inequity. For example, effective strategies for dealing with discrimination against ESL speakers are different from effective strategies to reduce linguism. Linguism is much bigger than prejudice and

Table 10.3 Differences among prejudice, discrimination, and linguism

Prejudice against ESL speakers	Discrimination against ESL speakers	Linguism
Any prejudgment against ESL speakers without just ground (e.g., I can't understand what he is saying. What's wrong with him?)	Prejudice is translated into behavior that denies equal treatment of ESL speakers (e.g., you can't come with us. No one can understand the way you speak English.)	Governmental, institutional, and organizational, policies, laws, and rules that take away the rights of ESL speakers (e.g., mistreatment by the hospital staff due to his inadequate English proficiency)

discrimination. It is governmental and institutional laws, policies, and rules that benefit native English speakers. Thus, in order to not to be a victim of linguism, one needs to know details of laws, policies, and rules in order to address injustice and inequity.

People who speak English as their second language are able to articulate well in their primary language. They often understand a lot more English than they are able to speak. Each language has a different grammatical structure, and it is especially difficult for ESL speakers to express themselves in English exactly like native English speakers. For example, Koreans sometimes answer the opposite way from North Americans when a question is asked by a negative English speaker in this way. “Don’t you want to go with me?” If Koreans want to go, they say, “No, I want to go with you” instead of “Yes, I want to go with you.” When Koreans hear “Yes, I want to go with you,” they do not understand what the reply means. On one occasion when I shared this example in class, my Japanese students were delighted to hear that Koreans interpret English the same way they do. Immigrants, international students, and refugees face more barriers in speaking English if their native language structure and linguistic emphasis are different from English. In addition, some expressions in an individualism-oriented culture are different from (not better than) that of a collectivism-oriented culture. For example, when most North American students inform their professors that they will not be in class the next day, they usually state their intent before giving a short explanation. They say, “I won’t be in class tomorrow because I have a doctor’s appointment.” In contrast, most students from collectivism-oriented cultures would first describe their situations in detail and then describe their intent. They say, “I have not been feeling well lately. First, I thought it was due to lack of sleep, but the feeling is persistent even if I sleep. I am not really sick but don’t have energy....I really don’t want to miss the class, but I think I need to see the doctor, and tomorrow is the only day available for the doctor to see me. Otherwise, I will have to wait for another three weeks.” North Americans usually get impatient listening to this (circular) style of description because it is different from their way of expressing by stating their intent first and then giving a brief description. When ESL speakers notice nonverbal judgmental expressions of the listener, they get distracted by it resulting in incoherent articulation.

I am going to describe unexpected dynamic and complex changes in me as I became more fluent with English and with American culture. This is an attempt to provide you a concrete example that can assist you in understanding the internal process of ESL speakers regardless of their external appearance (e.g., lack of English proficiency). As I became more acculturated to the North American way of communication, my way of communicating in Korean changed without my conscious awareness. My mother, who did not want me to come to the United States to study, used to write me that she had to read my letters at least two or three times in order to comprehend what I was saying. My mother was confused because she was implicitly expecting a letter written in a Korean writing style. I did not write like other Koreans, who traditionally describe the weather and nature (e.g., the color of the sky, trees, wind, and so on) at the beginning of their letters. For example, a traditional Korean letter starts like this:

Dear Mom,

The sky is clear blue like a deep ocean waving at me to come and swim. The leaves are falling like they have been evacuated from their own home. They don't know where to go, and they wander around aimlessly, which reminds me of my life in the United States....

Korean-style letter writing would continue in this manner for a while, and then I would make the main points in the middle of the letter. It would close with ending a remark like the following:

What I want to share with you is as deep and huge like Pacific Ocean but I need to put down my pen for now since time is running out....

The way I wrote to my mother was like a Korean translation of a North American style letter. I would start out with "Hi Mom," then include my main points, and then write "bye." My mother was expecting to connect to her daughter through my written expression of my personal experiences with the weather, the leaves, the skies, and so on. The Korean language uses a wide range of adjectives and adverbs to articulate different degrees of emotions and the process of understanding. As I became more fluent in English, my way of verbal expression also changed from one of process orientation to one of product orientation. I was focusing on my goals and objectives and not on processing my various emotions. As a result, my letters focused on my goals and objectives rather than on processing my feelings. My style of written expression changed partly due to the acculturation process and partly due to adopting the English language. To my mother, who was still in a collective culture that emphasized relationships more than goals and objectives, my letters did not make sense. It was like she received letters from a foreigner whose culture she did not know. She must have felt like she lost me. It must have been very painful for her. I thought the North American style of letter writing was more functional at that stage of my life. This was the result of acculturation. I was in a hurry, and my mind was busy with planning my next task, and meeting my goals. I did not have the time where I could just sit down and simply think of my mother. I did not have the psychological space to enjoy life as I used to in Korea. My busy life led me to be aware of the importance of time, and I became focused on how to save time to do all I had to do as a mother, wife, professor, and therapist. I found myself getting impatient with letters from Korea, which had lots of "unimportant" things at the beginning, so I skipped the first part of the letters to read the main part and then went back to read the letters from the beginning. I had changed from a girl who watched leaves falling in autumn and cried because I had empathy for the poor dying leaves to a woman who was too busy to enjoy letters from her mother that were filled with a poetic expression of her love.

Sociocultural contexts affect learning English and learning English has changed the way I think. For example, some concepts that I have learned in the United States are very difficult to translate into Korean because Koreans do not have these concepts or because I was not aware of them when I was in Korea. Most Korean college psychology textbooks I examined did not translate psychology concepts the way I learned in the United States. I know they are translated, but the translation does not convey the meaning that is understood in psychology classes. I am not sure whether

they are applicable to Korean people or Korean people express different ways. For example, I don't know how to translate "math anxiety" in Korean. I can translate Korean words into English, but it does not have the same meaning as in the United States. I described my case in detail to illustrate a concrete example with one ESL speaker. The personal story in language will illustrate complexities involved in meaning of language which are bound by a particular culture.

People who have insufficient proficiency in English are discriminated against as if their lack of English proficiency is a presentation of who they are as a whole person. There are many factors to consider before passing judgment. Age, reason for coming to the United States, age at the time of arriving in the United States, class, gender, level of education, social support, degrees of differences between an individual's own language and English, opportunity to practice English, degrees of acculturation, years of residence in the United States, and years of schooling completed in the United States affect an individual's oral, written, and listening proficiency of English. Often, ESL speakers are treated as if they are deaf or unintelligent. ESL speakers want to tell listeners that they are hearing fine. They are not deaf or retarded even though they might appear to be. They do not understand what is said. They, at times, forget that they speak their own language as fluently as most North Americans speak English. ESL speakers have other issues such as cultural adjustment, coping with the lack of social support, and dealing with regulations imposed by Immigration and Customs Enforcement.

ESL speakers are immigrants, international students, diplomats and their families, and refugees. They represent various races, classes, ethnicities, genders, sexual orientations, ages, impairments/disabilities, education levels, regions, religious affiliations, values, beliefs, customs, and so on. For each ESL speaker, there are multiple factors affecting their English proficiency levels. They struggle with adapting to new cultural values, rules, and customs in addition to struggling with English (Kinzler, 2021; Tan et al., 2021; Wu et al., 2015). For example, most international students do not dare ask questions in class in front of other students because they are afraid of being laughed at or not being able to express themselves adequately in English. They have anxiety about speaking in English. Their English speaking becomes worse when listeners seem impatient (nonverbal language) because of their sentence structures and pronunciations. Some listeners may behave as if international students have a hearing or an intellectual disability. What would be helpful to them instead of speaking loudly is pronouncing words *clearly* and speaking *slowly*.

Understanding sociocultural context of refugees prior to their arrival to the United States may bring a different level of understanding, including with regard to their English proficiency. Refugees were forced out of their own countries before they came to the United States. They were forced to relocate, whereas immigrants wanted to come to the United States. Being forced to leave one's own country is a painful experience and affects refugees' adjustment in the United States. Being forced to relocate creates various kinds of helplessness, which manifest as "ungratefulness" toward Americans (Murray et al., 2010). If helping professionals expect refugees to be "grateful" for shelters and food stamps, they are only looking at one

dimension of one aspect of the sociocultural context and ignoring the other aspects of the sociocultural context in addition to ignoring the psychological and emotional dimensions of refugees. If they look upon refugees as “ungrateful” individuals who are taking resources away from North Americans, they may communicate this unintentionally to refugees through verbal and nonverbal languages, which can lead to individual racial, class, and language discrimination or institutional racism, classism, and linguicism. Due to wars, natural disasters, or political upheavals, refugees went through physical, mental, and emotional traumas prior to being forced out of their countries (see Lia’s story in Chap. 3).

There are other difficulties among immigrants, diplomats’ families, and refugees. The lack of proficiency in English changes parents’ status. Parents may no longer be able to act as authority figures. Instead, they must rely on their children as their English translator, which creates a role reversal dilemma. Children who used to rely on their parents for emotional, psychological, and financial support take the role of parents in terms of providing information about what is going on in the culture while still relying on their parents for financial support. Emotional and psychological relationships between parents and children go through several changes during different stages of acculturation, and the process becomes much more complicated due to different degrees of acculturation between children and parents. Parents try to exert their authority in other areas to maintain their place in the family structure. Most parents emphasize values they brought with them from their country and often do not consider the fact that their children are becoming Americans by going to American schools and being exposed to American mainstream culture. These children are at times frustrated since their parents are not the same as when they were in their own country. There are various complicated problems between parents and children due to unrealistic expectations and forced role reversals due to language.

The following experiential learning activities are designed to provide the opportunity for developing empathy and compassion through transformative learning.

Concrete Strategies

Reflection-Based Learning Activities on Limited English Speaker(s)

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in and out slowly, evenly, and deeply for about ten times or until you are relaxed. As you breathe, go back to your timeline as far as you can to see whether you recall an experience with language. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11). Write and then experience your learning.

(continued)

1. Have you ever been minimized, marginalized, or laughed at by someone because of the way you speak English?
 - (a) If you have, describe the incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about the way you speak English, and the way others speak English?
 - (d) What did you learn from your mother (or mother figure) about the way you speak English?
 - (e) What did you learn from your father (or father figure) about the way you speak English?
 - (f) What did you learn from your siblings (or sibling figure) about the way you speak English?
 - (g) What did you learn from your teachers about the way you speak English?
2. Have you ever minimized, marginalized, or laughed at someone who is an ESL speaker?
 - (a) If you have, describe an incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) How is this experience compared to when you were minimized, marginalized, or laughed at by someone because of the way you spoke English?

10.6 Religion

Religiously based prejudice, discrimination, and bias are also socially constructed on the basis of inappropriate dichotomous and hierarchical thinking. Targets for religiously based *isms* have changed over the years in the United States. There are various religions. Religion for some people is a source of strength in inner peace and harmony. There are religious people and groups who practice their religious teachings of love and tolerance. There are also religious people and groups who, due to their religious ethnocentrism and ingroup loyalty, minimize, marginalize, oppress,

Table 10.4 Prejudice, discrimination, and ism in relation to religion

Prejudice against religion	Discrimination against religion	Ism related to religion
Any prejudgment against religion without just ground (e.g., Most religious people are stupid because they don't use their brain.)	Prejudice is translated into behavior (e.g., I avoid them as much as possible. I don't have the time to listen to their nonsense.)	Governmental, institutional, and organizational policies, laws, and rules that take away the rights of religious liberty (e.g., Trump's Muslim ban in the name of national security)

and discriminate against people with different beliefs and lifestyles. Some of these religious individuals commit acts of violence out of hatred toward those who are different.

10.6.1 *Prejudice and Discrimination Against Religion and Ism Related to Religion*

Table 10.4 describes the differences among prejudice and discrimination against religion and isms related to religion. Researchers did not make distinctions among, isms related to religion, religious prejudice and discrimination. As I stated in the previous chapters, it is important to understand terms correctly in order to develop effective strategies to dismantle injustice and inequity. For example, effective strategies for dealing with discrimination against religion are different from effective strategies to dismantle isms related to religion.

The focus of this section is limited to person and groups who discriminate against, marginalize, and condemn others with different beliefs and/or no religion. People who are intolerant of others in the name of religion need to understand that people who have different religious affiliation and/or different beliefs feel equally strong about their own religions and/or beliefs. Judging or discriminating against other people or groups of people based on religion is doing exactly the opposite of what religion claims to accomplish since the central theme of most religions is being compassionate toward and tolerant of others. Thinking that one religion is better than other religions for oneself is different from generalizing that one religion is better than other religions for all people (*generalization and hierarchical thinking*). As discussed earlier, generalizations, social projection (e.g., you should believe my religion), and asymmetric perception (e.g., my religion is better than yours) are barriers to dismantling religious prejudice, discrimination, and isms. The phenomena of social projection and asymmetric perception seem to blind us from our ability to put ourselves into others' position (Gardikiotis, 2017; Pronin & Kugler, 2007). Religious ethnocentrism, social projection, and asymmetric perception interfere with our ability to differentiate between expressing their passion and love for our religion and marginalizing others because of their different religion or lack of

religious beliefs. This is due to conventional (inappropriate binary) thinking which was and is the main foundation for teaching proper values and beliefs of a society in individual-oriented cultures like the United States. These values and beliefs have been emphasized throughout the socialization process.

Children are often praised or punished according to “right” and “wrong” behaviors. “Right” and “wrong” behaviors imply moralistic undertone, and morals are often tied to religious values and principles even when they are prejudicial and discriminatory against other individuals and/or groups. How well children follow these values and principles is partly determined by how role models in their lives (e.g., parents, teachers, peers, social media, TV, church, temple, etc.) communicate these values/morals to them. Some adults communicate their own wishes and expectations to children rather than what will be the best for the children. Some parents and other adults use religion as a tool to threaten children to behave. Instead of directly stating that they are not pleased with certain types of behavior, some parents say, “God watches you and knows everything about you.” I have seen numerous students and clients struggle with unnecessary guilt as a result of religious socialization and religious ethnocentrism. They expressed they were frightened as children because not only did they think they needed to behave but they also thought their thoughts needed to be “pure” at all times. “Pure thoughts” imply that they think, feel, and do what is always acceptable by their religious beliefs. I once had a client who was a White North American by birth and had lived in the United States all her life. She was over 60 years old and a virgin because at the onset of puberty she was extremely frightened by the sexual feelings she began to have. She thought she was the only one who felt that way, and she wanted to stay far away from boys to make sure she would not “sin.” She was a highly intelligent, kind, and compassionate person who had been grieving for her lost dream of getting married and having her own children.

Using religion as a tool to threaten children to behave has emotional undertones; burdens children with fear, guilt, and shame; and leads to formulation of implicit biases and attitudes about sense of self and others. Some of my students and clients were scared to honor or believe in themselves because they felt that honoring self and having confidence in self were against their religion. From their religious perspective, doing something for themselves or honoring themselves was considered selfish. When I asked them how they interpreted the Bible verse, “Love your neighbor as yourself” (Luke, 10:27), they said “as” means “same,” but they were taught to love and be considerate of other people more than themselves. When I asked them why they were feeling guilty or selfish for doing something for themselves, they stated that their socialization processes in relation to religion discouraged self-care and encouraged self-sacrifice. As a result, this caused internal conflict since their gut feeling did not match their intellectual understanding. Recently, Villarejo et al. (2023 in press) examined the impact of early childhood experience on later life with large sample sizes in each age group. What was interesting was that some of their findings were contradictory to previous classical studies in Europe and the United States. What was consistent with the previous studies was adolescents and adult children raised in families with “warmth without strictness” reported the highest self-esteem, emotional self-concept, and empathy, the lowest aggression and

hostile sexism. Authoritative parenting (warmth with strictness) was related to a lower emotional self-concept, greater aggression, and hostile sexism than indulgent parenting (warmth without strictness). The authoritarian and neglectful parenting got the lowest scores in all areas. Participants from Indulgent parenting (warmth without strictness) groups in each age group showed greater adjustment and less maladjustment in all age groups. According to this study and my clients' self-reports over the years, "God"-fearing parenting does not lead to greater adjustment in later life.

Socialized with institutional religious superiority often leads to unintentional discrimination against outgroup members (Bizumic, 2021). For example, hospitals that are affiliated with religions often practice unintentional discrimination against people with other religious affiliations or no religious affiliation. These hospitals accept patients from different religious affiliation; however, they do not provide local resource information from other religious groups. If the purpose of such hospitals is only to promote their own religion, they should accept only people of that faith or inform their perspective patients about their intention. If the purpose is to provide services for all people, they need to make sure resources of other faiths and of nonbelievers are available to pursue if patient and families desire to do so.

The following reflection-based learning activities are designed to provide the opportunity for you to examine your values and beliefs about religion.

Concrete Strategies

Reflection-Based Learning Activities on Religion

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p.11).

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, go back in your timeline as far as you can to see whether you recall an experience with religion during your childhood. Slowly open your eyes.

1. Have you ever minimized, marginalized, or laughed at a religious person?
If you have, describe an incident.
 - (a) If you have, describe the incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?

- (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about your religion and others' religions?
 - (d) What did you learn from your mother (or mother figure) about religion?
 - (e) What did you learn from your father (or father figure) about religion?
 - (f) What did you learn from your siblings (or sibling figure) about religion?
 - (g) What did you learn from your teachers about religion?
2. Have you ever been minimized, marginalized, or laughed at by someone because of your religion?
- (a) If you have, describe an incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) How is this experience compared to when you were minimized, marginalized, or laughed at by someone because of your religion?

There are multilayered and multidimensional aspects of religion that are deeply embedded in individuals' emotional, sociological, and political aspects of life. After 9/11, some individuals harassed several of my Muslim students, especially those whose facial features and skin colors match Muslim stereotypes. These students were Americans. They were born and raised in the United States. They spoke English fluently. However, in a fear-driven sociocultural context, they were discriminated against due to their religion and phenotypic physical characteristics. Because religions accompanied strong emotions, people defended their religions and tried to persuade others of their religious superiority. If religious people truly cared for their spirituality, they would be much more focused on their own behavior and intrapersonal communication (thinking) in order to experience harmony, peace, and stillness rather than telling others what was best for others out of their own religious ethnocentrism. Most religions emphasize becoming a whole person through godlike behavior. For example, being Christian means behaving like Christ, who died for Christians' salvation. In Buddhism, anybody can become a Buddha by living life like Shakyamuni, who became a Buddha through enlightenment. From these perspectives, transcendence and transformation or enlightenment come through one's own internal work and not through judging other people from a hierarchical thinking perspective (Blackmore, 2012). The minimization of other

religions, ethnocentric bias toward one's own religion, and outgroup bias due to religious differences are religious prejudice. Hate-related behavior such as violence toward others in the name of religion is a severe type of oppression (Shawahin, 2016). It is similar to racism, sexism heterosexism, classism, ableism, ageism, and other *isms*.

The following reflection-based learning activities are designed to provide transformative learning which is not just understanding but experiencing.

Concrete Strategies

Experiential and Reflection-Based Learning Activities on Religion

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p.11).

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, go back in your timeline as far as you can to see what images and words come to your mind when you think of religion. Slowly open your eyes.

1. On the basis of images and words which group did you identify with, the privileged or oppressed?
 - (a) How did you feel about your experience with religion when you were a child and a teenager, and how do you feel about it now?
 - (b) Did you share your feelings about religion with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone what did you do with it?
 - (c) What was your feelings about your religion or lack thereof compared to your parents and friends?
 - (d) What did you learn from your teachers about religious privilege and oppression? Be specific.
 - (e) What did you learn about systemic religious privilege and oppression from your family? Be specific.
 - (f) How did your group membership shape your worldview?
 - (g) Write down your intrapersonal communication (in relation to religion).

(continued)

- (h) When was the first time you were aware of systemic oppression/privilege in relation to religion? Describe the incident in detail.
 - (i) Is your religious affiliation different from that of your family members? If so, what overt and covert messages did you receive from your family, and how did these messages affect your relationship to your family and your worldview?
2. Write down any remarks about religion you've heard while growing up from (a) family, (b) friends, and (c) the media. How did you feel about them?
 3. Write down any remarks you have made about religion and how did you feel when you made them? How do you feel about them now?
 4. Close your eyes and breathe slowly and evenly as you observe your inner world. Just experience your inner world without judgment as you breathe in and out slowly and evenly. Open your eyes when you are ready to draw, color, or paint what you have experienced.
 5. Describe how you will use this experience as a mental health provider or DEI trainer.

10.7 Region

There is a great deal of variation within the United States in relation to region. Some people from rural areas are different from some people from cities. There are different spectrums of cities and towns in the United States. New York City offers a variety of cultural events like plays, musicals, concerts, and art exhibits daily. Many immigrants, refugees, and international students find it odd that there are not that many cities like New York in the United States. They might come from geographically small nations with a capital where there are a lot of activities like in New York City. They might assume that all big cities in the United States would offer at least as much as their capital city in their country of origin (*generalization*). They might be surprised to hear that some people from rural areas in the southern parts of the United States still have outhouses instead of indoor toilets because this does not fit into their schema of cities in the United States.

10.7.1 Prejudice, Discrimination, and Ism Related to Region

Table 10.5 describes the differences among regional prejudice and discrimination and ism related to regions. Researchers did not make distinctions among regional prejudice and discrimination and isms related to regions. As stated in the previous chapters, it is important to understand concepts correctly in order to develop

Table 10.5 Prejudice, discrimination, and ism related to region

Regional prejudice	Regional discrimination	Isms related to region
Any prejudgment against regions without just ground (e.g., City people think they are better.)	Prejudice is translated into behavior (e.g., I am not inviting a new neighbor who just moved here from a city.)	Governmental, institutional, and organizational policies, laws, and rules allow practicing environmental racism. (e.g., the county not repairing the roads in low-income housing area).

effective strategies to dismantle injustice and inequity. For example, effective strategies for dealing with regional prejudice and discrimination are different from effective strategies to dismantling isms related to regions. Strategies for dismantling isms require examining laws, policies, and/or rules of the institution, whereas regional prejudice and/or discrimination can be resolved through dialogical conversation using “I” messages with warm attitude since “As long as people are either hyper-aroused or shut down they cannot learn from experience” (van der Kolk, 2014, p. 207).

Personal Story

Region and Language Differences in the United States

Virginians’ dialect is different from that of Washingtonians. When we moved to Virginia to pursue our master’s degrees, my partner and I went to a hardware store to buy a few things for the apartment. At the end of our purchase, the clerk said, “You all come back.” My partner who was born and raised in Washington State started to follow the clerk even though I said I did not think he wanted us to come back literally. Since I frequently trusted native speakers’ linguistic interpretations as more sound than mine, I followed my partner who followed the clerk to the back of the store. When the clerk realized we followed him to the back, he looked puzzled. We had a good laugh about that. A Washingtonian did not know “You all come back” was the same as “Come again.”

Due to ethnocentrism (e.g., social projection, ingroup favoritism, asymmetric perception, attribution bias), individuals tend to favor their own regions (Pronin et al., 2004, 2007; Thijs & Zee, 2019). Individuals have a tendency to forget that their own experience with their particular region belongs to them. It is their own experience (sample size $N = 1$, which is not others’ experiences), and there are numerous different experiences by different people. Insisting their own experience is the only valid experience, and considering all other people’s experiences are not as valid as theirs is *egocentric* and based on *hierarchical thinking*. There are also regional disparities related to intersectionality of economic disparity (Yoo et al.,

2017) and intersectionality of race and economic disparity (Freng et al., 2022). Individuals who live in privileged areas may discriminate against individuals who live in oppressed areas such as those that are targets of environmental racism and high-crime areas (Kraal et al., 2019; Jackson, 2023; Theall et al., 2017).

The following reflection-based learning activities are designed to provide transformative learning in understanding regional discrimination, biases, and prejudice.

Concrete Strategies

Reflection-Based Learning Activities on Region

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one to accessing your real values, beliefs, and biases.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, go back in your timeline as far as you can to see whether you recall an experience with region during your childhood. Slowly open your eyes.

1. Have you ever been minimized, marginalized, or laughed at by someone because of where you came from and/or where you lived (regions)?
 - (a) If you have, describe the incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) What was your feeling about where you came from and/or where you lived?
 - (d) What did you learn from your mother (or mother figure) about people from different regions?
 - (e) What did you learn from your father (or father figure) about people from different regions?
 - (f) What did you learn from your siblings (or sibling figure) about people from different regions?
 - (g) What did you learn from your teachers about people from different regions?

(continued)

2. Have you ever minimized, marginalized, or laughed at someone because of where they were from?
 - (a) If you have, describe an incident. How did you feel about it then, and how do you feel about it now?
 - (b) Did you share your experience with someone?
 - (i) If you did, with whom did you share it, and what was their response?
 - (ii) If you did not share it with anyone, what did you do with it?
 - (c) How is this experience compared to when you were minimized, marginalized, or laughed at by someone because of where you came from (region)?

Some years ago, I conducted a preconventional workshop on diversity and inclusion at Western Psychological Association. All the participants were asked to complete experiential learning on their multiple identities and intersections. One of the components was identifying their group membership in relation to privilege and oppression. After the workshop, one of the participants, who was a clinical psychology professor in the region, shared with me that she did not know she was deeply impacted by her childhood regional identity until that day. Her family immigrated to the United States from Europe when she was a child, and she abandoned her regional identity to avoid prejudice and discrimination. Memories of other children laughing at her because of the way she spoke English surfaced during the workshop.

10.8 Intersectionality of Race, Gender, Sexual Orientation, Class, Impairment/Disability, Age, Language, Religion, and Region

An individual can only be understood when his multiple identities and their intersections are examined because multiple identities (e.g., race, gender, class, sexual orientation, impairment/disability, language, religion, region, age) are interdependent and manifest their characteristics according to sociocultural contexts. When counterdiscourse includes only intersections of some identities and neglects other identities, the person is still partially visible. For example, race may be the only important (dominant or salient) identity for some people but not for others. Each individual's whole identity construction needs to be explored by examining intersectionality of multiple identities of that particular individual. Assessment of intersectionality of multiple identities needs to be based on the person's lived experience and not other people's assumptions. This is a challenging task not only because of

the tendency to simplify by dichotomous thinking but also because a comprehensive practical and theoretical model is not available.

Bieschke et al. (2005) summarize the dilemma of inclusion of all social identities:

While we strongly believe that the counterdiscourse needs to more fully integrate multiple social identities and cultural contexts, such a shift toward complexity and inclusiveness will be painful, giving rise to unexplored conflicts and necessitating difficult exploration and dialogues. (p. 203)

Without fully integrating multiple identities and their intersectionality with sociocultural contexts, clients will not be accurately assessed and treated because of the invisibility of the whole person. It is not possible to know the client's worldview based on the parts of him.

The following reflection-based experiential learning activities are designed for you to discover your dominant identity, multiple identities, and their intersectionality.

Concrete Strategies

Reflection-Based Experiential Learning Activities

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, think about what you have learned so far about your multiple identities. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

A. Dominant Identity

1. Indicate whether you belong to a privileged group or an oppressed group in relation to the following identities: (a) race, (b) gender, (c) class, (d) sexual orientation, (e) age, (f) disability/impairment, (g) religion, (h) language, and (i) region. The question is not whether you feel privileged or not but whether you belong to a privileged group or not according to your society.
2. Which of the above identities are important to you? Rank the above identities in order of importance, with 1 being the most important and 9 being the least important.

(continued)

3. Close your eyes and breathe in and out slowly and evenly for about seven times and pay attention to your feelings and the images that come to mind as you breathe. Slowly open your eyes and write or draw your feelings from Question 2.
4. What have you learned from these activities?

B. Intersectionality

Prepare drawing materials (at least two sheets of drawing paper and a box of crayons, coloring pencils, or paints). Close your eyes and breathe in and out slowly, evenly, and deeply for five times. As you are breathing in and out slowly, think and feel about your intersectionality of disability/impairment, race, gender, class, sexual orientation, age, language, religion, and region. Slowly open your eyes.

1. Draw your intersectionality of disability/impairment, race, gender, class, sexual orientation, age, language, religion, and region.
2. Write about what you drew.
3. Have you been pressured to be loyal to disability/impairment, race, gender, class, sexual orientation, age, language, religion, or region by each community?
 - (a) How do you feel when you are pressured?
 - (b) How do you balance your need to be loyal to your inner values and your communities' requests?
 - (c) How is your narrative similar to and different from that of each of your communities?

10.9 Strategies for Dismantling Other *Isms* and Benefits for All

Dismantling *isms* requires deconstructing inappropriate dichotomous and hierarchical thinking and developing and practicing diunital and holistic thinking at the personal, interpersonal, institutional, and cultural levels (Jargon & Thijs 2020). It is important to pay attention to an individual's responsibility in dismantling *isms* because "although oppression is often institutionalized at societal levels, it is necessarily enacted in the context of interpersonal relationships" (Birrell & Freyd, 2006, p. 52). Deconstructing inappropriate thinking leads to deconstructing negative generalizations about old age, children, ESL speakers, religion, and region at the personal, interpersonal, institutional, and cultural levels. For example, deconstructing inappropriate thinking will lead to awareness of the consequences of limits to generalization, awareness of the consequences of excluding some sociodemographic identities, awareness of evaluating an individual's worth on the basis of one single

aspect (e.g., language) of an identity among multiple identities, and awareness of an inaccurate assessment of the person. Similarly, individuals will become aware that generalizing about their own identity, one language, one religion, or a certain age on the basis of hierarchical and dichotomous reasoning only perpetuates *isms* which are based on ethnocentrism. As stated throughout the book, ethnocentrism is rooted in social dominance theory.

At personal and interpersonal levels, individuals can assess their own implicit attitudinal biases and stereotyping by taking the implicit-association test (IAT). This can be done alone in front of a computer. An individual is instructed to press keys rapidly without thinking in response to a pair of tasks on a computer screen (<http://implicit.harvard.edu/implicit/>). The IAT results will indicate which area one should work on in order to deconstruct their biases related to sexism, racism, heterosexism, ableism, and other *isms*. This is a task at an individual level, but it affects institutional and cultural levels since individuals are operating institutions and organizations in a society. At the institutional level, children at school and home can be taught to favor the ingroup without rejecting or putting down the outgroup. Counterdiscourse within the multicultural movement needs to happen if the movement is really serious about walk the talk of multicultural counseling competencies. Counterdiscourse within the multicultural community can become a role model for processing difficult emotional pain. It needs to be formulated on dialogical conversation with emphasis on communicating through “I” messages rather than “you” messages. Healthcare providers and policymakers need to increase health literacy to develop effective policies that include complexities due to intersectionality. As discussed in each chapter of Part 2, intersectionality of race, age, gender, class, sexual orientation, disability, language, religious affiliation, and region produce different health outcomes because intersectionality of multiple identities is about lived experience of each person.

There are numerous benefits for dismantling inappropriate hierarchical, dichotomous, and linear thinking and learning holistic thinking for everyone. Holistic thinking will allow individuals to accept each other’s identities as just each other’s identities. There are no better or worse identities. For example, if individuals apply holistic thinking to interact with the older adults, they will accept old age as part of life’s natural developmental process. Instead of alienating older adults, they will include them in the community to learn from their experiences (Levy & Macdonald, 2016). Children, teenagers, and young adults will accept the older adults as they are. They may learn things from older adults that they could not learn from technology and material goods. They may learn how to cope with the unavoidable aging process and reassess their priorities in order to live life to the fullest. Adults may learn from children’s creative thought process, innocence, and spontaneity, all of which lead adults to revitalization. Individuals may also be willing to learn from collectivism-oriented cultures about how to protect their children as a community. In a collectivism-oriented culture, neighborhood adults and relatives take care of children whenever there is a need. This means almost everything from providing love to disciplining the children. Loving and disciplining neighbors’ and relatives’ children are included as a part of the responsibility of adults in the community.

If individuals use a diunital thinking style from a multilayered and multidimensional perspective, they will be able to see the beauty of each region. Individuals may enjoy and learn from each other's experiences in regions to which they have not been. Each region offers its distinctively beautiful gifts, which are not comparable to those of another region. Individuals who were socialized in cities may love New York City's cultural events because New York City offers familiar activities that they learned to value. The big, old mansions along the Gulf of Mexico in Louisiana, Mississippi, and Alabama are beautiful with rich history and Southern traditions, and they may remind some individuals of scenes from *Gone With the Wind*. Individuals may learn that people in different regions dress up more than in other regions. Individuals who live in Minnesota may love the colorful leaves of "10,000 lakes" without thinking that their region is better than other regions. Santa Fe's stars and adobe houses, Washington's Puget Sound and mountains, the Creator's masterpiece, the Grand Canyon, and the endless farmland in Montana, Idaho, Washington, Oregon, Vermont, Massachusetts, Florida, and California all have their distinctive beauty. There are too many beautiful places in the United States to list them all. These places are not comparable because each is unique in its beauty and people who live there. Some value a particular region that may not be understood by people in other regions. There also are differences in dialect and accent in each region. People from the East Coast pronounce English words differently from those on the West Coast or in the South. All of these differences will be celebrated and will be enjoyed without ethnocentrism in a holistic thinking perspective. The following personal story illustrates illogical assumptions based on inappropriate hierarchical thinking.

Personal Story

Dismantling inappropriate hierarchical and dichotomous thinking allows individuals to critically examine the purpose and function of ethnocentrism, prejudice, discrimination, and oppression. For example, if I say I am better than you because I am a college professor, I also need to examine the purpose and function of my statement. If my purpose and function are to put you down because I have more formal education, it is a result of my narrow perspective about education. I may have more formal education than you, but that does not necessarily mean that I have more education since education comes from various life experiences including formal education. You may have less formal education but many more life experiences than I do. My statement has no function. If my purpose is to make you do something for me, I need to just ask you. If I am trying to impress you on the basis of my education in order to make you do something for me, my assumption that you will do it because you are impressed by my formal education is illogical and is based on hierarchical thinking.

10.10 A Provider's Assessment of Self in Relation to Other *Isms*

Accurate assessment, intervention, and treatment of a client are dependent on a mental health provider's awareness of her values, beliefs, biases, and prejudices. In order to provide counseling services to those whose cultural backgrounds are different from your own, the provider needs to know pathways to understanding the client's worldview. Understanding your worldview with desire to know the client's worldview will facilitate your ability to understand the client's worldview. When you have no awareness of the impact of race, gender, sexual orientation, impairment/disability, age, language, religion, and region on your own values, attitudes, beliefs, and biases, you may unintentionally pathologize clients not because you consciously assume you are better but because of your lack of knowledge about the impact of multiple identities, intersections of multiple identities, systematic oppression/privilege, and internalized oppression/privilege on the client's worldview. Knowing yourself takes the courage to be open and honest with yourself, the ability to reflect, and the ability to assess yourself from unconventional and conventional modes of inquiries. Knowing yourself takes time. "...transformation does not simply emerge due to the individual's awareness but is experienced...." (Benetka & Joerchel, 2016, p. 22).

The following activity is designed for you to assess your identities and oppression/privilege related to age, language, religion, and region.

Concrete Strategies

Self-Assessment on Multiple Identities and Systemic Oppression/Privilege and Internalized Oppression/Privilege

Close your eyes and breathe in and out slowly, evenly, and deeply for about seven times. As you breathe in and out, think and feel about your self-assessment of age, language, religion, and region and related systemic oppression/privilege and internalized oppression/privilege. Be mindful of not censoring and judging your thoughts and feelings. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Describe your self-assessment of age, language, religion, and region. Which identities will create countertransference, and what are you planning on doing to minimize it?
2. We have discussed nine identities. State which identities you belong to in a privileged group and which ones you belong to in an oppressed group.
 - (a) Describe your thoughts and feelings about being in the privileged groups as well as in the oppressed groups.

(continued)

- (b) How did the above (Question 1) shape your identities?
- (c) What do you need to do (how do you need to think, feel, and behave) in order to minimize your experience of being in the privileged and/or oppressed group as a practitioner? Describe your answer in detail.
- (d) Rank your identities from 1 to 9, with 1 being the most important and 9 being the least important: (i) race, (ii) gender, (iii) class, (iv) sexual orientation, (v) disability, (vi) age, (vii) language, (viii) religion, and (ix) region.
- (e) Write down your barriers to becoming a multiculturally competent provider (DEI trainer) on the basis of your ranking.
- (f) What did you learn from Question 1, and how does your learning hinder or facilitate your becoming a multiculturally competent provider?

Consciousness Practice

Are you conscious now? Where is your conscious experience?

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Chapter 11

Theory to Practice: Deconstructing Inappropriate Hierarchical, Dichotomous, and Linear Thinking



Mindfulness Practice:

Close your eyes and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreathe, two outbreathe). Observe your mind and body without judgment as you breathe in and out at least 7 times or until you feel inner quietness. Slowly open your eyes. Are you ready to read the chapter?

11.1 Reasons for Challenge

Most individuals who are socialized with the “dominant White Eurocentric worldview” have been inundated with hierarchical, dichotomous, and linear thinking from birth. Thus, sorting out inappropriate hierarchical, dichotomous, and linear thinking from appropriate hierarchical, dichotomous, linear thinking is a challenging task due to unconscious or automatic activation of hierarchical and dichotomous thinking. Hierarchical, dichotomous, and linear thinking have been a part of our thought process and have contributed to shaping our worldviews since early childhood. Furthermore, our thinking has assisted us with learning culture-specific ingroup values and beliefs which became the foundation for our identity construction (Halpern & Perry-Jenkins, 2016; Moreira et al., 2017). Finding out the fact that racism, sexism, cissexism, heterosexism, classism, ableism, ageism, adultism, and *isms* related to religion, language, and region are rooted in inappropriate hierarchical, dichotomous, and linear thinking has been difficult for most white participants in diversity equity and inclusion trainings. Learning governmental laws, institutional or organizational policies, and rules is also constructed based on these inappropriate thinking to grant systemic benefits to dominant groups stir complex emotions for some of us.

One of the challenges of identifying inappropriate thinking is that it is not easily visible to the person who is thinking. As stated in Chap. 2, thinking is a part of intra-personal communication (*self-talk*) which is an active internal process where a communicator is us (the self). We are a message sender and a receiver. It is a self-confirming process. However, most people forget that anxiety is created by the message sender (*the self*) and the message receiver (the self). Anxiety is the result of self-confirming process. Identifying inappropriate thinking is difficult since a thinker is actively involved in sending messages (*the self*) and receiving messages (*the self*). It is automatic as the result of repeated practices since our childhood. The thinker needs to stop after one encounter of sending a message and responding to a message in order to evaluate whether it is appropriate or inappropriate thinking. We need to develop concrete strategies to slow down the neurobiology of automaticity. It requires our critical reasoning skills to evaluate subjective experience objectively.

Another reason for the challenge of deconstructing inappropriate hierarchical and dichotomous thinking is due to socialization process where children implicitly and explicitly learn values and beliefs of their ingroup. As stated in previous chapters, ingroup favoritism is a branch of ethnocentrism that is framed on inappropriate hierarchical and dichotomous thinking. Ingroup favoritism includes more than intellectual and rational dichotomous and hierarchical thinking. It encompasses a wide range of emotions from joy and euphoria to loneliness and fear. These emotions are intertwined with relational dynamics such as approval or rejection of significant people in individuals' lives (Durlak et al., 2016).

Furthermore, the role of the unconscious in shaping prejudice (Banaji & Greenwald, 2016; Lupyan & Bergen, 2016; Madva et al., 2023) and the way beliefs are processed by neural pathways make it difficult to deconstruct ingrained inappropriate thinking (Baron & Dunham, 2015). The fact that beliefs are processed *unconsciously to validate existing habits and emotions* by the brain (amygdala) supports social psychology research findings like ingroup favoritism, attribution bias, asymmetric perception, and social projection (Berry, 2015; Krueger & Chen, 2014). This means inappropriate thinking is embedded in our nervous system (Eichenbaum & Bodkin, 2001). Therefore, our thinking is influenced by the way the brain processes beliefs, neurobiology of automaticity, assumptions, and lived experiences as a member of the group (e.g., race, gender, class, religion, region, sexual orientation, age, and education). According to cognitive neuroscience research, intrapersonal communication actively interacts with neural pathways which simultaneously affect and are affected by the brain (Hurlburt et al., 2016).

11.2 Deconstructing Binary Thinking Through Nonconventional Methods

Three nonconventional approaches are discussed to deal with challenges involved in dismantling inappropriate hierarchical, dichotomous, and linear thinking. They are practice like learning a foreign language (repeating uncensored writing as you have been with concrete strategies), mindfulness practice, and transformative learning.

11.2.1 *Practice like Learning a Foreign Language*

I spent the entire summer vacation learning conversational English from an American lady about a year before I came to the States to study. She taught me what I had to say in different settings like how to ask questions to professors, what to say if I was invited to dinner, and so on. She told me I needed to practice these phrases in front of a mirror as if my image in the mirror was the other person I was conversing. She said it was important for me to say as if I was talking to another person. I would close my bedroom door and practiced conversing as she instructed for a week. I practiced until I memorized all the phrases she assigned and hoped she would say I did a good job. She randomly picked phrases she assigned and asked me to say like we were conversing. Each time she said I sounded like reading rather than conversing with her and asked me to practice them until she felt like I was talking to her. I was very frustrated with her because I felt like I did a good job. It was a miserable summer. I didn't understand or appreciate her until I came to the United States and those phrases I practiced every day in my room came out of my mouth so naturally as if I composed it. I realized Nancy was an excellent teacher.

Deconstructing inappropriate thinking is like learning to speak a foreign language. Deconstructing inappropriate binary thinking also requires doing *concrete strategies* over and over again until it is stored in the long-term memory.

11.2.2 *Practice Mindfulness*

In the late 1990s, I started mindfulness practice with students for a couple of minutes before starting a class. At first students were uncomfortable with it. But a few years later, students said it really relaxed them. They thought it was great to start a day with mindfulness practice. Mindfulness practice with deep breathing made students calm by being in the moment. Maintaining non-aversive affect is essential to mindfulness, and learning mindfulness techniques such as meditation and deep breathing leads to inner peace, and mindfulness practice can change the brain's structure and function (Weder, 2022). Paldron who is an interdisciplinary artist was asked "What does ethical mindfulness mean to you in a postcolonial society as a first-generation Tibetan immigrant?" at the alumni interview (June, 26, 2023). He said:

Mindfulness is a phenomenon I watched emerge. It didn't used to be on everyone's lips like it is now. I watched it emerge at UC Berkeley when they integrated mindfulness into student wellbeing programs. Years before that, I remember seeing a magazine story with the picture of a smiling white monk dressed in Buddhist robes — specifically, the Tibetan monastic robes of maroon and gold. The headline was something like, "Is this the happiest person on Earth?" He had electrodes on his bare head. When I saw that, I remember thinking everything was going to change. I was keenly aware that this thing I grew up with, meditation and the awareness that meditation tries to cultivate, was about to become an object of fascination in popular culture.

Meditation and what people call mindfulness has long been a part of my people's history. More than 95% of Tibetans are Buddhist, and our lives and culture have been shaped by an understanding of the value of meditation and listening to the lessons Tibetan meditation masters have shared. (<https://www.evergreen.edu/faces-evergreen/tenzin-m-paldron-phd>)

Paldro's email added:

.... the way it [mindfulness] is taught today, a lot of it encourages an attitude of, "Being mindful will make me more efficient and powerful". It becomes practically competitive. But this isn't what mindfulness is. The Tibetan monastics who neuroscientists studied weren't meditating in order to gain power or an edge over others. For Tibetans, the goal of Buddhist meditation is to wake up and realize our interdependence as a world. And this realization motivates us to help each other. (Personal communication, 9/12/2023)

It is challenging to explore one's inner world in extrinsic oriented culture like the United States; however, talking about transformation without exploring one's inner experience does not lead to transformation. For example, completing concrete strategies while thinking about other things will not lead to one's inner wisdom.

11.2.3 Practice Transformative Learning

Due to deep-rooted emotional attachment to ingroups, deconstructing inappropriate hierarchical, dichotomous, and linear thinking must focus on the affective transformation to process the deep-rooted emotional attachment.

There are various methods to facilitate affective transformation such as narrative writing, imagery, movement, expressive arts, silence, and so on. Narrative writing can be in journal form, an autobiographical form, or uncensored written form to responses to specific questions like *concrete strategies* in this book. They have been effective for self-knowledge and healing. Imagery plays a vital role in integrating conscious and unconscious material (Jung, 1963). Unconscious material can be brought to a conscious level through dreams, writing, and/or drawing imagery as you have done in some of *concrete strategies* in previous chapters. The body's ability to internalize lived experiences like systemic and institutional oppression can be processed through movement, body map, yoga, dance, and expressive arts (Malchiodi, 2020). Silence is not only a powerful tool for accessing inner experience but also is a way to communicate in cultures like Native American culture and Asian cultures (Røgild-Müller, 2022).

As stated in the previous chapter, the consequences of transformation are *experiencing* (not talking about) the dialectical unity which is *experiencing the unity of opposites internally* (Friedman 2023). In order to experience the unity of opposites internally, we need to pay attention to our inner experiences mindfully without assumptions, expectations, or anticipations in order to transform. As Progoff wrote, "Thinking about what you would write is not the same as actually writing" (1992, p. 11). Talking about transformation is not the same as experiencing it. Assumptions, expectations, and anticipations distract us from our ability to access our inner experience. "Neuroscience research shows that the only way we can change the way we

feel is by becoming aware of our inner experience and learning to befriend what is going on inside ourselves” (van der Kolk, 2014, p. 208). There are some experiences that cannot be articulated by words but need to be *experienced* to know ourselves. Transformative learning reminds us the power of our inner experience on our ability to change. If we are able to apply transformative learning that allows us to experience dialectical unity in relation to systemic privilege/oppression and internalized privilege/oppression, we may be able to have difficult conversations on isms by using “I” messages (see Chap. 2) to heal and to renew our relationships as real people.

As Paldro (2023) stated in the above, the goal of meditation is “to wake up.” Both mindfulness and transformation are about your inner experience. Please use all three, two, or one of the unconventional methods discussed in this section to maximize your chance of experiencing the unity of opposites internally and waking up as you work on concrete strategies in this chapter.

The following experiential learning activities are designed for you to use imagery, memory, and reflection to experience compassion.

Concrete Strategies

Experiential Learning Activities on Compassion

Be candid with yourself. This activity is only for your awareness. You can destroy your written responses at the end of this activity. Regardless of your race, gender, class, disability, education, sexual orientation, religion, language, region, and age, you must have experienced at least one incident where you felt powerless, hopeless, or helpless.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, recall some of your emotional pain. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Write down your responses to the following questions.

1. Recall the times you were minimized, misunderstood, discriminated against, shamed, embarrassed, and/or oppressed. Try to recall your feelings in detail.
 - (a) Who minimized you?
 - (b) How old were you?
 - (c) What did you do?
 - (d) What was most helpful to make you feel better?
 - (e) What was the lesson from this experience?
 - (f) How does this incident affect you now?

(continued)

After you have completed your responses to the above questions, proceed with the following questions:

2. Think and feel about how other people are discriminated against because of their differences. Imagine their oppression, anger, frustration, shame, isolation, alienation, hurt, humiliation, self-doubt, confusion, loneliness, betrayal, and so on.
 - (a) Write and/or draw your feelings and thoughts.
 - (b) What do you think would help these people feel better or regain self-respect?
 - (c) What would you do differently today after attempting to understand their pain by remembering your own pain or wound?
 - (d) Are you still insensitive or judgmental? Do you still feel superior? Explain.

Automatic activation of inappropriate thinking can be reduced by thinking about other people's *isms* as equal to your own. This allows you to evaluate *isms* through controlled processing or reflective processing and resist or avoid the use of stereotypes (Bieschke et al., 2005; Doncel-García et al., 2023; Fabio et al., 2019). The above experiential learning activities are designed for you to reduce automatic inappropriate thinking by encouraging you to remember your own pain and experiences with minimization, marginalization, or oppression. This will allow you to consider other people's pain from your heart. The affective transformative process begins when you take a personal affective position to feel the client's feelings through remembering your own painful experiences. When this experiential learning activity is used in class with multicultural counseling students and in DEI trainings for professionals, most of them were able to be compassionate toward others who were targets of injustice and inequity. These are moments of affective transformation. Deconstructing long-held beliefs of hierarchical and dichotomous thinking requires more than just conceptual (cognitive) understanding of the concept. It requires the affective transformative process.

For conceptual or cognitive transformative learning, choose one specific example from your daily recording of intrapersonal communication of inappropriate thinking to begin deconstructing. In Chap. 2, there were concrete strategies designed to assess your inappropriate hierarchical, dichotomous, and linear thinking based on daily recording of inner dialogue (intrapersonal communication). Reread your responses to these learning activities and pick one example of hierarchical thinking to begin deconstructing. One effective way to deconstruct is to work with a specific and concrete personal example of a hierarchical, dichotomous, or linear thinking. To describe thinking in an abstract or conceptual way sounds intellectual and sophisticated but does not lead to a change. A change requires both intellectual and

emotional understanding. Focusing on specifics and operationalizing inappropriate thinking are necessary for the cognitive transformative process. This process is similar to a behavior modification. Selecting a reachable learning objective based on the baseline is the first step to implementation. Developing instructional strategies to reach the learning objective includes finding an appropriate reward, an appropriate time to administer the reward, and frequency of administering the reward. The following is a copy of the experiential learning activities from Chap. 2.

Concrete Strategies

Inappropriate Hierarchical Thinking and Intrapersonal Communication

The purpose of these activities is to gain awareness of how you think and how your thinking affects your intrapersonal communication. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is the keys to accessing your thinking styles.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Experiential Learning Activities

Reread your recorded inner dialogue (intrapersonal communication) again to complete the following:

1. Examine whether you used inappropriate hierarchical thinking and what happened as a result. Draw a picture to symbolize the results or describe the results in writing.
2. If you used inappropriate hierarchical thinking, describe the first time you were exposed to it.
3. Did your parents, siblings, and/or schoolteachers use inappropriate hierarchical thinking while you were growing up? What did they say? How did these statements shape your intrapersonal communication?

(continued)

4. Close your eyes for about 3 min while breathing in and out slowly and evenly. Reflect on your answers to the previous questions. Open your eyes and write down your relationship to the inappropriate hierarchical thinking.
5. Think of one incident where you were frustrated with a client, coworker, family member, and friend. What were your assumptions? What did you expect? Was your frustration related to inappropriate hierarchical thinking? If so, explain.
6. Estimate the percentage of inappropriate hierarchical thinking in your inner dialogue each day.

The following is my responses to the above questions. This is an attempt to provide an example for you.

Concrete Strategies

1. I used to think Americans are dirtier than Koreans because they wear street shoes in the house. This was a gross generalization based on whether one wears shoes in the house or not.
2. I cannot remember the first time I was exposed to this inappropriate hierarchical and dichotomous thinking. Thinking that Americans are dirtier than Koreans came from dichotomous thinking rather than hierarchical thinking.
3. My parents and teachers emphasized to do my best, and if I did my best, I needed to be satisfied. If I did my best regardless of how others evaluated my behavior. I don't remember what my sister said. She was 10 years older than me, and I don't remember her influence on me when I was little. My parents and teachers, however, affected me greatly. My intrapersonal communication includes asking myself whether I did my best and, if I think I did, letting it go. My success level is determined by my own process (effort) and not the product (achievement).
4. I don't really have a relationship with appropriate or inappropriate hierarchical thinking since they are not my primary thinking styles. Sometimes I am misunderstood by those who think hierarchically. They interpret my nonhierarchical comments in a hierarchical way.

For example, if I say "I finished" because I am delighted that I completed a task and not because I want to put another person down.

"You don't have to remind me" or "I know you are thinking I am not motivated." I am often puzzled by these statements because I don't understand why they would come to that conclusion from my statement.

(continued)

5. I have not been frustrated with clients. I have been frustrated with coworkers, however, because I expect them to deliver their promised commitments, but they do not always do so. I am from a family that considered commitment a high priority, and I often forget that this is not always a high priority for some people.
6. Estimated percentage of inappropriate hierarchical thinking is about 6.1% in each day.

Process of Deconstructing Hierarchical Thinking.

My desire not to wear shoes in the house persists. Visitors usually take off their shoes in my house even though they are not required to do so. I no longer look at the issue with critical Korean cultural eyes. I know the custom of wearing or not wearing shoes in the house differs from culture to culture. I just prefer not to wear shoes in the house, and I do think the house stays cleaner when shoes are not worn inside; I do not, however, think Americans are dirty because they wear shoes in the house. My children (when they were little) asked why they must take their shoes off in the house, while their friends wear shoes inside their houses. I told them that different cultural groups teach different cultural customs and values to their children, and I prefer some Korean customs and values, including not wearing shoes inside the house. If someone wears shoes inside in Korea, he or she is considered “crazy” because taking off shoes inside is the norm. However, it is normal to wear shoes inside in the United States, so it does not bother me if my guests wear shoes inside my house. I know that I am in the United States, and the United States has its own customs.

As discussed in Chap. 3, writing and reflecting on inner experience give access to unconscious. The writing integrates and synthesizes separate aspects of inner experience because objective and subjective experiences are not separated and do not operate linearly and sequentially but interact simultaneously in our inner world (Blackmore, 2012; Blackmore & Troscianko, 2018; Searle, 2015). I learned that hierarchical thinking can be based on dichotomous thinking through writing my answers to the questions above. It reminded me of Proffoff’s (1992) statement, “Thinking about what you would write is not the same as actually writing” (p. 11).

The following is another experiential learning exercise to assist you with deconstructing dichotomous thinking. It is a copy of the reflection-based learning activities about inappropriate dichotomous thinking styles from Chap. 2.

Concrete Strategies

Inappropriate Dichotomous Thinking and Intrapersonal Communication

The purpose of these activities is to gain conscious awareness of how you think and how your thinking affects your intrapersonal communication. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

Reflection-Based Learning Activities

Record your inner dialogue (intrapersonal communication) daily for at least a week to 10 days and then do the following:

1. Examine whether you used an inappropriate dichotomous thinking and what happened as a result. Draw a picture to symbolize the results or write them down.
2. If you used an inappropriate dichotomous thinking do you recall the first time you were exposed to it?
3. Did your parents, siblings, and/or schoolteachers use inappropriate dichotomous thinking while you were growing up? How did this shape your intrapersonal communication?
4. Close your eyes for about 3 min while breathing in and out slowly and evenly. Reflect on your answers to the previous questions. Open your eyes and write down your relationship to the inappropriate dichotomous thinking.
5. Think of one incident where you were frustrated with a client, boss, or friend. What were your assumptions? What did you expect? Was your frustration related to inappropriate dichotomous thinking? If so, explain.
6. Compare your recording to the one you completed in Chap. 2. What are differences and similarities between them?
7. Estimate the percentage of inappropriate dichotomous thinking in your inner dialogue each day.

Completing experiential learning activities with each self-identified inappropriate thinking is a precursor to deconstructing inappropriate thinking. Every time an inappropriate thinking is deconstructed, you gain self-knowledge that is only available through experiencing both rational (cognitive) and affective transformation simultaneously. As you complete these writing activities on deconstructing inappropriate thinking, you are learning not only how to integrate reasoning (intellect) with affect (emotion) but also how to think holistically. You are transforming through participating in these experiential learning activities. Conceptual learning alone will not be effective in deconstructing inappropriate hierarchical, dichotomous, and linear thinking because it will only be based on an intellectual understanding of how it is going to be done rather than on learning from experiencing. By practicing deconstructing inappropriate thinking, you will discover that holistic thinking will lead you to understand that most human qualities and relationships are multifaceted, multilayered, and interrelated. They are too complex to fit into simple generalizations.

11.3 Internalized Oppression/Privilege and Thinking

Another way to deconstruct inappropriate hierarchical, dichotomous, and linear thinking is to examine the extent of your internalized privilege and oppression in relation to multiple identities (e.g., race, gender, sexual orientation, class, impairment/disability, age, language, religion, region) as discussed throughout Part II of this book. Each chapter in Part II cited several studies that implied internalized privilege and oppression are due to multiple systemic privilege and oppression (Dunham et al., 2011; Root, 1992). They are constructed on inappropriate dichotomous and hierarchical thinking and repeated by social agents at every level of the ecosystem (micro, family; meso, work, school, temple, church; macro, culture). For example, pathologizing non-White students could be due to the mental health provider's internalized racial privilege or internalized racial oppression because of having learned to value the dominant cultural values. She may have no conscious awareness that her pathologizing is based on her implicit or unconscious bias and not based on accurate assessment of students. To minimize the pathologizing of nondominant group members, mental health providers need to be aware of their values, beliefs, and biases and the impact of them on their ability to be multiculturally competent.

11.4 From Theory to Practice

It is important to participate fully in the following learning activities in order for both a rational and an affective transformation to take place. As stated earlier, conceptual understanding alone does not transcend ingrained inappropriate thinking

that is based on ethnocentrism. It takes time to process complex emotions, desires, wants, and shoulds. "...transformation does not simply emerge due to the individual's awareness....but is experienced..." (Benetka & Joerchel, 2016, p. 22). The following questions are designed for you to examine the relationship between inappropriate thinking and your affective and cognitive (conceptual) information on internalized privilege and oppression. Thus, portions of previous experiential learning questions or modified version of previous questions on multiple identities (e.g., racism, sexism, cissexism, heterosexism, classism, ableism, and ageism/adultism) from Chaps. 4, 5, 6, 7, 8, 9, and 10 are brought up due to their relevancy in understanding the foundation of inappropriate hierarchical, dichotomous, and linear thinking.

Concrete Strategies (Race)

Experiential Learning Activities for Race Experience and Inappropriate Thinking

The purpose of these activities is to gain awareness of how you think and how your thinking is related to your understanding of race. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about race. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Describe your memory of White privilege or racial discrimination, prejudice, or racism at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) What did you learn from your teachers about race? Be specific.
2. What did you learn about race from your family when you were little? Be specific.
 - (a) If your parents applied racialized socialization practice, what was the main message?
 - (b) How does that message affect you now?

(continued)

3. How much of your inappropriate hierarchical, dichotomous, or linear thinking is related to one or more of the above questions?
 - (a) Read one of your race-related examples of inappropriate hierarchical, dichotomous, or linear thinking.
 - (b) Deconstruct the thinking style, and rewrite your example in a nonhierarchical, nondichotomous, and nonlinear way.

Concrete Strategies (Gender)

Experiential Learning Activities for Gender Experience and Inappropriate Thinking

The purpose of these activities is to gain awareness of how you think and how your thinking is related to your understanding of gender. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about gender. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

1. Indicate whether you belong to a privileged group or an oppressed group in relation to gender. The question is whether you belong to a privileged group or an oppressed group according to your society regardless of your feeling of oppression or privilege.
2. Describe your experience with gender privilege or oppression at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) What did you learn from your teachers about gender? Be specific.
3. What did you learn about gender from your family when you were little? Be specific.
 - (a) If your parents applied gendered socialization practice, what was the main message?
 - (b) How does that message affect you now?

(continued)

4. How much of your inappropriate hierarchical, dichotomous, or linear thinking is related to one or more of the above questions?
5. Read one of your gender-related examples of inappropriate hierarchical, dichotomous, or linear thinking. Deconstruct the thinking style, and rewrite your example in a nonhierarchical, nondichotomous, and non-linear way.

Concrete Strategies (Sexual Orientation)

Experiential Learning Activities for Sexual Orientation Experience and Inappropriate Thinking

The purpose of these activities is to gain awareness of how you think and how your thinking is related to your understanding of sexual orientation. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about sexual orientation. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Indicate whether you belong to a privileged group or an oppressed group in relation to sexual orientation. The question is whether you belong to a privileged group or an oppressed group according to your society regardless of your feeling of oppression or privilege.
2. Describe your experience with sexual orientation privilege or oppression at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) What did you learn from your teachers about sexual orientation? Be specific.
3. What did you learn about sexual orientation from your family when you were little? Be specific.
 - (a) If your parents applied heteronormative socialization practice, what was the main message?
 - (b) How does that message affect you now?

(continued)

4. How much of your inappropriate hierarchical, dichotomous, or linear thinking is related to one or more of the above questions?
5. Read one of your sexual orientation-related examples of inappropriate hierarchical, dichotomous, or linear thinking. Deconstruct the thinking style, and rewrite your example in a nonhierarchical, nondichotomous, and nonlinear way.

Concrete Strategies (Class)

Experiential Learning Activities for Class Experience and Inappropriate Thinking

The purpose of these activities is to gain awareness of how you think and how your thinking is related to your understanding of class. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about class. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

1. Indicate whether you belong to a privileged group or an oppressed group in relation to class. The question is whether you belong to a privileged group or an oppressed group according to your society regardless of your feeling of oppression or privilege.
2. Describe your experience with class privilege or oppression at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) What did you learn from your teachers about class? Be specific.
3. What did you learn about class from your family when you were little? Be specific.
 - (a) If your parents applied class socialization practice, what was the main message?
 - (b) How does that message affect you now?

(continued)

4. How much of your inappropriate hierarchical, dichotomous, or linear thinking is related to one or more of the above questions?
5. Read one of your class-related examples of inappropriate hierarchical, dichotomous, or linear thinking. Deconstruct the thinking style, and rewrite your example in nonhierarchical, nondichotomous, and non-linear way.

Concrete Strategies (Disability/Impairment)

Experiential Learning Activities for Disability/Impairment Experience and Inappropriate Thinking Styles

The purpose of these activities is to gain awareness of how you think and how your thinking style is related to your understanding of disability/impairment. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about disability/impairment. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Indicate whether you belong to a privileged group or an oppressed group in relation to impairment/disability. The question is whether you belong to a privileged group or an oppressed group according to your society regardless of your feeling of oppression or privilege.
2. Describe your experience with impairment/disability privilege or oppression at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) What did you learn from your teachers about impairment/disability? Be specific.
3. What did you learn about impairment/disability from your family when you were little? Be specific.
 - (a) If your parents applied non-disability/non-impairment socialization practice, what was the main message?
 - (b) How does that message affect you now?

(continued)

4. How much of your inappropriate hierarchical, dichotomous, and linear thinking is related to one or more of the above questions?
5. Read one of your impairment/disability-related examples of inappropriate hierarchical, dichotomous, or linear thinking. Deconstruct the thinking style, and rewrite your example in a nonhierarchical, nondichotomous, and nonlinear way.

Concrete Strategies (Age)

Experiential Learning Activities for Age Experience and Inappropriate Thinking Styles

The purpose of these activities is to gain awareness of how you think and how your thinking is related to your understanding of age. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about age. Slowly open your eyes. Proff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Indicate whether you belong to a privileged group or an oppressed group in relation to age. The question is whether you belong to a privileged group or an oppressed group according to your society regardless of your feeling of oppression or privilege.
2. Describe your experience with age privilege or oppression at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) What did you learn from your teachers about age? Be specific.
3. What did you learn about age from your family when you were little? Be specific.
 - (a) If your parents applied age segregation socialization practice, what was the main message?
 - (b) How does that message affect you now?

(continued)

4. How much of your inappropriate hierarchical, dichotomous, or linear thinking is related to one or more of the above questions?
5. Read one of your examples of age related inappropriate hierarchical, dichotomous, or linear thinking. Deconstruct the thinking style, and rewrite your example in a nonhierarchical, nondichotomous, and non-linear way.

Concrete Strategies (Language)

Experiential Learning Activities for Language Experience and Inappropriate Thinking

The purpose of these activities is to gain awareness of how you think and how your thinking is related to your understanding of language. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about language. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Indicate whether you belong to a privileged group or an oppressed group in relation to language. The question is whether you belong to a privileged group or an oppressed group according to your society regardless of your feeling of oppression or privilege.
2. Describe your experience with language privilege or oppression at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) What did you learn from your teachers about language? Be specific.
3. What did you learn about language from your family when you were little? Be specific.
 - (a) If your parents applied language proficiency socialization practice, what was the main message?
 - (b) How does that message affect you now?

(continued)

4. How much of your inappropriate hierarchical, dichotomous, or linear thinking is related to one or more of the above questions?
5. Read one of your examples of language-related inappropriate hierarchical, dichotomous, or linear thinking. Deconstruct the thinking style, and rewrite your example in a nonhierarchical, nondichotomous, and non-linear way.

Concrete Strategies (Religion)

Experiential Learning Activities for Religious Experience and Inappropriate Thinking Styles

The purpose of these activities is to gain awareness of how you think and how your thinking style is related to your understanding of religion. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about religion. Slowly open your eyes. Proffoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Indicate whether you belong to a privileged group or an oppressed group in relation to religion. The question is whether you belong to a privileged group or an oppressed group according to your society regardless of your feeling of oppression or privilege.
2. Describe your experience with religious privilege or oppression at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) What did you learn from your teachers about religion? Be specific.
3. What did you learn about religion from your family when you were little? Be specific.
 - (a) If your parents applied religion-oriented socialization practice, what was the main message?
 - (b) How does that message affect you now?

(continued)

4. How much of your inappropriate hierarchical, dichotomous, or linear thinking is related to one or more of the above questions?
5. Read one of your religion-related examples of inappropriate hierarchical, dichotomous, or linear thinking. Deconstruct the thinking style, and rewrite your example in a nonhierarchical, nondichotomous, and non-linear way.

Concrete Strategies (Region)

Experiential Learning Activities for Regional Experience and Inappropriate Thinking

The purpose of these activities is to gain awareness of how you think and how your thinking is related to your understanding of region. It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about region. Slowly open your eyes. Proff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Indicate whether you belong to a privileged group or an oppressed group in relation to geographical region. The question is whether you belong to a privileged group or an oppressed group according to your society regardless of your feeling of oppression or privilege.
2. Describe your memory of regional privilege or oppression at school.
 - (a) How did you feel about it then, and how do you feel about it now?
 - (b) What did you learn from your teachers about region? Be specific.
3. What did you learn about region from your family when you were little? Be specific.
 - (a) If your parents applied region-oriented socialization practice, what was the main message?
 - (b) How does that message affect you now?

(continued)

4. How much of your inappropriate hierarchical, dichotomous, or linear thinking is related to one or more of the above questions?
5. Read one of your examples of region-related inappropriate hierarchical, dichotomous, or linear thinking. Deconstruct the thinking style, and rewrite your example in a nonhierarchical, nondichotomous, and non-linear way.

Our dominant (salient or special) identity, the importance of belonging to the ingroup, and sociocultural contexts of developmental milestones also influence our thinking. The following is feedback from one of my former students on deconstructing inappropriate dichotomous and hierarchical thinking:

Personal Story

Dominant Identity and Personal Bias

Starting to know my special identity and realizing my own personal bias was what helped to deconstruct dichotomous and linear thinking . . . (a) $N = 1$ which stressed not only the importance of this concept to research but also the realization that my experience is equal to myself and can only be generalized to me, (b) how situations, people's identities, and experiences are multilayered and multidimensional which led to acceptance of multiple existence of reality.

—Kim

Awareness of her dominant identity and personal bias were instrumental for deconstructing her inappropriate hierarchical, dichotomous, and linear thinking (Root, 1992). I have taught a three-quarter multicultural counseling for over 10 years, and students stated that the assignments on uncensored weekly written responses to specific questions (*concrete strategies*) assisted them to be aware of their values and beliefs, even though most students initially resisted the assignments. Understanding the impact of inappropriate thinking on equity and justice for people is not the same as applying this understanding in action. As stated earlier, understanding the concept does not automatically transfer their understanding to action.

Deconstructing inappropriate thinking requires diligent and mindful daily practice of a new skill after understanding the need for deconstructing inappropriate thinking. At first, implementing a new skill is a tedious and boring process because you are repeating deconstructing inappropriate hierarchical, dichotomous, and

linear thinking strategy repeatedly. Repeating the same practice is to break the muscle memory which was created through repetition of inappropriate thinking since your early childhood and which is stored in the long-term memory as a result of repetition. As indicated earlier, it takes about 10,000 hours to master a skill (Sennett 2012). There is no automatic transfer from understanding the concept to implementing the concept. A transfer is only possible through repeating the tedious procedure until understanding is translated into action. When the action becomes automatic, the automatic activation of inappropriate hierarchical, dichotomous, and linear thinking stops. Transferring from inappropriate thinking to appropriate thinking is like learning a foreign language for the first time. The only way to master verbal and written expressions of a foreign language is to repeat practicing pronunciations and writings. No amount of understanding grammatical structures increases speaking and writing a foreign language.

Shiffrin and Schneider (1977) introduced two cognitive processing (automatic vs. controlled) of information. Automatic processing is “effortless, autonomous, stereotypic, unavailable to conscious awareness....it is not limited by attentional capacity and it can be unconscious or involuntary.... automatic processes can develop gradually with practice... controlled processing is effortful.... in controlled processing, people carry out deliberate behaviors by retrieving information from memory with effort” (Fabio et al., 2019, pp. 773–774).

There are three cognitive processing models for attitudes: (a) the single attitude model, (b) the dual attitude model, and (c) the meta-cognitive model. (a) The single attitude model postulates an automatic linking between incoming stimuli and stored knowledge or beliefs in memory. Stored memories are automatically activated by incoming stimuli often without an individual’s conscious awareness. (b) The dual attitude model postulates separate storage in the brain for implicit (*automatic*) and explicit (*deliberate*) learning. This knowledge is extremely important for understanding why ingrained beliefs and values are resistant to change and why we need to develop specific strategies to dismantle the bond which has been built through repeated associations. (c) The meta-cognitive model (MCM) does not postulate two different storage areas or different processing like the dual attitude model. It postulates that both positive and negative evaluations can be made from either associative or prepositional processing. These three theories differ in terms of their conceptualization of mechanisms in information processing, but they agree on conceptualizing implicit attitudes. They agree that implicit attitudes are *spontaneous*, *automatic*, *emotional*, and *hard to change*. Understanding that negating stereotypes is difficult from cognitive information processing perspective. It is important to realize that admitting negative consequences of stereotyping is a difficult task for some North Americans, primarily due to their tendency toward high self-appraisal (*asymmetric perception*) and cultural conditioning of ethnocentric bias (Bizumic, 2021). Learning to deconstruct inappropriate thinking starts at higher-level information processing (*controlled processing*), which takes more time, whereas activation of inappropriate thinking is *automatic* and processed at a lower level. In other words, lower-level information processing is *automatic*, whereas higher-level information processing is *controlled* (Fabio et al., 2019). Strategies to achieve “controlled processing” are

applying critical reasoning skills, accurate self-assessment, and being aware of emotional attachment to your values, beliefs, stereotypes, and prejudices. The more you apply *controlled processing*, the more you will be able to decrease the automatic activation of inappropriate thinking. It is important to learn to apply *controlled processing* in order to slow down or stop the automatic processing of inappropriate thinking. Inappropriate hierarchical, dichotomous, and linear thinking affects your perception, and perception affects your inter- and intrapersonal communication. For example, you think a person is laughing at you. Instead of believing your thought as if it is factually based, you ask yourself a question, “how do I know?” You say to yourself “He said he finished the assignment.” You ask yourself a question, “What else did he say?” You say, “nothing.” You pause and breathe. Then you say, “But he smiled when he said he finished the assignment.” You ask yourself a question, “Did he laugh at me because he knew I haven’t started the assignment?...How did he know I didn’t start my assignment?...Did I perceive his smile as laughing at me? ...He didn’t know I haven’t started my assignment. Why did he say he finished the assignment? Wasn’t he saying he was better than me? Is it my hierarchical and dichotomous thinking affecting my perception? Did I interpret his smile from my internalized oppression lens?” Critical inquiry like these questions will facilitate controlled processing, and this process will also assist you with decreasing automatic activation of inappropriate hierarchical, dichotomous, and linear thinking. As stated in Chap. 1, inappropriate hierarchical, dichotomous, and linear thinking, some intrapersonal communication (self-talk), and inappropriate generalizations are barriers to our ability to implement our good intentions to action.

Implicit attitude, implicit memory, and implicit learning have been known to be barriers to transcending inequity and injustice toward others who are considered outgroup members. Implicit attitudes are automatically activated and often expressed in nonverbal behaviors and prejudicial judgments. Banaji and associates (Banaji & Bhaskar, 2001; Banaji & Greenwald, 2016; Banaji et al., 2021; Charlesworth & Banaji, 2019) demonstrated repeatedly the relationships between implicit learning and stereotypes. Their research indicated that once implicit attitudes are formed, individuals are resistant to new information due to the neurobiology of automaticity and incoming information is unconsciously distorted to validate existing beliefs (Amodio & Cikara, 2021; Eichenbaum & Bodkin, 2001; Servant et al., 2018).

The examination of cognitive processing of attitude information illustrates the challenges involved in changing implicit attitudes that are based on long-held beliefs of normalized White middle-class values. Adding motivation for successful negotiation suggests difficulty in changing the affective process. Emotion and cognition are two sides of the same coin. In other words, they are inseparable. Individuals with posttraumatic stress disorder (PTSD), for example, intellectually understand that the trauma they experienced some time ago is not likely to happen again, but they are not able to internally shut off their emotional experience with the trauma. van der Kolk (2014) explained PTSD patients’ persistent and strong emotional reactions to trauma as a result of their difficulty with contextualize and integrating their traumatic memories into their autobiographical memory. Mezirow (2012), the founder

of transformative learning in the United States, theorizes learners' teaching and learning opportunities from connecting to their past experiences. He stated that integration of emotion and cognition includes taking both cognitive and affective perspectives, which are associated with each other. Cognitive perspective taking is when an individual is imagining viewing life from logical or rational perspective, and affective perspective taking is viewing life from feeling perspective. Affective perspective taking leads to more accurate empathy toward another than taking a cognitive perspective. One of the paradigms shifts I am postulating in this book is transformative learning which is integrating emotion and cognition. In order to facilitate transformative learning, each chapter of this book has provided concrete strategies for your experiential learning which at times required you to take a cognitive perspective, an affective perspective, or both. The conventional academic setting has minimized the emotional aspect of learning, and research evidence has shown that integrating both emotional and cognitive aspects of learning is an effective way to increase multicultural competencies. It is no longer effective to teach multicultural competencies according to conventional teaching and learning models because they are not likely to provide a transformative learning experience, which has a higher probability of reducing prejudice, discrimination, and bias. Multicultural counseling courses and DEI training programs need to provide an opportunity for students and trainees to transform which means learning by integrating cognition and emotion.

11.5 Prerequisite to Institutional Transformation

Prerequisite to institutional transformation is deconstructing inappropriate hierarchical, dichotomous, and linear thinking at an individual level (Taylor et al., 2012). Without appropriate thinking of each individual who is employed by institutions and governments institutional or governmental transformation for equity and justice or DEI is not possible.

Teachers who diligently and mindfully practice deconstructing inappropriate hierarchical, dichotomous, and linear thinking can be models for students. Teachers can use holistic and inclusive languages to instruct students. Research indicates that both preschool children and preadolescents assigned positive attributes to both ingroups and outgroups when instruction did not force them to pick one group over the other. When instruction was given to assign attributes to both genders instead of picking one gender or the other (*dichotomous instruction*), there was less ingroup favoritism in gender attribute studies (Susskind & Hodges, 2007). Preschoolers in Kowalski's (2003) study viewed both ingroups and outgroups positively when they were instructed to respond nondichotomously. Teachers can also help students interpret events in multiple ways. Teachers, managers, supervisors, and coaches may model ingroup favoritism, but this does not always indicate outgroup exclusion. Ingroup favoritism may occur without intergroup comparison or outgroup negativity (Elenbaas et al., 2016). Social and human services institutions, academic

institutions, and health-providing organizations such as hospitals and clinics need to promote a holistic thinking that fosters cooperation and interdependence. Providers should not be afraid of consulting each other with their cases to assist individuals from multicultural backgrounds. In this setting, providers will openly and honestly discuss their cases with each other and seek constructive feedback on their methods of assessing, diagnosing, and treating clients with diverse backgrounds.

It takes time, effort, and energy to deconstruct inappropriate hierarchical, dichotomous, and linear thinking since we have practiced since the birth of America (Takaki, 1993) and due to automatic activation of prejudice and stereotypes), the response of the neurobiology of automaticity according to neurobiology and neurosciences research findings. As stated several times in the book it takes a long time (10,000 hours) to master a skill according to Sennett (2012). It probably will take more than 10,000 hours to deconstruct it since our history of practicing dates back to our childhood. The progress may be slow because it is so unfamiliar to us. An old Korean proverb says, “A big mountain is a collection of dust. Whatever individuals do to transcend inappropriate hierarchical, dichotomous, and linear thinking,” no matter how insignificant it is, leads to a path of appropriate dichotomous, hierarchical, and linear thinking. Each small and insignificant act, thought, statement, feeling, and attitude against inappropriate thinking adds up to create a big change in appropriate thinking. Social change starts with one individual. One individual becomes a group of individuals, and when the group of individuals practices appropriate thinking diligently and mindfully, change in appropriate thinking slowly takes place and affects more people. Groups of individuals become a society by taking a small step each day to deconstruct inappropriate hierarchical and dichotomous thinking. Not giving sufficient time for change to occur is one of the barriers to implementing theory to practice as discussed in Chap. 1.

Consciousness Practice

Is your inner experience right now the same as it was before you read this chapter?

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Part III
A Provider's Awareness of the Client's
Worldview

Chapter 12

Identity Construction and Multiple Identities



Mindfulness Practice:

Close your eyes and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreathe, two outbreathe). Observe your mind and body without judgment as you breathe in and out for about 7 times or until you feel inner quietness. Slowly open your eyes. Are you ready to read the chapter?

12.1 Conception of Identity Development

Erikson (1964, 1968) conceptualized ego/identity development as a dynamic interplay between an individual and the sociocultural context. It is “the organization of self-understanding that defines one’s place in the world” (Schwartz et al., 2006, p. 5). Ego identity and ego diffusion (age 12–18 or older) are one of Erikson’s (1964) eight psychosocial stages of development. According to Erikson, for some individuals, reassessing their given or expected identity by family and other social agents (identity formulated by external influences) starts in the adolescent stage. Erikson postulated that identity confusion is a part of identity development since identity changes over a lifetime as an individual interacts with their environment. According to Erikson, revision of identity is one of the most important developmental tasks for adolescents and adults. Erikson’s theory of identity development has two categories, personal identity, and social identity. Personal identity is composed of beliefs and values that are internally consistent and coherent with one another, and these manifest similarly across situations. Social identity is the group(s) with which a person identifies and toward which they show ingroup favoritism (Schwartz et al., 2006). A person’s social identity is constructed through ingroup identification.

Erikson was a pioneer in the concept of identity development, and Marcia (1966, 1980) and Loevinger (1976, 1983) developed more detailed concepts of identity development. Marcia expanded Erikson's theory and postulated four stages of identity development: (a) identity diffusion, a process by which an adolescent reassesses and explores possible identities in various areas; (b) foreclosed identity, the continuation of an adolescent's expected or given identity during childhood; (c) moratorium, the active stage of an adolescent's identity search in which they have reached a deeper level of exploration yet have not made a commitment; and (d) achieved identity, when an adolescent has made a commitment.

However, these theories are based on cultural values and beliefs that were dominant due to the sociocultural context at the time of the theory development. As nondominant groups gained visibility, scholars expanded Erikson's concept of social identity to include cultural identity and started to examine the impact of acculturation, assimilation, and enculturation on identity development (Killan, 2011; Tingvold et al., 2012). According to these scholars, *cultural identity* is a special type of social identity that is defined as belonging to a cultural group because of an individual's identification of beliefs, values, and ideals. Cultural identity may change through *adaptation*, which occurs when individuals from different cultures encounter a new culture. *Acculturation* represents changes in one's cultural identity as one adapts to a new culture. An acculturated person is flexible enough to support changes that occur as a result of adapting to a dominant culture without losing their *internal consistency* and coherence that generate positive feelings about the group(s) with which the person identifies with. The acculturation process for immigrants, international students, diplomats and their families, and refugees is different from that of nondominant racial groups whose dominant language is English and who are born in the United States. The acculturation process within each group (i.e., non-White people born in the United States, immigrants, international students, refugees) is unique because of class, sexual orientation, disability, age, religion, region, language, and gender.

12.2 Identity Development and Changes

Identity change occurs when an individual and/or their sociocultural context changes lead their identity no longer represents them internally and/or externally. In these situations, the individual tends to respond in one of three ways: (a) confronting the challenge and purposefully revising their identity to cope with it, (b) relying on external demands and responding to fit external expectations, or (c) avoiding or ignoring the situation. Existing models of identity development for monoracial groups, biracial and multiracial groups, and gay and lesbian groups are briefly reviewed to examine the complex process of identity changes among different groups. All identity models reviewed for the book indicate that there are individual variations within as well as among groups. All individuals start out with the assimilation stage in all identity models reviewed except Root's (1999). Root's focus was on resolution of each stage and not developmental stage progression.

12.2.1 *Victim vs. Agent*

As indicated, racial and other identity development does not always progress linearly and sequentially. Developmental stages, types, or phases can be blurred because there are variations among individuals within each stage, phase, or type. For example, some individuals of a nondominant culture may not be able to move to the next stage of their identity development because they have not resolved inner conflicts rooted in systemic oppression and internalized oppression. This may be due to their sociocultural contexts not providing the structure for transformative learning where the affective transformative process can take place. Or it may be due to an inability to admit their internalized oppression. Several studies described in Part II indicate that children learn ingroup favoritism at an early age as they interact within sociocultural contexts as well as how ingroup favoritism leads to intergroup discrimination.

Models of identity development for nondominant mono- and biracial groups indicate that the first stage of identity development is assimilation. Nondominant group members try to be like dominant group members by rejecting their own cultural values in the assimilation process. The study by Jackson et al. (2006) demonstrates the power differential shown at an early age because of internalized oppression and internalized privilege. As you recall White children in the study asserted their power even though there were only a few of them, while Black children did not assert their power even though substantially more of them were present, unless the teacher was also Black. This study suggests the power of internalized oppression in identity construction of nondominant groups. Internalized oppression and negative self-image become a part of these children's worldviews. The worldview that they are powerless over their position in their lives is the worldview of the victim and not the agent. Herman (2004) depicts how non-Whites become victims of internalized oppression: "The more ethnic discrimination one experiences, the more one internalizes the racial categorization of others" (p. 744). Systemic oppression at institutional and governmental levels leads nondominant group members to powerless and helpless positions. In other words, they are victims of injustice and inequity whether it is due to their race, gender, sexual orientation, class, age, language, religion, or region. The victim's worldview develops by internalized oppression and needs to be processed through transformative learning in order to transcend. Processing the affective component of the victim's worldview takes time because on-going systemic oppression triggers the victim's internalized oppression and interrupts the process of transcending it. The victims are triggered repeatedly. Jacobs (2006) writes:

I think the developmental perspectives on one's internal and external worlds are important. Here one's reflection on those frames of reference developed through cultural contexts, early relationships and life stages that provide opportunities for future reflection, reauthoring, and transformation. Crisis, loss, grieving, and discomfort invite transforming old frames to new frames and the recognition of the personal power of giving voice to the process and change. Stillness, paying attention, exploring relationships from both personal and professional contexts affords opportunities to examine the many meanings of transformative moments. (pp. 121–122)

As cited in Part II, numerous research findings indicate that prior to claiming their own racial, gender, sexual orientation, disability, and other demographic identities as their own, children, adolescents, and adults are socialized to believe that socially constructed dominant White and heterosexual values are the norm for all people (*generalization*). As discussed in the study by Giles and Heyman (2005) and others' in racism and sexism chapters, children distort situations in order to fit their beliefs (Brown & Stone, 2018; King et al., 2021). Non-White children judge themselves based on the dominant cultural values, which result in negative self-image and internalized oppression. Internalized oppression and negative self-image become a part of these individuals' worldviews. The worldview that they are powerless over their position in their lives is the worldview of the victim and not the agent. Herman (2004) depicts how non-Whites become victims of internalized oppression: "The more ethnic discrimination one experiences, the more one internalizes the racial categorization of others" (p. 744). Systemic oppression at institutional and governmental levels leads nondominant group members to powerless and helpless positions. In other words, they are victims of injustice and inequity whether it is due to their race, gender, sexual orientation, class, age, language, religion, or region. The victim's worldview developed by internalized oppression needs to be processed through transformative learning in order to transcend. Processing the affective component of the victim's worldview is not only difficult but also it is triggered repeatedly by continuing systemic oppression.

The personal story of Pat in Chap. 8 (classism) reveals the complexities involved in internalized oppression and its impact on his perception and worldview. Complexities of internalized oppression include but are not limited to the interwoven relationship between systemic privilege and oppression and internalized oppression and privilege within a person. For example, a person may be a target of internalized racial and class oppression but an internalized privilege holder in relation to gender, language, and sexual orientation. It is difficult to sort out how much of the victim identity is from race and how much is from class.

The structures in academic settings and in mental health provider training settings need to include a space to process affective component of internalized oppression whether the oppression is related to race, gender, sexual orientation, class, disability/impairment, age, language, religion, or region. Students need to transform from a victim to an agent identity in order to prevent countertransference. Students in my multicultural counseling program are encouraged to evaluate their intrapersonal communication to assess whether their worldview is based on a victim or an agent perspective. They are asked to assess factors contributing to their perspective. Often students share the roots of their perspective (either *victim or agent*) with each other and are surprised to find the link between their perspective and their internalized oppression. Students are encouraged to process their perspective from a multidimensional and multilayered perspective to assess the purpose and benefits or losses of being a victim or an agent. Students with a victim perspective are encouraged to think and feel about their strengths despite injustice and equity. They are encouraged to imagine their strength as they think about how they have made it this far academically. They are asked to hold onto the image and do a centering exercise.

This is repeated randomly throughout the quarter. The following are three of my former students' experiences with acknowledging their victim identity both emotionally and intellectually.

Personal Stories

Victim Identity

When I am being judgmental and seeing their behavior as victimizing me, it keeps me stuck in these feelings. Then I feel angry and defeated and cut people off. Then I feel isolated and depressed. This intensifies my special identity as a victim and perpetuates this cycle regardless of the special identity of the target group that we are working with, we need to avoid empowering one group at the expense of another Empowering one group to feel valuable by devaluing another is oppressive and patriarchal. –Bob–

I specifically had problems talking to the Whites in my class about racial issues. I remember referring to all of them as “You White People” which exemplifies my bias (prejudice) and assumption that all White people are the same and whose behavior mirrored those who acted ignorantly toward my family or me. I still struggle with this unrealistic deeply embedded emotional painbecauseofmyexperienceswithsomeWhitepeoplethroughoutmylifetime.–Jim–

My personal internalized oppression had deluded me into believing that I was a helpless victim. A victim can only be reactionary and my dichotomous andlinearmeaningmakinginthebeginningofthiscoursewasthatlimiting.–Emily–

The following experiential learning activities are designed for you to reflect on victim vs. an agent identity.

Concrete Strategies

Reflection on Victim vs. Agent Identity

Reread your journal writing from Chap. 2 (Inappropriate linear thinking and intrapersonal communication. Record your inner dialogue (intrapersonal communication) daily for at least a week or 10 days.

Evaluate whether you have a victim or an agent identity.

- (a) What experiences led you to have this identity?
- (b) What are you gaining if your worldview is from a victim perspective?
- (c) What needs to be done for you to transform your victim identity to an agent identity?

12.3 Identity Development: Similarities and Differences between Dominant Group and Nondominant Group

I have reviewed the following models of identity development: Cross and Vandiver's (2001) *Psychology of Nigrescence*, Helms' (1990) *People of Color Racial Identity Model*, Atkinson et al.'s (1998) *Model of Minority Identity Development*, *Ethnic Identity for Chicanos and Latinos*, Helms' (1995) *Model of White Racial Identity Development*, Ponterotto's (1988) *Model of White Racial Consciousness Development*, Poston's (1990) *Biracial Identity Development Model*, Cass's (1979) *Model of Homosexual Identity Formation*, Sabnani et al.'s (1991) *White Racial Identity Development and Cross-Cultural Counselor Training*, and McCarn and Fassinger's (1996) *Revisioning Sexual Minority Identity Formation*.

On the basis of the review, the identity development of three groups (Whites, non-Whites, and those with a nondominant sexual orientation) started with believing that the dominant White cultural beliefs and values are the norm. The nondominant groups' racial identity development and nondominant sexual orientation groups' identity development began by questioning blind acceptance of White cultural values including the stereotypes of nondominant groups. Racial identity and sexual orientation identity developed as individuals learn to value their racial heritage or accept their nondominant sexual orientation. White individuals also started out believing White values are the norm for all Whites and other racial groups. White individuals' identity development began by becoming aware of their oppressor role as a group through examining White privilege, racism, and systemic oppression. White individuals formulated racial identity as they rejected what they believed to be the norm and acknowledged they had been a participant in perpetuating racism, a benefactor of White privilege, and insensitivity to other racial groups' rights. As a result, they redefined their White racial identity as they value human diversity by accepting other racial groups and work toward deconstructing all forms of oppression. All three groups were at times rejected by their ingroups who perpetuated White privilege, heterosexism, and systemic oppression/privilege. The impact of ingroup discrimination on identity development is more painful than that of outgroup discrimination due to their expectation of ingroup support and acceptance. Psychological complexities of ingroup rejection cannot be understood accurately without examining the intersectionality of multiple identities. Shifrer et al. (2011) examined the intersections of learning disability, race, class, and language and found the major contributing factors to learning disabilities and psychological disorders were racism and classism. These contributing factors were found as a result of examining the intersectionality of multiple identities. Examining only one identity would have made this conclusion impossible.

The dominant and nondominant racial groups were different in that non-White individuals started from an oppressed position and empowered their identity through transcending oppression, while White individuals started from an oppressor's position and empowered themselves by accepting human diversity and working toward

deconstructing all forms of oppression. Both racial groups obtained a sense of fulfillment through reclaimed racial identity, and both were open to building a genuine relationship with each other as individuals who were proud of their identities. Both racial groups want to work toward deconstructing all forms of oppression by being aware of their racial identities. Finding similarities and differences between heterosexual and nonheterosexual identity development was not feasible due to the unavailability of a heterosexual identity development theory.

12.4 Multiple Identities

Some individuals have dominant (salient or special) identities, but these individuals also have other social identities that affect them. Some individuals may have two or three equally salient identities, while others may have only one salient identity. Some change their salient identity according to all sociocultural contexts, while others change their dominant identity only in some sociocultural contexts. Some individuals' dominant identity remains constant regardless of the sociocultural contexts. Not all individuals' dominant identities are the same.

There is a need for a model that integrates an individual's multiple identities and their intersectionality since we do not know a person without knowing their lived experience. For you to know your lived experience, you examined nine identities throughout the book (*concrete strategies*). Some of you may have more than nine identities but you probably know how to add them on the basis of your experience with nine identities. As you have experienced, knowing all of your multiple identities and intersectionality requires integration of complex cognitive and affective processing. You have learned to identify multiple factors influencing your identity development through connecting your conceptual understanding of each identity to your own lived experience. You probably know by your experience of completing *concrete strategies* on multiple identities (e.g., race, gender, class, sexual orientation, disability, age, religious affiliation, language, and region) and their intersectionality that single identity does not represent you as a whole person since it is interdependent to other identities. For example, DiMaggio et al. (2020) found the low rates of Covid-19 vaccination in areas where people had low levels of college education and low levels of racial privilege by examining intersectionality of race, region, and education. They did not find the location of low rates of Covid vaccination when race, region, and education were considered independent of each other.

Not examining a client from multiple identities and their intersectionality leads to inaccurate assessment and inaccurate assessment results in ineffective treatment because the information gathered is incomplete.

12.4.1 Fluidity Among Multiple Identities and Their Intersectionality

An individual's identity formation goes through a dynamic and fluid process while intersecting with multidimensional and multilayered aspects of multiple identities and sociocultural contexts. For instance, one dimension of identity development runs along the continuum while simultaneously interacting with other identity dimensions. These complex relationships can only be understood by using multidimensional and multilayered thinking that simultaneously explore multiple dimensions, multiple identities and their intersectionality, and variations within as well as among identities. This holistic thinking perspective, which excludes inappropriate dichotomous, hierarchical, and linear thinking while integrating emotional and intellectual understanding of multiple identity development, captures the fluidity and dynamics of multiple identity development.

12.4.2 Multiple Identity Assessment

This section is devoted to showing you how to assess your own multiple identities to raise multicultural competence. The model proposed is the first comprehensive multiple identity inclusive model that simultaneously examines the multiple identities discussed in Part II.

Among 13 identity development models reviewed I chose to modify, *White Racial Identity Models: A Critique and Alternate Proposal* (1994) by Rowe, Bennett, and Atkinson for multiple identity assessment *concrete strategies*. They were critical of existing Racial Identity models because the existing models focused on attitudes of outgroups rather than Whites' attitudes. They added avoidant, dependent, and dissonant types to existing four types of achieved White racial consciousness (dominative, conflictive, reactive, and integrative). A significant contribution of Rowe et al.'s alternate model (1994) is its inclusion of non-linear aspects of development for both Whites' and non-Whites' racial identity development.

Rowe et al.'s Alternate Model consists of seven types:

Dominative type: Individuals may act out racist attitudes directly or indirectly since they believe Whites are superior.

Conflictive type: Individuals value a Eurocentric worldview without supporting racism or racial inequity.

Integrative type: Individuals are comfortable with their racial identity as well as others' racial identities.

Reactive type: Individuals hold pro-minority attitudes without awareness of their role in perpetuating racism.

Avoidant type: Individuals minimize racial issues due to a lack of exploration.

Dependent type: Individuals have racial understanding based on other people's opinions.

Dissonant type: Individuals are conflicted due to incongruence between their racial beliefs and experience.

The following experiential learning activities are designed for you to assess your multiple identities (race, gender, sexual orientation, class, impairment/ disability, age, language, religion, and region). You need to add other identities that are important to you. Those of you who belong to a privileged group in relation to a particular identity may not have too much to write. Acknowledging, being conscious of it, and accepting the process are important parts of knowing who you are. Not censoring or judging assists you to connect with deeper parts of you. Centering may help bring clarity and stillness brings you back from distraction. As indicated in Chap. 3, you may learn unknown aspects of yourself as you mindfully complete the assessment. As stated in Chap. 1 under *Uniqueness of the Book*, incorporating scientific inquiry into clinical inquiry is an essential element of accurate assessment. I had asked a few objective inquiries in some concrete strategies in a few previous chapters. It was my attempt for you to notice difference between clinical inquiry and scientific inquiry. Here I am asking you to rate yourself on a scale of 1–10 for your 9-identity development for you to experience the power of scientific (objective) inquiries and how to incorporate them with clinical inquiries in the next chapter in Part III. Objective inquiries minimize a provider's tendency to interpret the client's statement with the provider's worldview instead of asking clarifying questions with objective (scientific) inquiries. It will be discussed more in Chap. 13.

Completing these activities will allow you not only to know you from a holistic perspective but also to gain tools on how to inquire about a client's multiple identities.

Concrete Strategies

Experiential Learning Activities on Assessing Multiple Identities Using Modified Rowe et al.'s Model:

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience. Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. Slowly open your eyes.

Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

(continued)

1. *Racial Identity Development*: Here are seven types of Rowe et al.'s Alternate Model.
 - (a) *Dominative type*: act out racist attitudes directly or indirectly since you believe your race is superior.
 - (b) *Conflictive type*: value a Eurocentric worldview without supporting racism or racial inequity.
 - (c) *Integrative type*: comfortable with your racial identity as well as others' racial identities.
 - (d) *Reactive type*: hold pro-minority attitudes without awareness of your role in perpetuating racism.
 - (e) *Avoidant type*: minimize racial issues due to a lack of exploration.
 - (f) *Dependent type*: have racial understanding based on other people's opinions.
 - (g) *Dissonant type*: conflicted due to incongruence between your racial beliefs and experience.
 - (1) Rate the type that describes your racial identity development at this point in your life. Rate yourself on a scale of 1–10, with 1 being the beginner state and 10 being 100% of the type.
 - (2) Draw whatever images come to your mind.
2. *Gender Identity Development*: Here are seven types of Rowe et al.'s Alternate Model. Close your eyes. Breathe in and out slowly and evenly for about ten times or as long as it takes to feel inner calmness and stillness while reflecting on your gender identity development. Slowly open your eyes.
 - (a) *Dominative type*: act out sexist attitudes directly or indirectly since you believe your gender is superior.
 - (b) *Conflictive type*: value a Eurocentric worldview without supporting sexism or gender inequity.
 - (c) *Integrative type*: comfortable with your gender identity as well as others' gender identities.
 - (d) *Reactive type*: hold pro-minority attitudes without awareness of your role in perpetuating sexism/cissexism/heterosexism.
 - (e) *Avoidant type*: minimize gender issues due to a lack of exploration.
 - (f) *Dependent type*: have gender understanding based on other people's opinions.
 - (g) *Dissonant type*: conflicted due to incongruence between your gender beliefs and experience.
 - (1) Choose the type that describes your gender identity development at this point in your life. Rate yourself on a scale of 1–10, with 1 being the beginner state and 10 being 100% of that type.
 - (2) Draw whatever images come to your mind.

(continued)

3. *Sexual Orientation Identity Development*: Here are seven types of Rowe et al.'s Alternate Model. Close your eyes. Breathe in and out slowly and evenly for about ten times or as long as it takes to create calmness and stillness within you while reflecting on your sexual orientation identity development. Then open your eyes.
- (a) *Dominative type*: act out heterosexist attitudes directly or indirectly since you believe your sexual orientation is superior.
 - (b) *Conflictive type*: value a Eurocentric worldview without supporting heterosexism.
 - (c) *Integrative type*: comfortable with your sexual orientation as well as others' sexual orientations.
 - (d) *Reactive type*: hold pro-minority attitudes without awareness of your role in perpetuating heterosexism.
 - (e) *Avoidant type*: minimize sexual orientation issues due to a lack of exploration.
 - (f) *Dependent type*: have sexual orientation understanding based on other people's opinions.
 - (g) *Dissonant type*: conflicted due to incongruence between your beliefs in sexual orientation and experience.
- (1) Choose the type that describes your sexual orientation identity development at this point in your life. Rate yourself on a scale of 1–10, with 1 being the beginner state and 10 being 100% of that type.
- (2) Draw whatever images comes to your mind.
4. *Class Identity Development*: Here are seven types of Rowe et al.'s Alternate Model. Close your eyes. Breathe in and out slowly and evenly for about ten times or as long as it takes to create calmness and stillness within you while reflecting on your class identity development. Then open your eyes.
- (a) *Dominative type*: act out classist attitudes directly or indirectly since you believe your class is superior.
 - (b) *Conflictive type*: value a Eurocentric worldview without supporting classism or class inequity.
 - (c) *Integrative type*: comfortable with your class identity as well as others' class identities.
 - (d) *Reactive type*: hold pro-minority attitudes without awareness of your role in perpetuating classism.
 - (e) *Avoidant type*: minimize class issues due to a lack of exploration.
 - (f) *Dependent type*: have class issue understanding based on other people's opinions.
 - (g) *Dissonant type*: conflicted due to incongruence between your beliefs about class and experience.

(continued)

- (1) Choose the type that describes your class identity development at this point in your life. Rate yourself on a scale of 1–10, with 1 being the beginner state and 10 being 100% of that type.
- (2) Draw whatever images come to your mind.

5. *Impairment/Disability Identity Development:* Here are seven types of Rowe et al.'s Alternate Mode. Close your eyes. Breathe in and out slowly and evenly for about ten times or as long as it takes to create calmness and stillness within you while reflecting on disability/impairment identity development. Then open your eyes.

- (a) *Dominative type:* act out your attitudes directly or indirectly since you believe your disability/impairment is superior.
- (b) *Conflictive type:* value a Eurocentric worldview without supporting ableism.
- (c) *Integrative type:* comfortable with your impairment/disability identity as well as others' impairment/disability identities.
- (d) *Reactive type:* hold pro-disability attitudes without awareness of your role in perpetuating ableism.
- (e) *Avoidant type:* minimize disability issues due to a lack of exploration.
- (f) *Dependent type:* have disability issue understanding based on other people's opinions.
- (g) *Dissonant type:* conflicted due to incongruence between your beliefs about disability/impairment and your experience.

- (1) Choose the type that describes your impairment/disability development at this point in your life. Rate yourself on a scale of 1–10, with 1 being the beginner state and 10 being 100% of the type.
- (2) Draw whatever images come to your mind.

Age Identity Development: Here are seven types of Rowe et al.'s Alternate Model. Close your eyes. Breathe in and out slowly and evenly for about ten times or as long as it takes to feel calm and still within you while reflecting on your age identity development. Then open your eyes.

- (a) *Dominative type:* act out your attitudes directly or indirectly since you believe your age is superior.
- (b) *Conflictive type:* value a Eurocentric worldview without supporting ageism.
- (c) *Integrative type:* comfortable with your age identity as well as others' age identities.
- (d) *Reactive type:* hold pro-minority attitudes without awareness of your role in perpetuating ageism.
- (e) *Avoidant type:* minimize age issues due to a lack of exploration.
- (f) *Dependent type:* have age issue understanding based on other people's opinions.

(continued)

- (g) *Dissonant type*: conflicted due to incongruence between your beliefs about age and your experience.
 - (1) Choose the type that describes your age identity development at this point in your life. Rate yourself on a scale of 1–10, with 1 being the beginner state and 10 being 100% of the type.
 - (2) Draw whatever images come to your mind.
6. *Language Identity Development*: Here are seven types of Rowe et al.'s Alternate Model. Close your eyes. Breathe in and out slowly and evenly for about ten times or as long as it takes to feel calm and still within you while reflecting on your language identity development. Then open your eyes.
- (a) *Dominative type*: act out your attitudes directly or indirectly since you believe your language is superior.
 - (b) *Conflictive type*: value a Eurocentric worldview without supporting linguism.
 - (c) *Integrative type*: comfortable with your language identity as well as others' language identities.
 - (d) *Reactive type*: hold minority support attitudes without awareness of your role in perpetuating linguism.
 - (e) *Avoidant type*: minimize language issues due to a lack of exploration.
 - (f) *Dependent type*: have language issue understanding based on other people's opinions.
 - (g) *Dissonant type*: conflicted due to incongruence between your beliefs about language and your experience.
 - (1) Choose the type that describes your language identity at this point in your life. Rate yourself on a scale of 1–10, with 1 being the beginner state and 10 being 100% of the type.
 - (2) Draw whatever images come to your mind.
7. *Religious Identity Development*: Here are seven types of Rowe et al.'s Alternate Model below. Close your eyes. Breathe in and out slowly and evenly for about ten times or as long as it takes to feel calm and still within you while reflecting on your religious identity development. Then open your eyes.
- (a) *Dominative type*: act out your attitudes about religion directly or indirectly since you believe your religion is superior.
 - (b) *Conflictive type*: value a Eurocentric worldview without supporting isms related to religion.
 - (c) *Integrative type*: comfortable with your identity related to religion as well as others' religious identities.
 - (d) *Reactive type*: hold pro-minority attitudes without awareness of your role in perpetuating ism related to religion.

(continued)

- (e) *Avoidant type*: minimize religion issues due to a lack of exploration.
- (f) *Dependent type*: have religion issue understanding based on other people's opinions.
- (g) *Dissonant type*: conflicted due to incongruence between your beliefs about religion and your experience.

(1) Choose the type that describes your religious identity development at this point in your life. Rate yourself on a scale of 1–10, with 1 being the beginner state and 10 being 100% of the type.

(2) Draw whatever images come to your mind.

8. *Regional Identity Development*: Here are seven types of Rowe et al.'s Alternate Model below. Close your eyes. Breathe in and out slowly and evenly for about ten times or as long as it takes to feel calm and still within you while reflecting on your regional identity development. Then open your eyes.

- (a) *Dominative type*: act out your attitudes directly or indirectly since you believe your region is superior.
- (b) *Conflictive type*: value a Eurocentric worldview without supporting ism related to region.
- (c) *Integrative type*: comfortable with your regional identity as well as others' regional identities.
- (d) *Reactive type*: hold pro-minority attitudes without awareness of your role in perpetuating regional biases.
- (e) *Avoidant type*: minimize regional issues due to a lack of exploration.
- (f) *Dependent type*: have regional issue understanding based on other people's opinions.
- (g) *Dissonant type*: conflicted due to incongruence between your beliefs about regions and your experience.

(1) Choose the type that describes your regional identity development at this point in your life. Rate yourself on a scale of 1–10, with 1 being the beginner state and 10 being 100% of the type.

(2) Draw whatever images come to your mind.

12.4.3 An Example: My Multiple Identity Development

This is an example to illustrate the complexities and dynamics involved in multiple identity development. As I examined my nine areas of identity (race, gender, sexual orientation, class, impairment/disability, age, language, religion, and region), I realized my thoughts, feelings, and behaviors at times changed depending on which identity I was aware of. I had contradictory thoughts and feelings as I examined one

of my identities in relation to the others from a multidimensional and multilayered perspective. I had different emotions with different identities. I have experienced lots of pain from discrimination in relation to some identities and no pain in relation to others. For example, I have no perceived discrimination experiences with impairment/disability, age, sexual orientation, religion, or region. At least that was what I thought and felt at the time of writing. I belonged to privilege groups in these identities and recalled myself behaving like my oppressors. For example, I thought small-town living fostered narrow mindedness mainly because I was raised in a big metropolitan city (Seoul) in South Korea. I longed for city-type activities since that were all I knew, and when I came to the United States, I expected every city to have extensive cultural activities (*generalization*). It took some maturity for me to admit that I was ethnocentric in relation to assuming city activities are “better” than rural activities (*hierarchical thinking*). As I questioned the validity of my assumptions about small-town living, I realized that I had no evidence to support my assumptions. My learning about the positive aspects of small towns came after the awareness of my hierarchical and egocentric thinking. I have since learned to enjoy small-town activities and appreciate quiet small-town living. If I had continued my biases against small towns, I probably would not have tried small-town activities.

I have, however, been discriminated against my race, gender, and language. I have been a victim of internalized sexism as well as that of others. Multilayered and multidimensional sexism, gender prejudice, and oppression were interlocked with other experiences of oppression and privilege. I was a sexist, for example, when I put myself last as a wife and a mother, and then there was another layer of sexism that society placed upon me. I operated in two different ways simultaneously; I was a sexist who was oppressing myself at home while maintaining professionalism at work by portraying myself as an egalitarian. I did not know I was a sexist for a long time. I thought I was putting myself last because of my love for my family, but I was the produce of the culture that was based on patriarchy. I was not able to differentiate how much was due to love for my family and how much was due to unconscious activation of implicit and explicit gendered messages from all three levels (micro, meso, and macro) of ecosystem.

My experience with racism reflects my perception as a person who grew up as a member of a privileged group in Korea and became a member of the oppressed group when I came to the United States. Although it was painful to be the target of racism in the United States, its impact on my physical, emotional, psychological, and spiritual well-being was not as paramount as it was for some non-White individuals who were born and raised in the United States. This is their home, but they are treated as if this is not their home because of their skin color. When I was a target of racism or racial discrimination, I chose not to be distracted by remembering my sweet home, family, and friends in Korea. However, sometimes it did not work. I thought of the pain non-White people who were targeted like me, and I couldn’t imagine the depth of their pain since my pain penetrated every bone in my body.

My parents belonged to the privileged class in South Korea, from which I benefited. When I came to the United States alone to study psychology, my class status changed. However, it also opened a new way of seeing the world and my financial

dependence on my parents. I told my parents I wanted to come to study in the United States and I showed my parents the college's admission letter from the United States, passport, etc., and it did not occur to me they would not support me financially. I did not let them know my plan because I did not know whether I would be accepted to the US college and was afraid they would not want me to come to the United States by myself. It shocked me to see so many students working on campus when I came to the United States. I first thought they were from poor family, but it didn't make sense to see that there are that many poor students. When I learned about why there were so many students working, I questioned my relationship to my parents in relation to finance. I was determined I wanted to be financially independent as soon as I was able. I was paying three times more than a resident student of the Washington State since I was an international student. It was a lot of Korean money. I got two fulltime jobs in that summer; I worked as a waitress and a nurse's aide at the nursing home. My body ached from working too much but my spirit was high. I felt like I was tasting a first step of financial independence. I was glad to have lower-class status and learned the value and management of money. My penny-pinching lifestyle in the early days as an international student taught me self-confidence that I can work anywhere and any job if I need to.

Discrimination due to language affected me severely when I first came to the United States, and the experience stayed with me for a long time. It got better when my language skills improved, and I was not laughed at as frequently. I felt sharp pain, powerlessness, and sadness when experiencing discrimination in relation to my English proficiency. I was discriminated against by my undergrad statistics professor and my grad school (master's level) research method professor. I felt humiliated. I felt so alone and isolated. Regret for coming to the United States, missing the love and care from my family, feeling obligated to carry out my own commitment, and anger toward ethnocentric people were intermingled and created all sorts of feelings to different degrees. It took some years for me to realize that it is all right to speak with an accent since I do speak Korean. Since then, I have been enjoying seeing the world from two cultural perspectives even though some do not understand what I am articulating.

I do not recall an experience with marginalization in relation to my sexual orientation, impairment/disability, age, or religion. I know I am a privilege holder for being heterosexual and able-bodied with no known physical, mental, emotional, or learning impairment. I am positive my cultural sensitivity toward those who are targets of systemic oppression has increased over the years with my interests in social justice and equity. There is no way I can really understand their pain caused by oppression, but I am compassionate toward them by remembering my pain from being an ESL speaker and a target of racism and sexism. I have no strong emotional attachment to my chronological age since I get a year older each year like everyone else. Age has not been an important part of who I am. However, I am aware of ageism against the older adults and adultism against children. I am not sure what my relationship is to religion. Religion was not emphasized during my childhood. My mother was a Buddhist, and I assumed my father was also a Buddhist although I never saw him going to a temple. My parents sent me to a private Methodist middle

and high school because it was considered one of the best schools, not because of the religion it promoted. My parents put no restrictions on my participation in religious activities or lack thereof. I explored various religions by attending different churches and temples when I was in middle school. I believe spirituality plays an important role in healing, but spirituality is not synonymous with religion to me. I consider myself spiritual but without a conscious connection to a particular religion.

I have thus been oppressed and the oppressor simultaneously, and these experiences have shaped my identity. I was oppressed in relation to race, gender, and language and was simultaneously an unintentional oppressor in relation to sexual orientation, disability, and region.

My identity changed with my negative and positive experiences with the nine identities discussed in the book. The change progressed in divergent directions. Some of my thinking styles used to be linear, dichotomous, and hierarchical, and they are gradually transforming into a holistic perspective. Some parts of my thinking are totally changed. Other parts of my thinking are changing somewhat, and other parts are staying the same. I do not know what my dominant identity is at the conscious level, but it is important for me to seek internal balance and wholeness.

I have learned that it is dangerous to evaluate another person solely based on one identity as if that identity represents them as a whole (*generalization*). In exploring my identity development, I have discovered that I hold different degrees of prejudice in various identities, and these different degrees, different dimensions, and different layers manifest themselves in various ways as I interact with various people and social contexts. Sometimes I am conscious of them, and other times I am not conscious of them. I have learned that my thoughts, feelings, and attitudes have changed substantially in some areas and not at all in other areas. My thoughts, feelings, and attitudes are fluid. I do not know which ones will stay the same and which ones will change. I have realized that I can have preferences without judging those of others as inferior, superior (*hierarchical thinking*), or in between. Some of my preferences have remained the same, while others have changed in different degrees.

12.5 A Provider's Assessment of Self in Relation to Multiple Identities

You may discover that your identities have complex relationships with each other. These relationships might have changed for you over the years, or they have stayed relatively stable for you depending upon your mobility, openness, motivation, ability to reflect, experience within particular sociocultural contexts, level of consciousness, and ability to listen to your inner experiences. You may notice that some of your identities have changed with your priorities to meet your developmental tasks in each stage, as well as when your focus was shifted from external to internal identity.

The following reflective learning activities are designed for you to facilitate transformative learning on intersectionality of multiple identities through linear and nonlinear activities.

Concrete Strategies

Experiential Learning Activity on Multiple Identities and Their Intersectionality

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to accessing your inner experience. Proff (1992) depicted the important difference between thinking about writing and the act of writing. He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe, reflect on your learning about multicultural competencies and your multiple identities and their intersectionality. Slowly open your eyes.

1. Describe your multiple identity development and try to answer the following questions: Have you stayed the same, changed somewhat, or changed completely? As you read my example, you may have found that, like me, you are much more affected by the development of some identities and less by the development of others. You may also have found that development of some identities is intertwined with that of others with different degrees of impact. If you reflect on your responses to the experiential learning activities, you will discover different layers of each identity dimension and their intersectionality with each other.
 - (a) How would you describe your different degrees of emotional intensity in relation to different identities and their intersectionality?
 - (b) Which of your identities are constructed out of oppressed experience, and which identities have led you to be the oppressor?
 - (c) Are your thinking styles consistent when you are the oppressed and the oppressor?
 - (d) What are your feelings as an oppressor and as the oppressed?
 - (e) What have you learned from being an oppressor? What have you learned from being oppressed?
 - (f) Have you changed your dominant (salient) identity throughout your life, or have you stayed the same? Or?
 - (g) Do you have a dominant identity?
 - (h) Do you use the same or different criteria to assess your identity construction?
 - (i) How will you implement your learning from this section to increase your multicultural counseling competencies or awareness of equity and justice?

A provider's accurate assessment of a client's worldview is determined by the provider's ability to assess her own multiple identity development from a multilayered and multidimensional perspective and to integrate intellectual with emotional understanding of multiple identity and their intersectionality. The following experiential learning activities are designed for you to apply what you learned from assessing your own multiple identity development to assessing that of clients.

Concrete Strategies

Experiential Learning Activities

Reread your description of your multiple identity development.

Please engage in the following activities without screening or judging. When you start to judge or screen, you cannot access your inner experience. Uncensored writing is one way to accessing your inner experience. Proff (1992) depicted the important difference between thinking about writing and the act of writing. He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe, reflect on your multiple identities and their intersection. Slowly open your eyes.

1. Which identities are likely to lead you to countertransference, and what do you need to do to minimize it?
2. What is your dominant (salient) identity? Describe how it may facilitate or hinder your ability to assess a client's worldview.
3. As a provider, what do you think are important questions you need to ask your clients based on your experience with examining your own multiple identity development?
4. What have you learned about your ability to be flexible and fluid?
5. Use colored crayons, colored pencils, watercolors, or colored pens and drawing pads or paper to draw your inner- and outer-world experiences with your multiple identities.

Group Discussion:

6. Discuss the following with other individuals who have completed these experiential learning activities.
 - (a) What did you learn about yourself through drawing?
 - (b) What were your thoughts about multiple identities before and after your own multiple identities?

A substantial amount of experiential and reflection-based learning activities has been presented throughout this book to provide the opportunity for you to connect your conceptual understanding to your lived experiences. These learning activities involved uncensored writing, imagery, role-playing (both cognitive perspective

taking and affective perspective taking), centering, consciousness-raising exercises, group discussions, and drawing. If you have completed each learning activity in conjunction with the chapter content with mindfulness and intention, you are ready to integrate and synthesize all that you have learned both cognitively and affectively. You are ready to assess and treat culturally diverse clients from a multilayered and multidimensional perspective. You are ready to assess clients from a holistic perspective.

As you have experienced “....transformation does not simply emerge due to the individual’s awareness....but is experienced....” (Benetka & Joerchel, 2016, p. 22).

Consciousness Practice

Are you the same “you” as you were 2 hours ago?

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Chapter 13

Culturally Appropriate Assessment



Mindfulness Practice:

Close your eyes and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreathe, two outbreathe). Observe your mind and body without judgment as you breathe in and out at least seven times or until you feel inner quietness. Slowly open your eyes. Are you ready to read the chapter?

13.1 Foundation for Accurate Assessment

I was licensed as a psychologist in the late 1980s and I have been in a part-time practice since then. I liked the fact that I was the one who took the intake where I asked specific questions when I didn't understand, had the opportunity to review the entire intake with cognitive and affective lens, and asked more questions at the following sessions if needed before diagnosing.

Accurate assessment is crucial for all clients because it's the foundation for accurate diagnosis and effective treatment (American Psychiatric Association, 2013). I have been an advocate for a comprehensive assessment which is the basis for accurate diagnosis and effective treatment since the first edition of *Social Justice, Multicultural Counseling, and Practice* in 2009. Social justice evolves around providing equity and justice for all people regardless of their race, gender, sexual orientation, class, disability, age, language, religion, and region. Social justice is one of the major forces in the multicultural counseling and DEI (Ratts et al., 2016; Singh et al., 2020).

13.1.1 Intake

Accurate assessment depends on accurate information from the client. Obtaining accurate information from the client depends on the client's perception of the provider. If the client views the provider as a caring person who is interested in his well-being, he will provide accurate information or will answer the provider's questions which will lead to an accurate assessment. Therefore, one of the important tasks of a provider is being present with intention, clarity, compassion, and in-depth knowledge in theories of personality, psychopathology, developmental psychology, social psychology, memory and learning, and health psychology and some knowledge on cognitive neuroscience and neurobiology (Moreira et al., 2017).

During the intake, when the provider listens attentively to the client's presenting problem, therapeutic goals, psychosocial and physical developmental history, intrapersonal and interpersonal relationships, problem-solving strategies, and cultural experiences, the provider not only learns the client's history, strengths, weaknesses, and recurring themes in the client's life but also can learn from the client's nonverbal language. The client's nonverbal expressions of his story are a rich text of the client's worldview and meaning making. Verbal and nonverbal information from the client can provide a structure for accurate diagnosis and developing an effective treatment program.

Concrete Strategies

Experiential Learning Activities for Assessing Your Qualities as an Intake Provider

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about your learning from Parts I and II. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

1. Based on your learning so far how will you approach the intake, so the client feels you care about him and interested in his story?
2. What techniques will you use to obtain accurate information from the client?
3. Describe being present with intention.

Some mental health clinics call clients who are incapable of managing their daily lives “consumers.” The term *consumer* is applied to individuals who are not capable of exercising their consumer rights either due to systemic oppression/internalized oppression or due to their mental health state. They are not allowed to choose or are not capable of choosing a more effective program for them, nor can they choose which facility is best suited for their condition. Daily, they rely on case managers for taking pills and keeping doctors’ appointments and are often challenged by a lack of life skill competencies. Who decided to call them consumers? What does this label mean in a materialistic culture, and how does it relate to clients who cannot exercise their consumer rights due to their mental, emotional, physical, and/or financial condition? How do these individuals feel being called consumers, especially when they know that they have no power to exercise their rights? What does calling clients consumers do to the relationship between a provider and a client who is not able to afford treatment fees? If you really care and are interested in the client’s well-being, your internal caring and interest are communicated to the client through your nonverbal language (e.g., your body language, tone of your voice, etc.). If you are not really caring and are not interested in the client, it also is communicated to the client by your nonverbal language. I wonder whether the professional code of ethics by APA, ACA, and NASW were considered (Kress et al., 2013; Lewis-Fernandez et al., 2017; Miller & Prosek, 2013).

Some mental health clinics have intake providers. If you are working as a treatment provider at one of these clinics, you need to evaluate the validity of the intake for your clients’ treatment plans. It has been my experience that most clients do not seek therapy until they are no longer able to tolerate, are pressured by someone, or are forced by court or work to seek therapy. Most of them are vulnerable and nervous to talk about their problems to a stranger. Therefore, the first encounter with a helping professional will determine the client’s attitude and ability to build rapport. If he exposes himself psychologically and emotionally at the intake but is assigned to another stranger to start treatment, this poses a problem for the treatment provider since the key information for the treatment is gathered at the time of the intake. If the treatment provider develops treatment strategies based on the intake that was taken by the intake provider, she must be assuming that the intake provider has the same worldview as the treatment provider, has the same amount of knowledge in multicultural counseling competencies, has the same biases and prejudices, has the same way of observing nonverbal language of the client, has the same tone of voice, and has the same verbal communication skills. It is critically important for you to use information from the intake and not the information that is interpreted by the intake provider.

Concrete Strategies

Experiential Learning Activities for Assessing Your Inner Experience

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be,

you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about the intake. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

1. What is your inner experience when you read “Some mental health clinics call clients who are incapable of managing their daily lives ‘consumers’”?
2. What do you think about the intake provider? How would you go about getting accurate information from the client?

The following three will likely lead to accurate assessment, and they are (1) incorporating scientific inquiry with clinical inquiry; (2) silence, the powerful assessment tool; and (3) accurate listening.

13.1.1.1 Incorporating Scientific Inquiry with Clinical Inquiry

One of the ways to become an effective provider is to acquire the ability to apply the psychological research methodology critiquing skills to the therapeutic setting. Research inquiry demands critical reasoning skills and paying attention to details in order to differentiate sound research from inadequate research. It requires objective scientific inquiry and not subjective, personal inquiry. Objective scientific inquiry assists you in learning to ask specific questions by using the client’s own words instead of interpreting the client’s words through your worldview. Assessment of a client also requires objective scientific inquiry in order to accurately hear a client’s story without personal bias. To obtain accurate information, you must use objective scientific inquiry with a warm and accepting attitude. If you use objective inquiry with a nonjudgmental tone of voice and nonjudgmental body language, the client will feel you are interested in helping him. If you want to improve your counseling skills, analyze primary research articles on a particular issue related to multicultural population and critique the articles in terms of research design, sample size, threat to internal and external validity, accuracy in interpreting tables, and so on. Applying research skills to therapy includes (a) paying close attention to generalizations made by both the client and provider, (b) asking for clarifications rather than interpreting the client’s statements from the provider’s worldview, and (c) the provider asking for specific information. Corey’s (2005) *Case Approach to Counseling and Psychotherapy* gives the following example:

- Ruth: I know that being so afraid has closed in on my life in so many ways. I feel ready to take this on, but it would be too overwhelming to become so honest with myself and everybody else in lots of areas of my life all at once.
- Therapist:* So you would like to challenge fear and express yourself more openly, but you want to do so in small steps. Is that right?
- Ruth: Sure. (p. 269)

The therapist interprets Ruth's comments as wanting to progress "in small steps." Ruth has no choice but to agree with the therapist due to the power differential in the relationship. If Ruth were a woman of color, the impact of the power differential in the relationship could be more intense due to systemic racism she has experienced throughout her life. Or it could be more intense due to trusting an expert's opinion more than her own. Counseling and psychotherapy textbooks that include dialogues between a therapist and a client often show the therapist's dialogues as interpreting the client's dialogues. This type of communication frequently leads the client to follow the therapist's interpretation. The therapist in the example could gather information by using Ruth's statements to explore how she wants to proceed. The therapist could say, "Would you give me some examples of how being so afraid has closed in on your life?" "Do you need to be honest with everybody all at once?" "You said you need to be honest with yourself and everybody else. Is it practical to do that for both you and everybody else at the same time?" "You said you need to be honest with yourself and everybody else in lots of areas. In what area would you like to start?" or "Who is everybody? Would you name these people for me?" There are various ways to explore what and how Ruth wants to start. The therapist's role is to create an environment where the client makes changes, transcends, experiences, or transforms and not to lead the client toward the therapist's worldview.

In my multicultural counseling program, students were required to submit one primary peer reviewed research article analysis per week for 5 weeks. Their analysis needed to identify a hypothesis (or hypotheses), a research design (correlational or experimental), independent and dependent variables, the statistical significance, and internal and external validity. This was an attempt to provide students the opportunity to learn to incorporate scientific, objective inquiry skills into counseling skills. At the end of the quarter, students were required to submit a research synthesis paper including a minimum of ten primary research articles. By the fifth week, students' ability to shift their clinical inquiry from general to specific was dramatic. Prior to completing their weekly research abstract assignments, students usually assumed that they understood what a peer was describing in their counseling practice sessions. For instance, when a student who was playing the client's role said, "I am really depressed," a student who was playing the counselor's role often said, "Yeah, I know what you mean." However, the same student who played the counselor's role learned to ask for more information by applying scientific inquiry to make sure they understood what the student who played the client's role meant. So, it changed from "Yeah, I know what you mean" to "Tell me more about your depression. What did you think when you were depressed?" "What did you say to yourself when you were depressed?" "What are you thinking right at this moment?" and so on.

By applying details of research skills such as quantitative reasoning and limiting generalizations, you assist clients who overgeneralize by inquiring about specific information through search talk (*revisit Chap. 2*). Scientific inquiry skills assist providers not only to develop accurate assessment and treatment strategies but also to differentiate excellent from mediocre multicultural counseling research. An effective treatment plan needs to incorporate well-done research findings. Making the division between clinical and counseling psychology and experimental psychology does not prepare future providers to be competent providers. Students need to be thoroughly trained in both clinical and experimental psychology. They need to know about counseling skills, quantitative and qualitative research analytical skills, and clinical skills with an emphasis on intuition, interpersonal and intrapersonal awareness of emotion, compassion, and respect for human diversity.

For accurate assessment, providers need to inquire about information concerning both sides of the brain and be mindful of their interpretation of the client's stories from both sides of their brain. People need both sides of the brain to process their thoughts, feelings, and actions. Most students may remember from physiological psychology or general psychology that talking is a sequential activity processed by the left side of the brain and addition to sequential processing like language, the left side of the brain processes logical, temporal, and rational information. The right side of the brain processes emotional, intuitive, introspective, creative, and atemporal information (Perez et al., 2023).

Accurate assessment cannot be based on inappropriate dichotomous and hierarchical thinking. A client's story derived from applying an inappropriate dichotomous and hierarchical interpretation may represent only a small portion of the client's worldview, or it may distort the story to the extent it is no longer the client's story. In order to assess the client's worldview, the provider needs to assess the client from a holistic perspective. A provider who is able to integrate functions of the left and the right hemisphere of the brain will creatively interweave the art and knowledge of counseling and psychotherapy with scientific inquiry to allow a client to share his story from a multilayered and multidimensional perspective—a path to an accurate assessment (Thompson, 2015).

13.1.1.2 Silence: The Powerful Assessment Tool

Most clients I had started the first session with uneasiness. They brought the papers I sent them to read. I would say, "Do you have questions about my office policy and other questions relating papers I sent to you?" Most of them said, "No." Then, I usually say, "As I stated on the phone, the intake session is gathering information about you. That will help me to assist you. Whenever you are ready let me know." I do my best to provide unconditional positive regard. I wait until the client is ready to start without being impatient.

The provider should not interpret silence from a North American perspective when she is assessing clients from multicultural populations. Not all cultures interpret talking more as a positive quality. Some cultures value silence as a much more

desirable quality than talking or value both talking and silence. In fact, valuing speaking as more important than silence is a Eurocentric concept based on hierarchical thinking (Covarrubias, 2007; Meyers, 2014). Native American culture and numerous Asian cultures consider silence a part of communication since they define communication as a process and not a product (Covarrubias & Windchief, 2009; Falk et al., 2009). As cited earlier, my Japanese American client who was encouraged to show respect to his elders by being silent at home and he was praised for being proper at home. However, his White teachers indicated that he was a good student but too quiet. His parents were concerned about his school behavior and told him he should be more outgoing at school. He was frustrated and confused. Covarrubias explains the ethnocentric bias held by Westerners on silence:

Situated or perhaps caught in a Eurocentric sociocultural bipolar worldview—speaking is good, silence is bad—conceptualizations about what constitutes proactive communication inspire some scholars (among other people) to treat silence as an ontological and epistemological vacuum waiting for talk to happen. Silence is treated as a suspended animation, stand-by position until real communicative opportunities ensue. (p. 267)

Covarrubias (2007) makes a distinction between consumptive silence and generative silence. Consumptive silence is “interpersonal malfunction” (p. 268), and generative silence “functions to enable the thriving of a particular way of being in, learning about, and experiencing her world” (p. 269). Cultures that place importance on generative silence value “peace,” “respectfulness,” and “perseverance” but devalue “impatience” (p. 269). When the provider asks questions of clients from the nondominant value orientation, she needs to wait without showing impatience. The client may be thinking or feeling about the provider’s questions; interlinking them with memories, beliefs, and values; and actively processing them by engaging in intrapersonal communication. The importance of inner experience was discussed in Chap. 3, and awareness of inner experience can be expressed in various modes such as silence, drawing, movement, writing, and verbal description. Understanding a client from his worldview also implies that silence may be a part of his culture and his way of learning to change feelings, beliefs, and behavior. The provider who is not comfortable with silence needs to examine her assumptions about silence and her relationship to silence by reflecting on her developmental stages. Her discomfort can be expressed through her body language and interfere with the therapeutic process. The provider can also learn to be in silence as the client is actively engaged in being who he is in silence. The provider can pay attention to her intrapersonal communication and experience her feelings and thoughts in the moment in silence. When the client talks, he is through processing in silence either by verbal or nonverbal language, the provider may ask, “Would you like to share your process with me?” The provider must accept whatever decision the client makes. This is one way of showing that the provider accepts the client as he is by honoring his wishes. The following is an example of using silence as a powerful tool.

I still remember teaching *Individual Counseling* at a graduate school as an adjunct faculty some years ago. After lecturing on personality theory (e.g., psychodynamic, humanistic, cognitive-behavioral perspectives), I would ask students to

pair up to role play as a counselor. The counselor's role was counseling from the perspective of the theory they learned on that day. This was an attempt to see whether students could implement their conceptual learning in action. Each student had a chance to be a counselor and a client. What surprised me was student-counselors would talk whenever the student-client was silent. When it was my time to give them feedback after the practice, I asked, "Did you know why you started to talk when your client was quiet?" Some did not notice that they filled the silence and others said they were not comfortable. Students were videotaped for the following week session and students decided it was OK to show their videos to all students to learn from each other. Most of them were so shocked to see their behavior of filling up the silence. They had no idea how they appeared to the student-client. I wondered how it would play out if all students were from the culture that silence was a sign of respect.

Therapy Session

Silence: The Powerful Assessment Tool.

I took a projective test course from a behaviorist in my master's program in Virginia. The professor spent a substantial amount of time critiquing the validity and reliability of projective tests. He also emphasized applying objective scientific inquiry when administering and scoring projective tests.

He asked us to measure with a stopwatch how long the test taker looked at the picture, changes in intonation, eye contact with the picture and with the test administrator, frequency of rotating the picture, and so on. We had to administer each projective test to five people. I still apply some of the techniques I learned in this course with my clients. I am alert when I am engaged in conversation with verbal clients as when I am engaged in a session with a silent client. When I ask a question and the client stays in silence, I measure unobtrusively the duration of silence, body language, facial expression, and other expressions like sighing, coughing, crying, and smiling.

The following is an example:

Client: I am sorry. I am not a talker.

Provider: Nothing to be sorry about. There are various ways to process, and silence is one of them. Take your time.

We sit in silence. Both the client and I are actively engaged in meaning-making. I try to provide a comfortable space for the client by not distracting his process while observing unobtrusively until he talks or breaks the silence with nonverbal language, such as tears rolling down his cheek, a smile, or a facial color change. Such nonverbal language communicates to me. I record the client's specific nonverbal expression and add a symbol that signifies to me to return to the subject later to get more information. Then I ask one of, some of, or all of the following questions.

Provider: Are you indicating that you are done processing? Would you like to share what you are thinking and feeling? Would you like to draw what came to you now? Shall we do a centering exercise before I ask you another question?

Client: No, I am OK. I can't really describe what I am thinking and feeling, but your question made me think about lots of things.

If the client does not want to share his process, I honor his wish. I consider silence as one way of communicating. It is not important to me that the client verbalizes. What is important is that the client is actively engaged in the therapeutic process through verbal or nonverbal meaning-making. What I need to learn is whether my assessment of the client is accurate.

13.1.1.3 Accurate Listening

Accurate listening requires the provider to empty her mind in order to follow what the client is expressing verbally and nonverbally. It requires putting herself into the client's position (*empathy*) in order to hear what he is saying. Acknowledging the client's experience, inviting more information for clarity, and checking the accuracy of her interpretation by listening actively with specific inquiry are a part of accurate listening. Accurate listening is similar to Miller and Miller's (2011) attentive listening (*revisit Chap. 2*). This listening skill reduces tension, builds trust, and leads to the most accurate information. Whether the provider is an attentive listener or not is determined by the client and not by the provider. The provider may think and feel she is an attentive listener, but her clients may not feel and think that way. Reviewing the findings of research on attribution error, social projection, asymmetric perception, differential evaluations on subjectivity and objectivity, and introspections about self vs. others suggests the importance of the provider's assessment of self in these areas. If providers are not aware of their relationship to these areas, they may interfere with their good intention to assist clients (Collins & Storm, 2022; Simons et al., 2018).

One way for students to evaluate their listening style is to get feedback from videotaping their listening behaviors in various situations such as counseling practice sessions and small-group discussion sessions. In addition, video feedback is an excellent source for learning about students' nonverbal communication skills. Whether a client feels valued, accepted, trusted, and/or understood by the provider can be assessed from the provider's nonverbal communication. What are barriers to accurate listening? Providers need to examine their own barriers to accurate listening. One barrier could be a cultural context that fosters a fast lifestyle as ideal. Students often write about their mind racing in their process learning assignments. The purpose of *concrete strategies* (accessing inner experience through uncensored writing assignments) is for students to learn about themselves without being graded or judged. Some students state that their racing mind distracts them from

attentively listening to lectures, small-group discussions, and peers during counseling practice sessions. Disinformation and misinformation via social media and the current sociopolitical contexts in the United States seem to distract us from accurate listening and maintaining our inner peace. “As our window onto the world, and onto ourselves, a popular medium molds what we see and how we see it—and eventually, if we use it enough, it changes who we are, as individuals and as a society” (Carr, 2011, p. 3).

A provider’s thinking may also be a barrier to accurate listening if she applies inappropriate dichotomous, hierarchical, and linear thinking. As indicated earlier, if the provider is a dichotomous thinker, she may interpret the client’s non-dichotomous verbal communication as dichotomous. I once had a student whose thinking style was dichotomous and hierarchical, and he applied this thinking in counseling skill practice. Other students were frustrated because they felt he was not listening to their issues. The following is an example of their skill practice:

- Student client:* I have ambivalent feelings about going home for Thanksgiving. I love to see my mom and enjoy a few days with her, but I am not sure whether I would like to be harassed by my relatives who come to dinner. They are always saying something about my lifestyle.
- Student counselor:* Why don’t you go see your mom?
- Student client:* I want to see my mom but. ...
- Student counselor:* (Interrupts the client.) There is no “but.” Just go see her. (The student client tries to say something, but the student counselor continues to talk.) I don’t see any problem in that. I think it’s good that you want to see your mom. (The student counselor continues to talk about what the client should do.)

His group and I were reviewing the session on videotape; I stopped after the student client’s first dialogue and asked the student counselor for a keyword to describe the presenting problem. He said the client wanted to see her mom. When I asked him about the meaning of ambivalent, he knew the definition but was not able to help the client explore her “ambivalent feelings” because he focused on “I love to see my Mom” and interpreted “love to see my Mom” dichotomously, and it was creating an either/or (seeing mom or not seeing mom) situation rather than allowing the student client to explore “ambivalent” feelings. If the student counselor was able to help the student client to explore her ambivalence in depth, she may have come up with several avenues for possible solutions. One possibility would have been to ask how many relatives have harassed her, how many of them would be present, and how long each one would stay. Another might have been to suggest she discuss her “ambivalent feelings” with her mother to see if she might be able to help. Exploring the possibility of having an early dinner with her mother and then visiting people who were not critical of her lifestyle would have been another good suggestion. The student counselor might also have explored the meaning of harass with the student client by exploring specific comments or behaviors that, in her mind, constitute harassment. The student client, however, felt that she was not heard because the student counselor missed her ambivalence and told her she should go to her mother’s; he was telling his story rather than listening to her story. He wanted to be a

“good counselor,” but his thinking style kept him from accurately listening. Even though he said he understood intellectually, it was challenging for him to transcend inappropriate dichotomous thinking.

Another barrier to accurate listening is a provider’s own anxiety. Sometimes the desire to become an effective provider makes one overly critical of oneself. Being critical of oneself in the therapeutic process distracts the provider from paying attention to the client’s story, much like students who are so preoccupied with the number of pages they have been assigned to read and they cannot complete the reading. Anxiety distracts students from concentrating on reading and comprehending what they have read. When students spend too much time figuring out whether they will be able to reach a goal or not, it distracts them from reaching that goal. Distraction prevents them from reading, but reading is the only way to reach their goal. If the provider wants to be an effective therapist, she must clear her mind and focus on the client’s story in the moment.

Anxiety is not from the outside. What individuals perceive as an anxiety-producing situation may have originated from external cultural or familial contexts such as high expectations from others, trauma from racism, sexism, heterosexism, ableism, classism, and other isms. However, one’s internal interpretation from external cues is an internal process and often automatic. It is from one’s own anticipation based on the past and projected onto the future. Most people who have shared their anxiety with me have expressed that anxiety is from their logical and rational mind. Their brain is working logically and rationally with irrelevant information such as a past traumatic experience as if it is from the present situation. The mind is complex with values, beliefs, biases, prejudices, and memories. Thinking is a private process that has no feedback loop (*revisit Chap. 2, messenger and message receiver is the same, “you”*); it can be exaggerated without actual basis. This can lead to physiological symptoms such as a dry mouth, rapid heartbeat, rapid pulse, shallow breathing, sweating, and “butterflies in the stomach.” The brain often cannot separate reality from assumed reality. For this reason, many people think their anxiety is based on facts and forget that physical symptoms are created by repeated interpretations of internal processing. This in turn activates the sympathetic division of the autonomic nervous system. As a result, these individuals may secrete more stress hormones in the *process than needed which create a hormonal imbalance*.

13.1.2 Assessment Related to Race

Some White providers who have learned and understood systemic privilege for Whites and systemic oppression for non-Whites feel guilt and shame for their race and compassion for non-Whites. They want to make sure they do not add more pain to the lives of non-Whites. These providers say they feel like they are walking on eggshells because they do not want to hurt their non-White clients’ feelings but do not know what is considered appropriate behavior. White providers need to know that non-White providers may have an advantage if a client identifies with their skin

color. However, skin color is only one aspect of multiple factors influencing the effectiveness of therapy. White providers also need to know that if non-White providers have not resolved their own pain from systemic oppression and internalized oppression, there will be a problem of countertransference. Furthermore, the degree of acculturation, degree of racial identity development, type of thinking patterns, degree of awareness of their values and beliefs, relationship to privilege/oppression, and communication styles influence their ability to translate intellectual understanding of multicultural competencies into practice. There are great variations among providers, and there are great variations among White providers as well as non-White providers. There are also great variations within providers of any racial group.

Regardless of racial background, providers of one racial group need to accept the fact that it is impossible to know how to initially assess a client from another group since there are so many spoken and unspoken specific cultural beliefs, values, customs, attitudes, and individual variations. For instance, some Black clients want to be called Black, while other Black clients want to be called African American. Clients who want to be called Black at one point in life might well have wanted to be called African American at another point in life. The only way to know how to address them is by asking how they want to be addressed. *Walking on eggshells* only perpetuates racial stereotypes and creates barriers to building rapport. Instead of being fearful of hurting the feelings of clients from another racial group, ask them what the appropriate way is to interact with them.

White providers do not need to walk on eggshells or suffer from White guilt because that does not transcend racism or racial prejudices. White providers need to think about the effective ways to assist clients so that clients can transcend their suffering from systemic oppression. Assessing clients accurately assists providers with developing an effective treatment program, and this is one step closer to transcending their clients' suffering. Non-White providers need to be mindful of not generalizing based on their own experience. Their experience may be very different from that of clients even if their skin color is the same. Both non-White providers and White providers need to share their resources with each other and ask for assistance from each other in order to develop accurate assessment of clients (APA, 2003, 2010, 2017).

Other crucial aspects of assessment are the difference between the client's degree of racial identity and that of his family, the difference between the client's degree of acculturation and that of his family, and how these factors influence the presenting problem. There are several assessment scales relevant to measuring White racial identity and non-White racial identity and other acculturation scales for various racial groups. Providers may want to research these scales to see whether they are effective instruments for their clients. Providers need to be able to assess clients' multiple identities and their experiences with these multiple identities. In addition, providers need to be able to assess the client's multiple identities and their intersectionality, the power of the client's dominant (salient or special) identity, and the client's worldview.

13.1.3 *Assessment Related to Gender*

A provider needs to be mindful of how her relation to gender interacts with the client's experience with gender. She needs to be clear about her assumptions, beliefs, values, biases, and attitudes about gender before completing an assessment of a client on gender. Knowing about her relationship to gender and being aware of her tendency to counter-transfer will assist her with attentively listening to the client's story. Being clear about her relationship to gender and her role as a provider facilitate her desire to have a mindset that is flexible, fluid, and ready to hear the client's story without judgment.

The provider needs to conceptualize that the client's gender and multiple identities intersect, and for some clients, gender is a dominant (salient or special) identity while it may not play a significant role for others. Still for other clients, gender may play a significant role in particular sociocultural context. The provider needs to pay close attention to a client's narrative about his experience as a family member, a student in class, an employee at work, and so on. Clients have a wealth of information about themselves that they may not be able to share with the provider because they do not know what information is important for accurate assessment of their presenting problem, unless the practitioner asks specific questions in a way that the client perceives the provider as being genuinely concerned about him.

Read the following statement from Ruth, and formulate the kind of questions the provider should ask her in order to understand her experience as a woman within her sociocultural context.

Ruth: All my life I've had others tell me who and what I should be, and John has picked up where my parents and church left off. I don't know what my life is about apart from being a wife and a mother. What would our kids think if John and I split up? How would it affects them? Would they hate me for what I'd done to the family? I know I am tired of living the way I am, but I'm not sure what I want. And I'm scared to death of making any more changes for fear that it will lead to even more turmoil. John and the kids liked the "old me" just fine, and they seem upset by the things I've been saying lately. (Corey, 2001, p. 101)

What specific questions could the provider ask Ruth in order to assess her gender identity development; the sociocultural contexts in which her gender identity developed; whether or not she has been affected by sexism, systemic oppression, and internalized oppression; and the degree of their effect on her, if any? Accurate assessment relies on the provider's ability to ask questions from Ruth's story and not from the provider's interpretation of her story. This is the time to apply the provider's knowledge from critiquing psychological research articles and research methods. For example, what does the provider learn about Ruth when she says, "All my life I've had others tell me who and what I should be"? Write down a response to this question before proceeding.

When I read Ruth's comment, I was not able to respond because I had no idea who Ruth meant by "others," how they have communicated and continue to communicate to her about who and what she should be, and in what sociocultural contexts these communications have taken and continue to take place. I needed more

information from Ruth and would have liked to say to her, “Ruth, you said that all your life you’ve had others tell you who and what you should be. I was wondering whether you could give me some examples of who told you who you are and what you should be.” I might have found the type of relationship Ruth had with these people. After listening to her story, I might have asked, “What was the earliest experience of this sort that you can remember, and how old were you?” I might have learned from Ruth about her developmental stage, which would have suggested her cognitive and emotional development at the time of the first memory. If her first memory was from about 8 or 9 years old, I may have evaluated her reaction from Piaget’s (1969, 1972) concrete operational cognitive stage, Erikson’s (1964, 1968) industry versus inferiority psychosocial stage, or Kohlberg’s (1987) level II, conventional stage of moral reasoning, while assessing her gender-typed behavior reinforcement history if she was a member of the dominant group. I might also have thought of developmental tasks at that age and evaluated the developmental appropriateness of external demands on Ruth. I might have asked the follow-up questions from a developmental perspective, which would have revealed another aspect of Ruth. If she was from a nondominant group, I might have asked questions relevant to the acculturation levels of Ruth and her family, to the non-White gender identity development of Ruth and her family, and to developmental tasks relevant to her culture. I might have asked questions that would have revealed Ruth’s experiences with systemic oppression and internalized oppression.

The above is an example of why a provider needs to have knowledge about both conventional and multicultural developmental psychology (e.g., *cognitive, psychosocial, moral*), gender studies, acculturation processes, racial identity development, and so on in the left side of her brain in order to listen with accurate empathy. By listening to clients attentively and asking specific questions from their general statements, the provider begins to learn about clients’ beliefs, attitudes, and biases on gender. This is one of the reasons why the intake needs to be completed by a provider who is going to treat the client. So much information about the client is available at the time of intake and the provider can mark specific topics on the intake form to use for diagnosis and treatment development in the future.

The following experiential learning activities are designed to assist you to assess the impact of sociocultural factors on gender identity development.

Concrete Strategies

Experiential Learning Activities on Gender Development and Sociocultural Context

Group Discussion

Form a small group with three or four individuals who are reading this book and who have participated in the suggested activities.

1. Discuss Ruth’s gender identity development; the sociocultural context of her gender identity development; whether she was affected by sexism,

systemic oppression, and internalized oppression; and if she was affected, to what extent?

2. Role-play counselor and client with another classmate. The student who plays the client should talk about their history with sexism and gender development. The student who plays the counselor should practice asking specific questions to understand the client's sociocultural context for gender identity development and experiences with systemic privilege/oppression and internalized privilege/oppression.
3. Give feedback to each other. The student who played the client role may express when they felt comfortable about exploring gender-related issues and when they felt uncomfortable during the practice session.
4. Change roles and repeat Questions 2 and 3.

13.1.4 Assessment Related to Sexual Orientation

A provider needs to review the experiential learning activities in which she has participated in this chapter prior to assessing a client, as well as to assess her standing in relation to heterosexism, homophobia, systematic privilege/oppression, and internalized privilege/oppression. Woodford et al. (2014) reported psychological distress among LGBTQ, and the psychological, physical, and emotional distress have increased substantially in recent years as you have noticed from research findings reported in this book. A provider needs to reflect on her complex emotions and take sometime to process her inner feelings to figure out how to go about assessing clients accurately).

A provider also needs to assess her ability to think from a multilayered and multidimensional perspective in addition to her ability to be flexible with her thinking since a client's sexual orientation intersects with other types of identities. Individuals' worldviews are constructed by various beliefs and values, which have accumulated through diverse inner and outer experiences. I conducted a diversity training at a state university for senior counselors; a counselor who identified herself as a lesbian revealed her dominant identity is due to oppression she felt from classism when she was growing up and not from her sexual orientation. She said she knew intellectually that she was not that little girl, but she could not help being stuck in that stage.

A provider needs to listen attentively to a client's story and to ask specific questions by applying techniques she has learned from the scientific mode of inquiry. The following experiential learning activities are designed for you to learn assessment based on multiple identities and their intersectionality.

Concrete Strategies

Experiential Learning Activities on Assessment of Sexual Orientation as It Relates to Multiple Identities

Read the following case study and think about specific questions you would ask to assess whether the client's presenting issue is due to sexual orientation.

Glenn is a 33-year-old gay Black student. He says:

The year began with a feeling-out of place that included the selection of our first small group. As is always my way, I waited to be picked and expected that a group of White people would not choose to include me. For many years the voice of my mother has echoed in my ear, "The White man is not trustworthy, so you must be twice as good and always expect to be attacked." These lessons were taught to me not out of any malice or desire to do me harm but rather for me to be forewarned and thus forearmed. All my life I have held this knowledge in the back of my mind, and my feeling was that it did not affect me. I felt I was above these "limitations" as I have always had White friends and felt a connection to the White world. In high school I refused to associate with other students of color at lunchtime, a common hour for students to have unscheduled time together. I recall feeling no desire to be anywhere around the Black students. When I came out to my community, they rejected me. My family, my church, and my friends...they couldn't accept me. I can handle being rejected by Whites but not my own community. I have discovered that for many years now I have given away my power. I have given to others the ability to make myself acceptable, and in doing so, I lost myself. For many years I have acted as I thought I needed to be accepted in the White world, to not be a "nigger" as I was taught.

1. Write down your specific questions (scientific inquiry) in order to assess whether Glenn's presenting problem is due to acculturation, class, or the intersection of race, gender, class, and sexual orientation. Do you see any other issues creating the problem for him? Write down your responses.

Group Discussion

2. Form a small group with three to five individuals who are reading this book and participate in the following activity:
 - (a) Discuss the questions a provider needs to ask in order to find out what identities are important to Glenn and whether or not his sexual orientation is one of them.
 - (b) Practice how to ask these questions by role-playing, with one student taking the counselor's role and one taking the client's role. The student who plays the client needs to give feedback to the student who plays the counselor. Reverse roles and continue to focus on how to ask these questions. The student who is playing the client needs to give constructive feedback in response to how questions are asked.
3. How was assessing sexual orientation issues different from and/or similar to assessing issues related to race, gender, and class for you and for your group?

13.1.5 *Assessment Related to Class*

A provider needs to clear her mind by centering before seeing a client or a group of clients. It is extremely important that a provider's mind is clear and calm before she assesses a client. Assessment is a difficult task since a client brings multiple identities that interact with complex and diverse sociocultural contexts. Each client's worldview is constructed according to various beliefs, values, biases, interactions with the environment, and so on.

It is important for a provider to know her own history and experience with her own class and classism before assessing a client. The provider needs to remind herself that there are multiple determinants of class and multiple meanings to class due to its intersectionality with multiple identities. The provider also needs to check her ability to think from a multilayered and multidimensional perspective and her capacity for transformative learning. The provider needs to remind herself that she is there to assist the client with no assumptions.

The provider needs to listen attentively to a client's story and ask specific questions by applying techniques she has learned critiquing primary research journal articles. The following experiential learning activities are designed to assist you to learn assessment based on multiple identities and their intersectionality.

Concrete Strategies

Experiential Learning Activities on Class Assessment as It Relates to Multiple Identities

Read the following case study and think about specific questions you would ask to assess whether the client's presenting issue is due to class identity.

Minja, a 41-year-old Korean woman, says:

My life has been so difficult. I've been hoping it will get better, but it's getting worse. I guess I can stand others laughing at me because of my English, but I can't stand my children laughing at me. They treat me like I know nothing (She sobs for a while). I am sorry. I didn't mean to cry. We went to church earlier than usual, and no one was there but us. Kids were playing, and I sat by the piano watching them running out of the room. I started to play the piano, and my daughter was shocked to hear me playing. She asked me, "Mom! Where did you learn to play the piano so well?" I said, "I majored in piano when I was in college." My daughter looked at me as if I was much more than what she used to think of me. My children thought I was not well educated because of my broken English and the type of work I do. I used to stay home to take care of the children in Korea, but now I have to work as a janitor. I didn't tell my family in Korea I have a low-class job. I feel so stupid because I can't help my children with their homework because I don't understand what

they need to do. It hurts me so much to see my husband struggling with his demoted status. He used to be a manager in a big company. I am emotionally, intellectually, and physically exhausted.

1. Write down your specific questions in order to assess whether Minja's presenting problem is due to acculturation, class, or the intersectionality of race, gender, and class. Do you see any other issues creating the problem for her? Write down your responses.

Group Discussion

2. Form a small group with three to five individuals who are reading this book and participate in the following activity:
 - (a) Discuss Minja's class identity development; the sociocultural context of her class identity development; whether she was affected by classism, sexism, racism, systemic oppression, and internalized oppression; and to what extent she was affected.
 - (b) Role-play counselor and client with another classmate. The student who plays the client should talk about their history with classism, sexism, racism, and class identity development. The student who plays the counselor should practice asking specific questions to understand the client's sociocultural context for class identity development and experiences with systemic privilege/oppression and internalized privilege/oppression.
 - (c) Give feedback to each other. The student who played the client role may express when they felt comfortable exploring class-related issues and when it was uncomfortable.
 - (d) Change roles and repeat Question 2.
3. How was assessing class issues different from and/or similar to assessing issues related to race and gender for you and for your group?

13.1.6 Assessment Related to Disability/Impairment

A provider needs to examine her understanding of the difference between impairment and disability and the difference between the medical model and the social model of disability and/or impairment. The provider also needs to assess whether she believes in one model over the other and how that will affect the way she will assess a client in relation to impairment/disability. In addition, the provider needs to assess her thinking style and rate her thinking style in terms of degree of dichotomous, hierarchical, and holistic thinking. The provider needs to assess her ability to integrate the emotional aspect of learning with cognitive aspect of learning. For example, the provider may understand the theoretical concept of the social model, but her emotion may not be present with concept of social model. What is important

is not if the provider can think holistically but the provider's ability to accept her thinking styles and ability/inability to integrate emotional aspects of the concept. When the provider is able to accept her multiple identities, thinking styles, and the level of emotional integration as they are, she is able to assess a client's disability/impairment much more accurately.

The following experiential learning activities are designed for you to learn to assess disability/impairment as interdependent with multiple identities and their intersectionality.

Concrete Strategies

Experiential Learning Activities on Disability/Impairment Assessment as It Relates to Multiple Identities

Read the following case study and discuss how to accurately assess whether the client's presenting problem is related to his impairment and whether the impairment is disabling him.

Alex, a 27-year-old Native American college graduate, says:

I was told I should come and see you even though I don't have any mental problems. Because I am different, people think I have a mental problem. No one understands me. I am free spirited and not bought out by the culture. I have always been this way. I am intense when I am creating my art, people say I am bipolar. I used to be very depressed. I had lost a lot. My parents divorced when I was 13, my girlfriend betrayed me when I went to college, and then I had cancer. . . so many losses. So, I was depressed for a long time, but I don't want to be. I work without sleep when I feel I don't have much time left and too much to do. I was near death. I tasted it. I know my time is limited so I bury myself in my artwork, and people say I am manic. I got cancer because I stuffed away my pain. Now I express how I feel—how I truly feel—and then I am labeled as having mania. I am expressing my true feelings to honor my spirit. That's my culture. I worship my ancestors because I believe in rituals and ceremonies. Is that crazy? I am true to my Native American culture and am called crazy by White people. I think they are the ones who are crazy. They want me to take drugs to calm me down. I don't want to take drugs because it kills my creativity. I am an artist. There is no life for me without being me. I am me when I create.

1. Write down your specific questions (scientific inquiry) to assess whether Alex's presenting problem is due to disability/impairment or the intersectionality of race, gender, class, sexual orientation, and disability/impairment. Do you see any other issues creating the problem for him? Write down your thoughts.

Group Discussion

2. Form a small group with three to five individuals who read this book and discuss the following:

- (a) Discuss the questions a provider needs to ask in order to find out what identities are important to Alex and whether or not his impairment/disability is one of them.
 - (b) Practice how to ask these questions by role-playing, with one student playing the counselor's role and the other student playing the client's role. The student who plays the client needs to give feedback to the student who plays the counselor. Reverse roles and continue to focus on how to ask these questions. The student who is playing the client needs to give constructive feedback in response to how questions are asked.
3. How was assessing impairment/disability issues different from and/or similar to assessing issues related to race, gender, class, and sexual orientation for you and for your group?
4. Is Alex impaired, or is his problem due to others misunderstanding him as a person (an artist) and/or a Native American?

13.1.7 Assessment Related to Age

When a provider is assessing children, it is important to make sure that the environment is conducive to free expression. I often ask children to draw or engage in play therapy since some children can express their thoughts and feelings much better through these activities than through words, especially when they are pressured to say certain things by adults. The provider needs to have appropriate training by taking courses in psychotherapy through expressive arts, and/or play therapy, or be trained by experts in these fields. Sometimes the provider can ask assessment questions while engaging in activities like walking or activities of a child's choice to assist children to respond spontaneously since activities often take pressure off of the children, parents/guardians, and siblings to access family dynamics and the child's position in the family since most nondominant cultures are collectivism oriented. Family and extended family play an important role in a child's life in collectivism-oriented cultures.

When assessing the older adults, a provider must treat them with dignity and respect. A provider needs to consider the sociocultural context of American culture, which is youth oriented. Nelson (2015) states, "Age prejudice in this country is one of the most socially-condoned and institutionalized forms of prejudice" (p. 208). It is imperative for a provider to understand cultural exclusion of the older adults and its impact on their sense of self. The provider needs to ask her older clients to determine an appropriate tone of voice by experimenting until she finds their comfort level, and she also needs to ask about the best way to communicate since research reports show conflicting results on "baby talk." Some older clients were marginalized by "baby talk" while other reports state that they helped older adults (Nelson, 2015). The provider may also want to ask whether making eye contacts is the sign of respect or disrespect in an older client's culture.

The following experiential learning activities are designed to help you to assess age-related issues from a complex model.

Concrete Strategies

Experiential Learning Activities on Assessment of Age as It Relates to Multiple Identities.

Read the following case study and discuss how to accurately assess whether the client's presenting problem is related to her age. Betty is an 82-year-old White woman.

Betty was referred to therapy by her long-time best friend because of her suicidal ideation. She has lived her life by the teachings of her church. She was active in church throughout her life, but the responsibilities were taken away from her for no apparent reason. She feels they were taken away because the church officials consider her too old. She is able to drive and is physically healthy. She would like to help others like she used to, but everybody treats her like she is not capable. She says, "I feel so useless. I believed all my life that my essence is devoting my time for others, but I can't because no one will let me." She says her husband doesn't talk to her, and her kids only call her when they need something. She doesn't want to live like this. She would love to go for a drive with her husband, but he does what he wants to do, and spending time with her is not what he wants to do. He never was a talker, but she has spent 60 years hoping he would talk to her someday. She says she regrets not leaving her husband when she was younger, but she didn't leave him because of her religion, and she says it's too late.

1. Write down your specific questions (*scientific inquiry*) in order to assess whether Betty's presenting problem is due to age, religion, class, race, or the intersectionality of age, religion, class, and race. Do you see any other issues creating a problem for her? Write down your responses.

Group Discussion

2. Form a small group with three to five individuals who read this book.
 - (a) Discuss the questions a provider needs to ask in order to find out what identities are important to Betty.
 - (b) Practice how to ask these questions by role-playing, with one student playing the counselor's role and the other student playing the client's role. The student who plays the client needs to give feedback to the student who plays the counselor. Reverse roles and continue to focus on how to ask these questions. The student who is playing the client needs to give constructive feedback in response to how questions are asked.
3. How was assessing age issues different from and/or similar to assessing issues related to race, gender, class, and sexual orientation for you and for your group?
4. Is Betty's presenting problem due to others' misunderstanding her as a person?

13.1.8 Assessment Related to Language

A provider needs to make sure she does not speak loudly to a client whose first language is not English because hearing is not the problem. The problem is how to make meaning out of what is heard. Instead of talking loudly, she needs to pronounce English words clearly and slowly. I have observed that most North Americans, in interacting with non-English speakers or speakers of English as a second language (ESL), speak too fast. They usually slow down and pronounce clearly for a while (maybe about five sentences), but then they go back to their own speed and to less clear pronunciations. Because English is often not pronounced as it is spelled, it is hard for ESL speakers to understand. For example, pronouncing *water* as “warer” is because of the position of stress mark (accents), but it confuses ESL speakers. It is a challenging task to figure out why pronounce “t” as “r” for ESL speakers, especially for those whose first language is monosyllabic. ESL speakers from monosyllabic first language pronounce each syllable, which makes it difficult for a native English speaker to understand what is said. It is important for a provider to repeat what was said slowly. A provider needs to encourage the client to ask for pronunciations to be repeated. I often reminded the ESL students that they speak their own language as well as North Americans speak English. I asked them whether they thought of using the opportunity to validate themselves for trying their best. Sometimes I share with them why I changed the definition of success from the product orientation to the process orientation. The provider can encourage the client to ask questions or give some nonverbal signals so she can slow down and pronounce more clearly. The provider needs to ask the client whether her speed and pronunciations are all right for him.

The following experiential learning activities are designed to assist you to assess language difficulty as interdependent to other identities.

Concrete Strategies

Experiential Learning Activities on Language Assessment as It Relates to Multiple Identities

Read the following case study and discuss how to accurately assess whether the client’s presenting problem is related to her English proficiency. Hanako is a 24-year-old Japanese international student who has been in the United States for about 6 months.

Hanako was sent to the campus counseling center by her advisor. She came to the office, but she talked very little. She communicated with her head (by nodding or shaking it). She cried softly throughout the session. She said she came because her advisor wanted her to seek counseling. She said her roommate treats her like a child. Her roommate laughs at her a lot and talks to her loudly as if she is deaf. She feels she is stupid most of the time, and she misses her home. She said she doesn’t like dormitory food and the dorm is too loud

to sleep.... She feels like she made a mistake coming to the United States to study.

1. Write down your specific questions (*scientific inquiry*) in order to assess whether Hanako's presenting problem is due to English speaking or the intersection of race, gender, and other social identities. Do you see any other issues creating the problem for her? Write down your responses.

Group Discussion

2. Form a small group with three to five individuals who read this book.
 - (a) Discuss questions a provider needs to ask in order to find out what identities are important to Hanako.
 - (b) Practice how to ask these questions by role-playing, with one student assuming the counselor's role and the other student assuming the client's role. The student who plays the client needs to give feedback to the student who plays the counselor. Reverse roles and continue to focus on how to ask these questions. The student who is playing the client needs to give constructive feedback in response to how questions are asked.
3. How was assessing language issues different from and/or similar to assessing issues related to race, gender, class, and sexual orientation for you and for your group?
4. Is Hanako's problem due to others' misunderstanding of her as a person?

13.1.9 Assessment Related to Religion

A provider needs to examine her relationship to religion without censoring. She may want to re-read her *concrete strategies* on religion from the previous chapter to see whether her personal religious beliefs/non-beliefs would prevent her ability to assess clients accurately. The provider needs to assess her thinking styles and their impact on her perception, her worldview, and her understanding of religion. The provider also needs to assess her ability to integrate the emotional and cognitive aspects of information processing for accurate assessment related to religion. What is important is not if the provider can think holistically but the provider's ability to accept her thinking styles and ability/inability to integrate emotional aspects of the religion. When the provider can accept her multiple identities, thinking styles, and the level of emotional integration as they are, she is ready for accurate assessment.

When dealing with people whose self-concept is oppressed rather than lifted by their religion, listen to their story and be compassionate about their situation. Ask them questions in a nonthreatening way so they may try to figure out their problem for themselves. Judging their religion would lead them to be distant from the provider, and they may not share their intrapersonal communication (*self-talk*). Both

believers and nonbelievers should not ridicule or pressure one another. It is essential for the provider to investigate the degree of “ism” relating to that client’s religion at the societal level, the state level, and the community level for accurate assessment.

The following experiential learning activities are designed to assist you to learn assessing religious identity as interdependent to other identities.

Concrete Strategies

Experiential Learning Activities on Assessment of Religion

Read the following case study and discuss how to accurately assess whether the client’s presenting problem is related to religion.

Chuck is a 44-year-old White male.

Chuck came to counseling due to a fight in church. He has been a pastor of the church for the last 3 years. When he got to the church, it was in debt, and the size of the congregation was very small. For the last 3 years, he has worked hard to build the church, and it went pretty well until the fight. The fight started when he chose not to side with a female church member who wanted him to testify against her husband in a divorce proceeding. The female church member wanted him to say that he saw her soon-to-be ex emotionally abusing her. Chuck felt he couldn’t say that because he had not witnessed emotional abuse. The female church member got upset and created an unfounded rumor about Chuck that he did not care for her. Some church members are upset with Chuck because they believe the female church member’s story, and some are saying that Chuck made the right decision not to testify. There are several loud members in the church’s female support group, and they are asking Chuck to quit. This fight has upset Chuck’s wife to an extent that her health has been compromised. He doesn’t know what to do.

1. Write down your specific questions (scientific inquiry) in order to assess whether Chuck’s presenting problem is due to religion or the intersection of race, gender, class, and other identities. Do you see any other issues creating the problem for him? Write down your responses.

Group Discussion

2. Form a small group with three to five individuals who read this book.
 - (a) Discuss the questions a provider needs to ask in order to find out what identities are important to Chuck and whether or not religion is one of them.
 - (b) Practice how to ask these questions by role-playing, with one student assuming the counselor’s role and the other student assuming the client’s role. The student who plays the client needs to give feedback to the student who plays the counselor. Reverse roles and continue to

focus on how to ask these questions. The student who is playing the client needs to give constructive feedback in response to how questions are asked.

3. How was assessing religion issues different from and/or similar to assessing issues related to race, gender, class, age, language, and sexual orientation for you and for your group?
4. Is Chuck's problem due to others' misunderstanding him as a person?

13.1.10 Assessment Related Region

A provider needs to clear her mind by centering before seeing a client. It is extremely important that a provider's mind is clear and calm before she assesses a client.

Assessment is a difficult task since a client brings multiple identities that interact with complex and diverse sociocultural contexts in addition to his worldview. Each client's worldview is constructed based on his lived experiences just like the worldview of a provider. The provider needs to remind herself that she is there to assess the client with no assumptions. In order to do that the provider needs to check her ability to think from a multilayered and multidimensional perspective to able to hear the client's story accurately.

Regions have significant meaning to sense of self for some people while regions have no meaning for others even though they are the product of a particular region. One's place of birth, the place where one is raised for most of their childhood, and the nation one left behind by force or by choice have significant meaning and are part of a person's identity formation. Certain regions in the United States have distinctive foods, cultures, dialects, customs, beliefs, political convictions, and so on that shape a part of a person's identity.

A provider needs to listen attentively to assess which part of the regional characteristics is embedded in the meaning-making of a client. The following experiential learning activities are designed to assist you to assess regional identity as interdependent to multiple identities.

Concrete Strategies

Experiential Learning Activities on Assessment of Region as It Relates to Multiple Identities.

Read the following case study and discuss how to accurately assess whether the client's presenting problem is related to region.

Barb is a 35-year-old African American woman.

Barb came to the community mental health center because it accepts clients according to a sliding scale. Barb is frustrated because she thinks where

she and her family are living is a dangerous place for them. She said her husband is a proud man who is the first person to own a house in his family. Barb wants to move because a chemical dumping site is only five blocks away from their house. She thought the house was very reasonably priced when they bought it and didn't know the price was low due to the toxic waste. She said she is concerned about her two young children being exposed to chemicals at an early age. She said her husband says chemicals are not bad, but she can smell them from her house. She said she and her husband fight almost on a daily basis because she wants to move and he doesn't. She said she'd rather rent a place since they can't really afford a decent house in other areas.

1. Write down your specific questions (scientific inquiry) in order to assess whether Barb's presenting problem is due to region or the intersection of race, gender, class, sexual orientation, religion, language, age, or disability/impairment. Do you see any other issues creating the problem for her? Write down your responses.

Group Discussion

2. Form a small group with three to five individuals who are reading this book and participate in the following activity:
 - (a) Discuss the questions a provider needs to ask in order to find out what identities are important to Barb and whether or not region is one of them.
 - (b) Practice how to ask these questions by role-playing, with one student assuming the counselor's role and the other student assuming the client's roles. The student who plays the client needs to give feedback to the student who plays the counselor. Reverse roles and continue to focus on how to ask these questions. The student who is playing the client needs to give constructive feedback in response to how questions are asked.
3. How was assessing region issues different from and/or similar to assessing issues related to race, gender, class, age, language, religion, and sexual orientation for you and for your group?
4. Is Barb's problem due to others' misunderstanding her as a person?

13.1.11 Assessment of the Intersectionality of Multiple Identities (Race, Gender, Sexual Orientation, Class, Disability/Impairment, Age, Language, Religion, and Region)

An accurate assessment examines a client from a holistic perspective. The client's multiple identities and their intersectionality, sociocultural and sociopolitical contexts, social stressors, limitations, strengths, resources, trauma experiences, and

salient (dominant or special) identities are components of the whole person, the client. “Any psychological assessment that fails to consider the person’s important identities is incomplete. In addition, any psychological assessment that fails to examine the interaction among these variables is inaccurate” (Pope-Davis & Coleman, 2001, p. 202). Accurate assessment requires a provider who can think from a multilayered and multidimensional perspective and who accepts her values, beliefs, attitudes, and is able to grant the same to others (Pronin et al., 2007). Each client has different degrees of experience with various identities, and these different degrees, different dimensions, and different layers manifest themselves in both inter- and intrapersonal relationships. The provider assists the client in examining whether he is a member of the majority (dominant) or the minority (nondominant) and privileged or oppressed groups in each identity by incorporating scientific inquiry with clinical inquiry. The provider needs to assess whether the client is aware of the benefits from unearned privileges and the degree of internalized privilege because of being a member of a dominant group(s). The provider can also assess whether the client is aware of the impact of systemic oppression and the degree of internalized oppression as a result of being a member of a nondominant group(s). For example, the client may have no experiences with discrimination related to class, gender, disability, age, sexual orientation, language, region, and religion but intense discrimination and oppression experiences related to race. A provider needs to assess how this “intense” experience with racial oppression has influenced other aspects of the client’s identity formation, how this has affected the client in his inter- and intrapersonal communication, and overall sense of self.

The provider can ask the client to rank his multiple identities (e.g., race, gender, class, ethnicity, sexual orientation, impairment/ disability, age, religion, region, language) in relation to importance to assist the client to identify different degrees of privileged and oppressed experience from different identities. This not only facilitates the client’s understanding of multilayered and multidimensional aspects of his multiple identities but also provides the provider with a way to develop an effective treatment for the client. She needs to ask specific questions using the client’s words from the client’s story to provide him with an opportunity to examine the complex intersectionality of his race, gender, class, ethnicity, sexual orientation, disability/impairment, age, language, religion, region, and other relevant social identities. The provider also needs to be flexible by understanding that the client’s importance of identities may change with various sociocultural contextual experiences, and the change may be expanded to diverse directions, or his identities may stay the same despite sociocultural contextual changes. The client’s importance of identities may change with his thinking style change (e.g., from a linear, dichotomous, and hierarchical to a holistic perspective). The importance of some identities may totally change, some may change somewhat, and, still, some may stay the same.

13.1.12 Rating Scales for Thinking Styles, Multiple and Dominant Identities, and Acculturation

The presenting problem may have to do with differences in thinking styles and dominant identities of the client and other parties who are involved. A provider needs to integrate all the information from the intake and subsequent sessions: The client’s thinking styles, multiple identities and their intersectionality, dominant identity or identities, and the acculturation levels of the client and his family members. For multiple identity and dominant identity assessment, the provider may ask the client directly to rate his identities on a Likert scale (*scientific objective inquiry*), which ranges from 1 to 10, with one being almost no exhibition of specified characteristics and 10 being 100% exhibition. The provider may want to collect assessment data for the client’s family members when she has sessions with them. Asking the client to rate his family members’ thinking styles, multiple identities, and dominant identities may also give the provider another perspective. Quantifying thinking styles, multiple identities, and dominant identities of the client and the client’s family members assists the provider tools to explore the cause of the conflict (e.g., from differences in thinking styles or dominant identities, etc.). As discussed earlier, a particular thinking style leads to a particular communication style in terms of both verbal communication and interpreting (perceiving) what is heard (*revisit Chap. 2*). For example, hierarchical and dichotomous thinking styles are likely to lead to *control talk* where the speaker exerts power through a one-up or one-down position. This type of verbal communication leads to *reactive listening*, and the reactive listener in turn discounts the speaker and twists and distorts information to fit it into dichotomous and hierarchical thinking, regardless of the speaker’s communication style. Assessing thinking styles of all parties who are involved would aid in developing an effective treatment plan.

The presenting problem or conflict may have to do with entanglement between thinking styles of the client and his family members and their dominant identities. If the provider quantifies the multiple identities of each member of the family by using the Likert scale (see Table 13.1), it will give a clear picture of the conflict. For example, if a client’s father’s dominant identity is race and the client’s dominant identity is sexual orientation, the provider may want to explore the dominant identity differences and how the father communicates his dominant identity to the client, how the client communicates his dominant identity to his father, or how the client

Table 13.1 Thinking style rating

Issue				
Thinking styles	Client	Client’s mother	Client’s father	Client’s sister
Dichotomous	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Hierarchical	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Linear	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Holistic	1----5-----10	1----5-----10	1----5-----10	1----5-----10

Table 13.2 Multiple identities and dominant identity ratings

Identity	Client	Client’s mother	Client’s father	Client’s sister
Race	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Gender	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Ethnicity	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Class	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Sexual orientation	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Disability	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Religion	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Age	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Region	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Language	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Dominant identity	1----5-----10	1----5-----10	1----5-----10	1----5-----10

chooses not to communicate due to fear of rejection. If the father is a hierarchical and dichotomous thinker who has a control communication style, it may sound like he forces the client to abandon his dominant identity and to replace it with race (generalizing on the basis of $N = 1$, his dominant identity).

Some clients and family members may use one type of thinking style (e.g., dichotomous) most of the time while other clients and family members may vary their thinking styles according to an issue. The provider may want to have a thinking style rating sheet for each issue to assess the impact of thinking style differences and similarities on the presenting problem. It is important to record what the client and his family state (direct quote if possible) from an appropriate thinking style rather than just noting which thinking is used. If the provider writes down what they said and which thinking style they used, she can use these notes to develop treatment program, instead of using her own interpretation of the client and his family members’ stories. Recording direct responses from the client and the family for objective (*scientific*) inquiry leads to developing effective treatment. It leads to developing the action (*walk the talk*)-oriented treatment (Table 13.2).

13.1.13 Rating Scale for Acculturation

Reaching a balance of one’s own culture with the dominant culture is a healthy sign of identity development. It is important to assess not only levels of acculturation but also models of acculturation of a client as well as his family members. There are two levels of acculturation: external process of acculturation when an individual moves to another country and internal process of acculturation when an individual moves from one region to another within a country. There are four models of acculturation: assimilation, separation, integration, and marginalization. Individuals in the *assimilation* model reject their culture of heritage and identify only with the dominant

Table 13.3 Rating scale for levels and models of acculturation

Levels/models	Client	Client’s father	Client’s mother	Client’s sister
External	1----5-----10	1----5-----	1----5-----10	1----5-----10
Internal	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Assimilation	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Separation	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Separation	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Integration	1----5-----10	1----5-----10	1----5-----10	1----5-----10
Marginalization	1----5-----10	1----5-----10	1----5-----10	1----5-----10

culture. Individuals in the *separation* model reject the dominant cultural values and identify only with their culture of heritage (traditional culture). Individuals in the *integration* model integrate the dominant cultural values with the cultural values of their heritage; they are bicultural. Individuals in the *marginalization* model reject both the cultural values of their heritage and the dominant cultural values (Celenk & van de Vijver, 2011; Cuellar, 2000).

The client’s difficulty or presenting problem may be related to conflicts due to different models and different degrees within models of acculturation between the client and his family members. Using a rating scale with specific examples of the client’s and his family members’ descriptions of their acculturation levels and models will assist the provider with evaluating family dynamics. The advantage of recording the client’s and his family members’ descriptions is that the provider can assist them with examining their own descriptions to evaluate whether the presenting issue is due to differences in levels, degrees, and models of acculturation (Table 13.3).

As you have noticed, the part of accurate assessment derives from the provider’s ability to view the client holistically, which implies the provider is able to view the client as a person with emotion, intellect, multiple identities and their intersectionality, complex sociocultural and familial histories, a particular relationship to oppression and privilege, and particular thinking styles. Without accurate assessment, effective diagnosis and treatment are not possible.

Consciousness Practice

What are you conscious of now?

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Chapter 14

Culturally Appropriate Treatment/Healing



Mindfulness Practice:

Close your eyes and breathe in and breathe out slowly and evenly as you count one to ten (e.g., one inbreathe, two outbreathe). Observe your mind and body without judgment as you breathe in and out at least seven times or until you feel inner quietness. Slowly open your eyes. Are you ready to read the chapter?

14.1 Components of Culturally Appropriate Treatment

How a provider defines her success as a provider and the role of the provider influence the therapeutic process. One of the most challenging tasks for me was teaching students how to be with the client during the therapeutic process. Most students who played the counselor role could not listen to the student who played a client role (client) because they were focused on interjecting their points. When they were focused on remembering what they wanted to say or waiting for the opportunity to make their point, they were not listening to the client. Their nonverbal language communicated to the client that they were not there for the client. However, they were not aware of the fact that the client could observe their nonverbal behavior. They were physically present but not emotionally, mentally, or spiritually present for the client. As students reviewed their counseling skill practice videotapes during critique sessions, they often were really surprised to discover that they were not present for the client. Learning the power of their body language on the client's perception of them was an important lesson for students. Learning what it really means to be there for the client and what it means to be an attentive listener is an essential component of being a competent provider.

If the provider defines her role as an expert, her implicit and explicit attitudes communicate to the client that she knows what is best for the client. These attitudes

often lead to unintentional generalizations, minimizations of the client, and difficulty in perceiving the client's worldview. The provider may be an expert in psychological theories, such as theories of personality, developmental psychology, abnormal psychology, learning theories, and various therapeutic techniques. However, being an expert in psychological theories does not lead to effective helping unless she applies these theories to the client's situation. This means the provider must listen attentively to the client's story in order to develop treatment plan for him.

However, if the provider defines her role as a facilitator who focuses on the therapeutic process, she knows the importance of collaborative work between the client and the provider. She will be attentive and focused on the moment because she knows her responsibility is making sure she is present as a whole person with congruency between inner and outer self.

How the provider defines therapeutic success also affects the therapeutic process. If the provider defines therapeutic success as how the client meets her expectation, she may be distracted from attending to the client's needs. If a multiculturally competent provider defines therapeutic success by how attentive she is in the process and whether she utilizes all available therapeutic skills, she is content with herself. She shows respect for the client and puts her maximum effort into viewing the client from the client's worldview during the therapeutic process. Her success is determined by her own intrinsic valuation of her ability to be multiculturally competent. I had a female client who was working on a particular issue for about 6 months, and one day she said she was able to resolve her issue because she had gained insight as she was watching *The Oprah Winfrey Show*. I was glad to hear she was finally able to resolve her issue. It did not matter who the client thought helped her as long as the issue was resolved. I was not there to be recognized by the client but to facilitate her journey to reach her therapeutic goals. Changing thoughts, feelings, and behaviors is a complex process and takes time. The client may intellectually understand the need for a change, but applying intellectual understanding to actual change requires not only emotional integration but also examining memories, beliefs (both implicit and explicit, conscious, and unconscious), habits, and risks in existing interpersonal relationships.

The following reflection-based learning activities are designed for you to reflect on your definition of terms that affect the therapeutic process and outcome.

Concrete Strategies

Reflection-Based Learning Activities on the Provider's Role

1. What was your definition of a provider's role in counseling or psychotherapy before reading this book?
2. What was your definition of a multiculturally competent provider before reading this book?
3. What is your definition of provider's role in counseling or psychotherapy after reading this book and how does learning from completing all the experiential learning activities assists a provider?
4. How would you define therapeutic success now at the end of the book?

14.2 Multiculturally Competent Provider

The first component of culturally appropriate treatment is a multiculturally competent provider who will develop culturally appropriate treatment. You have worked diligently on a regular basis to connect your conceptual learning (e.g., racism, sexism, cissexism, heterosexism, classism, ableism, ageism, adultism, linguism, and isms related to religion and region) to your lived experiences throughout the book. I am thinking paradigm shifts in thinking (from binary to holistic thinking) and learning (from conceptual to transformative) have evolved within you as you were accessing your inner experiences through completing concrete strategies.

Your intense work by linking theory to practice, linearity with nonlinearity, logic with emotion, process with product, systemic oppression with internalized oppression, systemic privilege with internalized privilege, and invisible privilege with visible oppression made partially visible you to be fully or almost fully visible you. You have done necessary inner work for a multiculturally competent provider or DEI trainer. How you define your role as a provider or a trainer influences the therapeutic or DEI training process.

14.2.1 Professional Ethics

Implementing a culturally appropriate ethics code is crucial in diagnosing and treating clients from multicultural backgrounds. The provider needs to know the national as well as state professional ethics standards (ACA, 2014; APA, 2017; NASW, 2021). The provider also needs to know about her values and personal ethics to assess how to be professionally ethical if there is a contradiction between her personal and professional ethics. The provider needs to understand that knowing is not sufficient to implement ethics in her practice. As indicated in the previous chapter, there should not be marginalization of, minimization of, and discrimination against individuals who are culturally different from providers (Kress 2013). One of my former students wrote in his final synthesis paper about the importance of knowing ethics in multicultural counseling.

Personal Feedback on Learning Ethics

A major focus for spring quarter was examining APA ethics. I learned that ethical behavior and following ethical guidelines are essential to counseling. I also understood the importance of keeping good records. Ethics was also very essential in examining my internship site. CPS presented many unethical situations. Many social workers shared confidential information about clients for a laugh, carry too high of a number of caseloads to give clients the quality service that they deserve, and did not respect the clients. If I had not studied ethics, I do not believe I would have known how harmful this behavior was.

—Mel

American Counseling Association (ACA, 2014), American Psychological Association (APA, 2017), and National Association of Social Workers NASW (2021) have code of ethics for their members. For example, American Psychological Association (2017) states, Section 3: Human Relations:

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status. <https://www.apa.org/ethics/code>

It is up to the provider to study her professional ethical standards thoroughly and assess differences and similarities between her personal ethics and her professional ethics. If she is not able to modify her personal ethics to implement her professional ethics or modify the professional ethics to serve clients from multicultural population, she needs to question whether it is ethical for her to work with clients from multicultural backgrounds.

The following reflection-based learning activities are designed for you to assess your understanding of ethics, values, and beliefs.

Concrete Strategies

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about ethics. Slowly open your eyes. Proff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, "Thinking about what you would write is not the same as actually writing" (p. 11).

Answer the following questions as honestly as possible:

1. Do you consider yourself an ethical person? From your personal experience, describe in detail the evidence for your answer.
2. Rate yourself from 1 (lowest) to 10 (highest) on the following:
 - (a) I like to be appreciated and recognized by others.
 - (b) I like to be able to fix others' problems.

- (c) I believe a therapist must have had the same type of problem as the client to be an effective therapist.
 - (d) Whether I am a good therapist or not is determined by my client's behavior change.
 - (e) I may not insist on it but would like it if clients agreed with my values.
 - (f) When I assess myself as not being effective for the client, I am ethically bounded to let the client know my limits.
 - (g) I do not think I can work with clients whose values are very different from mine.
 - (h) I say I am open to being challenged, but I really do not want to be challenged.
 - (i) I know my values and beliefs affect me as a person, but I am able to differentiate my professional life from my personal life.
 - (j) I have certain prejudices against people who are different from me in relation to (circle appropriate words) race, gender, class, sexual orientation, impairment/disability, age, language, religion, and region.
3. What did you learn about yourself?
4. How would you implement your learning to become a multiculturally competent provider?

Inherent Problems with the DSM for Multicultural Population

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is the most widely used tool for diagnosing psychological disorders (APA, 2013). It has been criticized for its inappropriateness for culturally different individuals due to its basic assumptions and underrepresentation of multicultural populations (Lewis-Fernández et al., 2017).

The inherent problems of the *DSM* include the fact that it is conceptualized from the medical model that assumes categories and described symptoms are universal and that normality and abnormality lie within the self. At this level, it conceptualizes the self as existing in isolation without being affected by interpersonal, institutional, sociocultural, and sociopolitical contexts. These assumptions are based on an individualistic value orientation. However, the *DSM* contradicts its own assumptions in another level because its diagnoses are based on the dominant cultural norms instead of scientific studies (Bredström, 2019; Kraemer et al., 2012). This is evidenced by disorders listed in the *DSM*. These disorders mostly occur due to relational and social factors of the dominant cultural values and have little biomedical basis. The relational social factors are sources of mental health issues of those who have been marginalized, minimized, discriminated, and insulted for what they are in the case of racism, sexism, cissexism, heterosexism, classism, ageism, adultism, linguism, and “ism” related to religion and region (Mongelli et al., 2020). An assumption that the dominant cultural norms are “intrinsic to all disorders and

classification schemes” reflects the ethnocentric bias of psychiatrists and psychologists who contributed to the *DSM 5*. Only the dominant sociocultural factors are considered important. As a result, individuals from multicultural backgrounds are assessed by the dominant sociocultural norms. The *DSM-5* adds that providers and provider-trainees need to increase their cultural sensitivity in assessment and diagnosis; however, it does not provide specific guidelines for how to be culturally appropriate (American Psychiatric Association, 2013). It does not provide specific guidelines because its understanding of culture is rooted in Western ideology. “DSM is a medical classification of disorders” (DSM-5, 2013, p. 10). They added three new constructs (cultural syndrome, cultural idiom of distress, and cultural explanation or perceived cause) without specific instructions on how to implement it for accurate assessment (DSM-5, p. 14). They put “cultural formulation” (DSM-5, pp. 749–759) toward the end of the book (last page before appendix is p. 806) with no specific instructions on how to implement. DSM’s cultural competency is far from fruition (APA, 2013; Miller & Prosek, 2013). This means it is up to providers to develop concrete strategies and guidelines for how to be culturally sensitive in assessment and diagnosis. As a result, the degree and level of multicultural competencies demonstrated by providers will determine how effectively they can use the *DSM* for the best interest of their clients.

The problem with most providers is their inability to pay attention to detailed descriptions of criteria for each disorder and a lack of cultural competence. For example, providers often diagnose clients on the basis of only one behavior indicator, although the *DSM* describes specific criteria with multiple indicators for diagnosis (DSM-5, 2013). Furthermore, the *DSM* describes in detail episode features; associated features and disorders; specific culture (in a few cases), age, and gender features; course; and differential diagnosis in addition to detailed criteria. Research also has shown marginalized individuals (e.g., lower-class individuals, non-White individuals, women) receive significantly more *DSM* diagnoses than individuals who are not marginalized, and individuals whose worldviews are different from those of providers tend to be misdiagnosed. It is important for a provider to do her best to complete a culturally appropriate diagnosis since labeling will follow the client for the rest of his life. It is important that the provider knows detailed descriptions of each psychological disorder in the *DSM* and assesses the validity of the *DSM* for individuals from multicultural backgrounds. Providers need to think about the consequences and stigma attached to a person having a psychological disorder. Practitioners need to take an affective perspective position. They need to think about how they would feel if they were the ones who were diagnosed.

It is essential to apply both scientific and clinical inquiries for accurate diagnosis. I use case studies or seminar readings for students to practice DSM diagnosing while considering multiple factors from a multilayered and multidimensional perspective; students are assigned to use the *DSM* to diagnose a character they chose from the seminar book and write evidence based diagnosis paper (e.g., find a particular behavior of the character from the seminar book and then examine it on the basis of DSM diagnostic criteria). Each student shares their diagnosis with other students in their small group, and the group picks one diagnosis paper to discuss

with the entire class. Students find it difficult to pay attention to detailed descriptions of specified criteria in the *DSM*. As a result, they resort to only one or two behavior indicators, much like the providers who used a single behavior indicator (symptom) to determine a diagnosis. For example, the *DSM-5* describes five criteria for major depressive disorder (A, B, C, D, and E), and three of them (A, B, C) represents a major depressive episode. Criterion A has nine symptom categories.

Major Depressive Disorder

Criterion A of major depressive disorder is described as follows: Diagnostic Criteria

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure (DSM-5, 2013, p. 160).

Criterion A is the first of five required criteria (A, B, C, D, and E), and students need to pick five of nine conditions from criterion A in addition to meeting criteria B, C, D, and E. It is hard for students to think about detailed information in each criterion and apply all criteria simultaneously for diagnosis. The students are encouraged to continue to deconstruct their inappropriate dichotomous, hierarchical, and linear thinking in order to increase their ability to apply all criteria simultaneously (Jun, 2016). They also are encouraged to practice mindfulness each day to be awake so they can pay attention to details. Their last task is examining applicability of diagnoses for culturally different clients. The importance of a multilayered and multidimensional perspective in an accurate diagnosis and its impact on developing effective treatment for the client are emphasized.

The following learning activities are designed to raise your critical reasoning skills. Please read the ethics codes of three professional associations (ACA, 2014; APA, 2017; NASW, 2021). They will assist you and are available on their Web site.

Concrete Strategies

Experiential Learning Activities

After reading the above ethics codes of three professional associations, think and feel about the discrepancy between the ethics codes and research findings.

1. Why are marginalization, oppression, and minimization still occurring in the helping profession? Record your answer.
2. Share your answer with small group members (not more than four) who are in your class, are reading this book, and have participated in all of the experiential learning activities so far.
3. What do you think is your responsibility in reducing the discrepancy between the ethics codes and your conduct?

If providers and students took their association's ethics code seriously, they should have implemented multicultural competence in their practice. Yet numerous research findings show providers marginalizing clients because of their cultural differences (Lewis-Fernandez et al. 2017). How do you explain the discrepancy between efforts put into increasing cultural competencies by professional associations and demonstrated cultural insensitivity by some providers?

Walk the Talk of Cultural Competencies

The reasons for the discrepancy between efforts put into increasing cultural competencies and cultural insensitivity by some providers may be diverse. They may be due to not focusing on the importance of ethics in practice. They may be due to intellectually understanding professional ethics codes without emotional integration (transformative learning). They may know other parts of the ethics codes but not the parts related to cultural sensitivity due to internalized privilege/oppression. Loyalty to dominant cultural values may be deeply ingrained in providers' psyche (unconscious and automatic activation of prejudice was discussed in earlier chapters). The cause of these discrepancies is not clear, but the associations' efforts to increase cultural sensitivity have not been implemented in practice.

There are strategies to increase providers' ethical implementation for multicultural populations. One strategy is programs for provider-trainees require trainees to gain knowledge on professional ethics through transformative learning. This can be accomplished through taking an ethics course that provides them with an opportunity to integrate knowledge with emotion. When I teach multicultural counseling, students are required to familiarize themselves with the state laws relating to psychologists and counselors in addition to studying APA's *Ethical Principles of Psychologists and Code of Conduct* (2017). I use the APA ethical principles because I am most familiar with them, but all three associations' guidelines focus on similar issues in terms of therapy and counseling practices. In order for transformative learning to occur, students examine ethics texts (APA ethics standards and state laws) on three different levels: (a) reading, (b) processing with other students through discussions, and (c) integrating knowledge with emotion through skill practices and internship experiences.

As students read weekly assigned sections of the texts, they are asked to evaluate which ethics principles and standards are Eurocentric or oriented to the dominant cultural values and which ones are culturally sensitive. Then, students are asked to develop alternative models in place of Eurocentric ethics to increase cultural sensitivity. They are also asked to examine correlations between their inappropriate dichotomous, linear, and hierarchical thinking styles and their ability to evaluate ethics codes for cultural sensitivity. Students discuss their assignments with small groups and in whole-class group discussions. In order to implement theory into practice, students are asked to practice counseling skills by choosing ethical dilemmas as the presenting problems and to bring ethical issues from their internship settings to internship processing seminars. Students are asked to check their emotional reactions to ethical dilemmas during counseling practice and process them with their counseling skill practice group. For internship processing, students are

asked to bring ethical dilemmas from their internship sites and discuss culturally appropriate and ethical ways to handle the situation.

Through these three different levels of learning, students not only gradually develop concrete strategies to implement ethics codes into practice but also sort out the difference between their personal ethics and professional ethics. Examining the professional ethics code with critical reasoning and analytical skills in order to assess its overall cultural sensitivity leads them to evaluate their personal ethics code and assess whether it includes cultural sensitivity.

The power of transformative learning is that students are able to interact with texts and concepts as a whole person without disconnecting emotion from academic learning. They are allowed to express their personal ethics and values, and they are listened to without judgment in the transformative learning process. Nonjudgmental discourse is necessary for students to critically evaluate their personal ethics. White students often face internal conflict when discussing racial equity because they are ethically bound to support equality for all people but afraid of losing their privilege if equality is practiced. In this case, these White students' honesty needs to be appreciated, and the class needs to have an honest and genuine discussions about benefits and losses of equality for all people. When all members of the class are able to participate from their perspective, participants' likelihood of examining the basis for their assumptions increases.

Cultural sensitivity statements written in helping professional associations' ethics codes and multicultural competency requirements in programs are substantial improvements in raising cultural sensitivity, but they are not sufficient for trainees and providers to implement ethical conduct in assessment and treatment of culturally different clients. Hunt et al. (2018) conclude, "Simply sharing cultural characteristics or even awareness of specific issues was not enough when the counselor did not practice in an ethical and professional manner" (p. 171). Transformative learning where emotional understanding is integrated with intellectual understanding of the ethics code and principles is necessary if providers and provider-trainees want to learn accurate assessment and effective treatment for multicultural populations.

The following experiential learning activities are designed for you to practice how to apply professional ethics codes to counseling.

Concrete Strategies

Experiential Learning Activities for Counseling Skill Practice on Ethical Dilemmas

1. Divide the class into groups of four. Pair up in your group.
 - (a) One pair will role-play, and the other pair will observe to give feedback. The first pair will decide who plays the counselor and who plays the client.
 - (b) Start regular counseling skill practice for 10 minutes for each pair. The student assuming the client role should talk about an ethical

dilemma, and the student assuming the counselor role should apply various counseling skills to assist the client by using ethics codes. The student assuming the role of the client should observe their feelings throughout the session.

- (c) The other pair will give feedback about what they observed.
- (d) The person playing the client should give feedback about their feelings and thoughts about the counselor.
- (e) Repeat the procedure until everyone has had the chance to be a counselor, client, and observer.
- (f) What have you learned about your personal ethics and professional ethics? Be specific.

14.2.2 Attitudinal Preparation Through Transformative Learning

Multicultural issues are emotionally intense because they are about socially constructed injustice and inequity created by the ethnocentric dominant groups and embedded in Americans' psyche (Singer, 2014). Clients have been targets of injustice and inequity (Aten et al., 2010; Ault-Brutus, 2012; Barlow, 2010). If a provider wants to understand a client's worldview in order to provide effective treatment, she must understand the impact of internalized privilege and oppression and systemic privilege and oppression on the client with a nondominant background through transformative learning. Without transformative learning, the provider's implicit attitudes are likely to be communicated to the client during the therapeutic process. The difficulties of changing implicit attitudes are examined by cognitive information processing perspective in Chap. 12. Transformative learning may transcend implicit attitudes of prejudice and stereotypes. As defined by O'Sullivan et al. (2002):

Transformative learning involves experiencing a deep, structural shift in the basic premises of thought, feelings, and actions. It is a shift of consciousness that dramatically and permanently alters our way of being in the world. Such a shift involves our understanding of ourselves and our self-locations; our relationships with other humans and with the natural world; our understanding of relations of power in interlocking structures of class, race, and gender; our body-awareness; our visions of alternative approaches to living; and our sense of possibilities for social justice and peace and personal joy. (p. 11)

Intellectual understanding of concepts and theories of multicultural competencies is important, but they need to be communicated to the client. The provider's attitude communicates her multicultural competencies to the client. Attitudinal preparation has been built into this book through experiential and reflection-based learning activities in each chapter starting in Chap. 2. If you have read each chapter and participated in every experiential learning activity and learned through transformative learning (integration of intellect and emotion), you are becoming multiculturally

competent provider. Attitudinal preparation includes affect preparation, understanding the power of rapport, transference/countertransference, compassion, and resilience on healing.

Affect Preparation

As stated earlier, the goal of counseling and psychotherapy is for the client to change cognitive functions, affective functions, and/or behavioral functions in order to deal with the presenting problem. The efficacy of therapy partly depends on the provider's ability to establish rapport, which is based on affective relation between the therapist and the client. If the provider is going to facilitate the client's affective change, she needs to be aware of her own affective status. When the provider does not judge her emotions but just observes them and feels them, she begins to differentiate between real self and ideal self and starts to hear her voice within. She is able to differentiate between unscreened narratives and *shoulds*. The provider is able to see how distracted she is from paying attention to the client when she is caught up in *shoulds*. As she focuses on hearing her voice within without judgment, she begins to identify her own feelings. The key to awareness of her emotions is to observe her inner experience without judgment and to accept her emotions as they are.

The following is an experiential learning activity designed for you to increase empathy for clients through affective perspective taking.

Concrete Strategies

Experiential Learning Activity through Perspective Taking

Read the following without screening (without judgment). Close your eyes and put yourself into Mennis's parents' position for about 3 minutes. Then, write down your thoughts and feelings.

Mennis (2000), who is Jewish and working class, wrote:

Lack of education and lack of money made for an insecurity and fear of doing almost anything, a fear tremendously compounded by anti-Semitism and World War II. My parents were afraid to take any risks—from both a conviction of their own incompetence and a fear that doing anything big, having any visibility, would place them in danger. From them I inherited a fear that if I touched something, did anything, I would make matters worse. There was an incredible nervousness in my home around fixing anything, buying anything big, filling out any forms. My mother still calls me to complete forms for her. When my father was sick, my parents needed me to translate everything the doctor said, not because they did not understand him, but because their fear stopped them from listening when anyone very educated or in authority spoke. (p. 189).

Rapport

Establishing rapport is the foundation for how accepted the client feels by the provider. How much of his worldview the client will reveal is determined by the client's perception of the provider's trust and acceptance. Wedding and Corsini (2014) discuss "the who-how-whom factor" where they define what is important in

psychotherapy: “who does it and how and to whom it is done” (p. 10). Rapport will be established easily if there is a match between *who* and *whom*. This is extremely important for clients from multicultural populations. Some individuals define match only by appearance factors such as gender, race, and sexual orientation, but there are differences within the same race, gender, and sexual orientation as discussed in this book. Matching criteria should be from qualities like the provider’s ability to accept, value, and respect the client who has different cultural backgrounds. It is about the provider’s attitude, which has emotional components. There is a difference between wanting to accept, respect, and value clients and accepting, respecting, and valuing clients. When there is an inconsistency between wanting to accept (*intellect*) and accepting (*congruency between intellect and emotion*), the client feels he is not accepted. The provider’s thoughts, feelings, and behaviors and the client’s thoughts, feelings, and behaviors are communicated verbally and nonverbally during the therapeutic process to both the provider and the client. Building rapport relies heavily on an affective component of this exchange. The client may assume that the provider does not know how he is feeling, when emotional expression of the provider’s verbal and nonverbal language is perceived as uncaring, not understanding, or marginalizing.

Transference/Countertransference

Transference and countertransference provide effective treatment strategies if the provider is able to acknowledge and utilize them as therapeutic tools. They can also be barriers to therapeutic goals and building and maintaining rapport. Transference occurs when the client treats a provider as if she is a significant person in his life. For example, the client says, “My father controlled me all my life.” When the provider simply paraphrases what the client said, the client screams at the therapist, “Who are you telling me what to do?” or “Don’t try to control me.” If the provider does not react to the client and helps him become aware of what he said by asking questions like “Is it hard to hear what you said to me?” “Your scream says something, and I am not sure what it is. Would you help me?” Or the provider can just sit in silence with positive regard. When the provider does not react negatively to him, the client pays attention to his inner experience and may be able to understand the dynamics between his father and himself. However, if the provider becomes reactive, she loses the opportunity to assist the client on a deeper level of cognitive and affective transformative processing. Another kind of transference is easy to miss because the client is not externally reactive. For example, a client says what he thinks the provider wants to hear due to his cultural emphasis on obeying authority figures. The provider needs to gently confront the client. The provider may say, “I don’t really know you yet. I would like to hear what you really think and feel. Would you tell me the first time you did what you wanted to do instead of doing what your parents or grandparents wanted you to do and what happened?” If the client says he has never disobeyed, the provider may want to explore his inner experience when he goes along with authority figures. Transference provides rich information about the client. It is up to the provider how to utilize the opportunity to learn more about the client.

Countertransference is when the provider treats a client as if the client is a significant person in her life. When the provider is not able to be aware of countertransference in the therapeutic process, it can be detrimental to the client. For example, a client comes to see the provider to resolve her work conflict. During a session, she tells the provider she was sexually molested by her brother 20 years ago. The provider, who was sexually abused by her father, focuses on this disclosure and encourages the client to report the sexual abuse. The client says she has resolved the issue, and her main goal is how to resolve a work conflict. However, the provider brings back the sexual abuse case and insists that the client needs to deal with the sexual abuse issue before she can deal with her work issue. This is an excellent example of countertransference.

Clients consider providers as experts, and most clients do not confront providers. Some of them terminate therapy, and others continue without being aware of the extent of damage. It is crucial that providers reflect on their thoughts, feelings, and behaviors during or after each session to assess the presence and degree of countertransference. If the degree of countertransference is mild and fixable, the provider needs to fix it. If the degree is more than mild and/or it is not fixable, the provider needs to consult with other colleagues about the issue or let the client know about the countertransference and assist the client to find another therapist. Countertransference is an ethical issue because it prevents the provider from following ethical standards for the client's welfare. Corey et al. (1993) described countertransference as follows (italicized words have been added for clarification):

1. Being overprotective of clients
2. Treating clients in benign ways may stem from a counselor's fear of their (*clients'*) anger
3. Rejection of clients may be based on perceiving them as needy and dependent
4. (*Therapists'*) need for constant reinforcement and approval
5. Seeing themselves in their clients
6. Development of sexual or romantic feelings *toward a client*
7. Compulsively giving advice (pp. 44–47)

Countertransference should not be a problem if a provider knows and accepts herself in the areas discussed throughout the book (values; beliefs; biases; thinking styles; identity development in relation to race, gender, class, sexual orientation, age, language, disability/impairment, religion, region, etc., the impact of systemic oppression/privilege and internalized oppression/privilege on her identity development; and multiple identities and their intersectionality). Knowing who she is will assist her awareness of countertransference as it happens, and she will observe the process but not react to the client. After the session, she can utilize the experience to work on the issue that led to countertransference. If the countertransference interferes with the therapeutic process, she needs to consult with colleagues for assistance. Providers are multifaceted and multidimensional beings with conscious, preconscious, and unconscious just like clients. Providers do not know what kind of sociocultural contexts will bring what type of information for them. What is

important is being aware of transference/countertransference and accepting it, learning from it, and making an appropriate decision for the client.

Compassion and Resilience

When a provider becomes impatient because she feels the client is “dwelling on only one aspect of the self,” she is not attentively listening to the client. When the provider thinks the client should move on, she is not attentively listening to the client. She needs to appreciate herself for her ability to observe her intrapersonal communication and create ways to return to attentive listening. One way to return to attentive listening is to use affective perspective and go back to her own painful experiences and think and feel about what she wished others had said or done for her. The provider needs to have an internal dialogue like “I don’t really understand what the client is going through. But I do remember how painful it was with my experience. I am going to put myself in the client’s situation by remembering my pain.” This allows the provider to reexperience her own pain and imagine the client’s pain as she listens to the client, for example, a Hispanic heterosexual male client is struggling with racism. After spending several grief sessions with him, the provider may say “It must be very painful for you to face racism on a daily basis” and listen to his story attentively with compassion. When the provider’s inner experience and outer experience reflect her desire to provide empathy, the client can feel it and is able to tell his story. Remembering her own pain to understand the client’s pain will assist her with providing empathy and compassion for the client.

The following experiential learning activities are designed for you to increase compassion for others through taking an affective perspective.

Concrete Strategies

Experiential Learning Activities: Perspective Taking

The following are stories from individuals representing various nondominant groups. As you read each story, pay attention to your affect.

1. One of my clients said: *I used to wash myself until my skin peeled off because I thought my skin was dirty. I thought if I wash myself clean enough, I will see my skin as white as my parents.*

Close your eyes and put yourself into the client’s position for about 3 minutes. Then, record your thoughts and feelings without screening.

2. An Asian American male student who was adopted when he was four wrote: *To deal with racial paranoia, I went through regular channels of the student government and college president and tried to handle the problem in a responsible way, but their attitudes were negative. What they told me basically was, “If you don’t like it here, go somewhere else.” So, I did, along with other Asian students. It was a big growing up year for me. As I*

recognized that there was racial hatred and bias in the society, I began to question, “Who am I?”

Close your eyes and put yourself into the student’s position for about 3 minutes. Then, record your thoughts and feelings without screening.

3. Jennifer wrote: *I never encountered outright prejudice from people, but I always knew that there was something different about me. There were these comments here and there. There were things I experienced and knew about that they just didn’t. I remember when I was ten and I had this friend, and we were in this Chinese restaurant. She’d come with me and my parents, and we were having dinner. And she said in a really loud voice, “I think it’s so sad that Chinese people don’t have eyelashes.” I remember thinking, “What? How can you say that? I have eyelashes. My dad has eyelashes.” But she hadn’t ever looked closely enough. She hadn’t been around Chinese or Asian people enough to realize that they have eyelashes—they may be small, but they’re there. She also didn’t realize she was talking to Chinese people—she didn’t think of me that way, and I guess she thought that my dad had been whitewashed by marrying my mom.*

Close your eyes and put yourself in Jennifer’s position for about 3 minutes. Then, record your thoughts and feelings without screening.

You have experienced what it would feel like being the client, an Asian American student, and Jennifer through taking their positions. How do you feel? How is it different from just reading their stories? You may want to discuss your feelings with others who completed the same experiential learning activities.

Sometimes the provider’s heart may be aching as she puts herself into the client’s place. My heart ached so much when I was seeing sexually abused children during my postdoctoral interning at the community mental health center. I was not able to focus on therapeutic techniques because I was angry at the perpetrators and felt bad for the children. All I wanted to do was just hold them and cry. I was not able to listen attentively to the client because I was spending too much time with my inner battle. My supervisor listened attentively to my doubts about my ability to become a competent psychologist and said that feeling sad for children was a good sign of becoming an empathetic psychologist. He encouraged me to just feel the pain, and it would gradually transform into empathy. The pain was intense, and thinking about abused children still hurts but not to the same degree. Learning to be compassionate, genuine, and empathetic was achieved through experiencing feelings and not by intellectual understanding.

As the provider is compassionate and listens attentively to the client, the rapport builds, and the client starts to trust the provider. The provider may want to

emphasize the client's strengths by guiding the client to discover his resilience. The provider may want to say, "You've come so far despite the pain. How did you manage?" and then wait to hear the client's story. Marginalized clients often do not recognize their resilience and strengths. To ask a client how he managed will help him focus on his strengths and resilience. Exploring consequences of perpetuating the victim perspective is important for the client to transcend the victim perspective to adopt an agent perspective. It needs to be explored after the client and/or his family have/has the opportunity to tell their stories and feel they are heard.

14.2.3 Knowledge Preparation Through Transformative Learning

Conventional Therapeutic Techniques

Traditional theories of personality which are based on Eurocentric and/or North American values have been the foundation for therapeutic techniques. Providers need to acquire knowledge and skills to assist individuals who do not fit into the existing theories. Assessing the applicability of each personality theory or modification of existing theories requires thorough examination of assumptions, assessment techniques, and therapeutic techniques of existing theories. Multiculturally, competent providers should not generalize that all traditional therapeutic techniques are ineffective for clients with multicultural backgrounds or that indigenous healing methods are effective for all clients with multicultural backgrounds, because there are too many variations within groups as well as between groups. Understanding the sociocultural context of theoretical assumptions with particular emphasis on therapeutic techniques to support these assumptions is important. It is not about either *dichotomous* or binary thinking but developing a creative treatment on the basis of a holistic perspective. This includes appropriate dichotomous, linear, and hierarchical, diunital, multilayered, and multidimensional thinking. There is no one effective therapeutic technique for one particular group because multiple factors determine the effectiveness of therapy. Transformative learning of personality theories not only allows students to understand each theory in depth through writing on their own personality development but also gives them another opportunity to reflect on their values, beliefs, and biases. Assessing the reasons for effectiveness/ineffectiveness of a particular therapeutic technique for a specific client in a particular period is also a crucial element in developing effective treatment. The most effective treatment may be integrating traditional (Western) therapeutic techniques with indigenous healing practices through modifying traditional therapeutic techniques to fit a client.

Thus, the provider must know all major traditional (Western) therapeutic techniques and the theories behind each technique regardless of her preferences, so she can utilize them as resources to develop the most effective treatment for each client. Evaluating the effectiveness of traditional counseling theories and therapeutic

techniques can be achieved when students have learned traditional personality theories through transformative learning. The followings were steps my students took to learn traditional personality theories through transformative learning: Each week for 7 weeks, (a) students read one personality theory before my lecture. (b) They wrote about their personality development from the perspective of the theory they read and listened to the lecture. (c) They were given prompt feedback on their personality development assignment for accurate understanding of each theory. (d) They practiced counseling skills (which were videotaped) by applying the theory they learned and wrote about their personality development from that perspective with their small groups (the same members throughout the quarter to learn to build the rapport and process difficult issues). (e) They critiqued their weekly video with their group and the faculty. Beginning of the following week, the whole class processed their learning and they were asked to (f) evaluate the applicability of the theory for multicultural populations. Most students found staying on only one theory's assumptions, assessment techniques, and therapeutic techniques challenging. They continued these steps each week for 7 weeks to learn each theory's assumptions, assessment techniques, and therapeutic techniques of seven traditional personality theories.

I have chosen just two of many traditional personality theories to illustrate how to examine the effectiveness of a theory for multicultural populations.

(a) *Psychodynamic Perspective*

Psychodynamic theory is derived from Freud's psychoanalytic theory. The major theoretical *assumptions* of Freud's theory are determinism, conflict, and the unconscious. According to this theory, our personality develops in early childhood through interaction with parents, and our present is connected to our past. There are three personality structures: Id, Ego, and Super ego, and when Ego is weak, there is tension between Id and Super Ego. Anxiety is due to our unresolved conflicts, and we use defense mechanisms which are operated unconsciously to cope with our anxiety. *Assessment tools* are slips of the tongue, forgetting, the loss of objects, accidental mistakes, free associations, projective tests, dreams, humor, etc. *The provider pays attention to building* rapport and observing transferences and asking open questions related to childhood. The provider who applies psychodynamic theory focuses on the parent-child relationship and the client's early childhood memories and experiences as *therapeutic techniques*.

Concrete Strategies

Experiential and Reflective Activities on Psychodynamic Perspective

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about your childhood. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Write your personality development by psychodynamic theory.

The provider needs to evaluate the applicability of psychodynamic theory to individuals raised in a single parent home, raised by an extended family, or raised according to nondominant cultural values since psychodynamic theory was not based on these types of families. Will you be able to modify some of the theory, or will you consider it not applicable?

(b) *Humanistic Perspective*

The major theoretical *assumption* of Rogers’ (1951, 1986) person-centered therapy is that individuals can figure out what is best for them if given unconditional positive regard. This is because the theory is based on our actualizing tendency. The provider who applies Rogers’ theory (*assessment tools*) focuses on providing a non-threatening atmosphere by listening actively and paraphrasing, so the client can utilize his *organismic valuing tendency* to figure out the solution to his presenting problem. Therefore, *therapeutic techniques* are providing unconditional positive regard, empathy, and trusting client’s organismic valuing tendency.

Concrete Strategies

Experiential and Reflective Activities on Humanistic Perspective

It is important that you do not judge, censor, or minimize your inner dialogue (intrapersonal communication). When you start to judge whether your intrapersonal communication fits into your ideal image of what you should be, you cannot access your inner experience. Uncensored writing is one way to access your inner experience.

Close your eyes and breathe in relaxation and breathe out tension evenly and slowly. Continue mindful breathing slowly and evenly for about ten times or until you feel inner quietness. As you breathe slowly and evenly, reflect on your thoughts and feelings about your childhood. Slowly open your eyes. Progoff (1992) depicted the important difference between thinking about writing and the act of writing: He wrote, “Thinking about what you would write is not the same as actually writing” (p. 11).

Write your personality development by person-centered theory.

The provider needs to evaluate the applicability of humanistic perspective to clients who are socialized with collectivism value orientation where self is undifferentiated from the family and interdependence is a core value. Examining each theory thoroughly for its effectiveness for multicultural populations assists the provider in developing culturally sensitive therapeutic techniques for multicultural populations. These innovative techniques will evolve as the provider examines each theory through transformative learning along with mindfulness, perspective taking, and genuine concern for equity and justice for all people.

The following are some of my students' evaluations of their self-achievement in regard to learning seven theories of personality through transformative learning.

Student Feedback

I had heard that this program is intense, but I had thought people mean the program workload is intense. Once in the program, I realized the intensity is the challenge of emotional growth. Much of this growth has come from investigating myself from seven different personality theory perspectives: Psychoanalytic, cognitive, behavioral, humanistic, trait, family, and existential. I wrote a two-page paper on myself from each of these perspectives and got the opportunity to practice each of these theories (except existential) in a counseling setting with a partner. My skill practice for psychoanalytic, cognitive behavioral, behavioral, and humanistic was filmed so I had the chance to watch myself as a counselor, observe my nonverbal communication, and evaluate my performance. This has been an invaluable tool for me. Practicing each perspective as a counselor and as a client really let me experience each perspective to help me understand the uniqueness and assumptions that accompany the different perspectives.

—Joan

The program provided me with methods to take conceptual theories and apply them to my own experience. I explored my personality from seven different perspectives ... I discovered that it is one thing to understand the meaning of words on paper and another entirely to place oneself into the words and ideas being taught. The latter is a transforming act, which requires tremendous emotional and mental integrity. I believe I met this challenge with courage, honesty, humility, and a willingness to be molded by my discoveries. Through knowing myself deeper I am able to slowly deconstruct the isms and biases within my psyche that have led to the construction of an $N = 1$ complex. My experience is not the only experience.

—Diane

I studied seven personality theories with the class. This study included reading about the theory, counseling a classmate with techniques of the theory, and writing my personality based on the theory. These three exercises gave me a solid understanding of the material; just as writing my personality development seven times gave me a deeper self-awareness. Within the study of personality development, we explored how hierarchical, linear, and dichotomous thinking impacts development. In practice, I am becoming aware of these thought patterns within my life and examining how they affect me.

—Susan

Part of being aware of the client's worldview is finding out which methods work most effectively for which client and when. Multicultural competencies require providers to be not only open and flexible but also creative.

For example, when it is determined that indigenous healing is the most effective treatment for the client, the provider needs to refer the client to an indigenous healer or work with the healer if the client desires. The focus should be on the client and what is most helpful for him. This type of approach requires fluid thinking which is not restricted by inappropriate dichotomous, hierarchical, and linear thinking.

You have completed all the components to be able to develop culturally appropriate treatment.

14.3 Culturally Appropriate Treatment

Culturally appropriate treatment relies on accurate assessment and requires a provider's willingness to develop treatment that (a) honors the client's worldview and the client's culture, (b) incorporates the client's cultural healing traditions, and (c) restores the client's dignity (APA 2003).

14.3.1 *Honoring the Client's Worldview and the Client's Culture*

In order to develop effective treatment, a provider must have an accurate assessment of the client (intake). It should include demographic information, presenting problem, family history, medical history, psychiatric history, access healthcare services, education, job history, legal history, psychosocial history, etc. The intake information should honor the client as a person and attempt to view the client holistically as a person with emotion and intellect, multiple identities and their intersectionality, rich sociocultural and familial histories, a particular relationship to oppression and privilege, and particular thinking patterns. The treatment requires the provider to think and feel from a multilayered and multidimensional perspective. This means the provider examines a client from the client's multiple identities based on race, gender, class, sexual orientation, impairment/disability, age, language, religion, region, and so on. The provider assists the client in examining whether he is a member of the majority or the minority and whether he is privileged or oppressed in each area. If his particular identity belongs to the majority, it is likely that throughout socialization he has been benefiting from unearned privilege and has internalized that privilege. If his particular identity belongs to the non-majority, it is likely he has been suffering from oppression (*systemic oppression*) and has internalized that oppression. The client may have no discrimination experiences with class, gender, disability, age, sexual orientation, language, region, and religion but intense

discrimination experience with race. The client's identities may change as a result of his negative and positive experiences with a particular sociocultural context, and the change may progress in diverse directions, or his identities may stay the same despite external changes. His multiple identities may change with his thinking style (e.g., from *linear, dichotomous, and hierarchical to holistic*). Some parts of his thinking style may totally change, other parts of his thinking style may change somewhat, and still other parts may stay the same. Developing treatment that honors the client also requires the provider to listen attentively without judgment and be compassionate regardless of how different the client's culture is from her own. For example, extended family is as important as an immediate family for most clients from multicultural populations. Accepting the role of extended family from the client's cultural point of view without internal judgment is an example of seeing and understanding the client from his worldview. Understanding the client from his worldview requires the provider to understand her own worldview. Her worldview is formulated on her ability to be aware of her own values, beliefs, biases, prejudices, thinking patterns, and the impact of systemic privilege/oppression and internalized privilege/oppression in relation to her multiple identities.

14.3.2 Incorporate the Client's Cultural Healing Traditions

If the provider's thinking pattern is holistic and fluid, she is able to observe the dynamic processes of therapeutic relationships. She can utilize her observations to assist the client with understanding his internal as well as external experiences. These processes may lead the client to be in touch with his cultural and spiritual traditions that include but are not limited to indigenous healing. The provider explores the client's healing tradition with the client and finds ways to incorporate it if the client desires and/or if the provider assesses it may assist the client. The provider maintains her professional boundary of competence and makes sure she researches resources of the client's healing traditions with the client's assistance if the client is interested in. The client may not want to seek a healer from his cultural tradition but may want to tell the provider his story. He may think he does not have a problem. The problem may be identified as an authority figure who only values their own beliefs (dominant) and labels the client as mentally ill because he does not fit into a particular mold. The provider needs to listen to the client's story attentively to evaluate the client as a whole person and to respect his cultural traditions, which may appear "odd" when compared with the dominant cultural perspective. As we discussed in Chap. 3, Fadiman (1997) illustrates eloquently what happens when two cultures clash due to misunderstanding each other's traditions and cultural practices. She writes in her book, *The Spirit Catches You and You Fall Down*:

Hmong epileptics often become shamans. Their seizures are thought to be evidence that they have the power to perceive things other people cannot see, as well as facilitating their entry into trances, a prerequisite for their journeys into the realm of the unseen. (p. 21) ... Dan had no way of knowing that Foua and Nao Kao had already diagnosed their daughter's

problem as the illness where the spirit catches you and you fall down. Foua and Nao Kao had no way of knowing that Dan had diagnosed it as epilepsy, the most common of all neurological disorders. Each had accurately noted the same symptoms, but Dan would have been surprised to hear that they were caused by soul loss, and Lia's parents would have been surprised to hear that they were caused by an electro- chemical storm inside their daughter's head that had been stirred up by the misfiring of aberrant brain cells. (p. 29)

Lia's case is an excellent example of how hard it is to walk the talk of multicultural competencies as discussed. It is hard to walk the talk of multicultural competencies because helping professionals are often not able to be aware of the other's cultural values, beliefs, and traditions as a result of the role their cultural contexts played in shaping their values and beliefs. Helping professionals of both cultures reflected their cultural values and beliefs in their assessment, diagnosis, and treatment of Lia. Dan could not put equal importance to Hmong's cultural values, beliefs, and meaning making because he was trained in allopathic medicine.

To most of them, the Hmong taboos against blood tests, spinal taps, surgery, anesthesia, and autopsies—the basic tools of modern medicine—seemed like self-defeating ignorance. However, Western helping professionals had no way of knowing that a Hmong might regard these taboos as the sacred guardians of his identity, indeed, quite literally, of his very soul. What Western doctors viewed as clinical efficiency the Hmong viewed as ethnocentric arrogance. No matter what the Western doctors did, even if it never trespassed into taboo territory, the Hmong, freighted as they were with negative expectations accumulated before they came to America, inevitably interpreted it in the worst possible light (Fadiman, 1997, p. 61). They were *generalizing* on the basis of their previous experience.

Helping professionals cared for Lia, and they wanted to make sure that Lia's seizure was controlled through medication. They lacked understanding of Lia's culture. Lia's parents cared deeply for Lia, and they did not understand the dominant culture's treatment with health and sickness. Lia's story reminds helping professionals how important it is to conceptualize that other cultures have their ways of valuing, believing, and doing. It is not likely Western professionals will be understood or make sense to them. But Western professionals have an ethical responsibility to create a space for culture specific healing traditions when treating multicultural clients.

Lia's story demonstrates that caring deeply about a patient (*client*) is not enough if it does not extend to exploring the meaning of health, sickness, and healing from the patient's (*client's*) worldview. Health, illness, and healing are interwoven with mind, body, spirit, and dynamic sociocultural and environmental factors. Health and healing are interdependent with cultural contexts.

14.3.3 *Restoring the Client's Dignity*

When a client is understood from his worldview, he feels accepted for who he is with his cultural beliefs, values, and traditions. He gains dignity for himself, his family, and his community. Counseling and psychotherapy rely heavily on the

provider-client relationship, which is often determined by nonverbal communication. It relies on attitudes and emotions of the provider. When the provider says supportive words without a supportive attitude, the client can detect superficiality, and the supportive words seem hollow. When the provider's words are from her heart, the client feels caring, genuineness, and compassion. Restoring the client's dignity does not depend on whether the problem is solved but depends on the provider's genuine and sincere attitude.

The following reflection-based learning activities are designed for you to explore the role of verbal and nonverbal communication in evaluating attitudes.

14.3.4 Inquiry Through the Client's Own Words

Concrete Strategies

Experiential Learning Activity on Nonverbal Language and Attitude

1. Name individuals who have liked or now like you. Write down how you know they like you.
2. Name individuals who were or are now not fond of you. Write down how you know they are not fond of you.
3. Review your responses to Questions 1 and 2.
 - (a) Identify which ones are based on nonverbal communication and which ones are based on verbal communication.
 - (b) When there was a discrepancy between the verbal and nonverbal communication, which type did you use to evaluate how the person felt about you? For example, if the person's verbal expression was complimentary toward you, but their nonverbal expression was contradictory to such verbal expression, which type did you use?
4. What did you learn from this activity?

As indicated in Chap. 13, effective verbal and nonverbal communication of the provider, her ability to provide rapport, and her ability to understand silence as a part of communication are also important qualities for effective treatment. In addition, the provider's inquiry should be based on the client's own words and not on the provider's interpretation of the client's words. The inquiry based on the client's own words leads the client to feel that the provider is listening attentively and interested in his worldview and problems. As a result, the client may reveal more about his inner experience through both verbal and nonverbal language such as drawing, centering, and imagery. Students may want to revisit Chap. 13 and its discussion on incorporating scientific inquiry with clinical inquiry. Due to the power differential relationship between the provider and client and because the client usually considers the provider an expert, the client may assume the provider's interpretation is

correct rather than honoring his own feelings and thoughts. When this happens, the therapy is about the client fitting his story to meet the standards set by the provider's worldview and not the client's worldview. Ruth's case discussed in Chap. 13 is revisited here:

- Ruth:* I know that being so afraid has closed in on my life in so many ways. I feel ready to take this on, but it would be too overwhelming to become so honest with myself and everybody else in lots of areas of my life all at once.
- Therapist:* So you would like to challenge fear and express yourself more openly, but you want to do so in small steps. Is that right?
- Ruth:* Sure. (Corey, 2005, p. 269)

The provider's inquiry through the client's own words might be, "I am hearing it would be too overwhelming to become honest with yourself" with unconditional positive regard (*humanistic approach*) and wait for her response. Or "I heard you said to become honest with yourself and everybody else in lots of areas of your life all at once. Would you help me to understand the reasons for doing all at once?" This question is to gather more information to determine the best therapeutic technique. There are many ways to gather information by using Ruth's words to find more about Ruth. Ruth was described as a person who wanted to please everyone, and a person who wants to please everyone is not capable of disagreeing with the therapist who says, "Is that right?" It will be difficult even for a client who is reasonably assertive to disagree with the therapist who says, "Is that right?"

The provider's ability to inquire questions based on the client's words depends on her level of training in psychological research; her definition of her role as a provider; her thinking styles (hierarchical, dichotomous, and linear); her awareness of her own biases, values, and beliefs; the degree of her internalized systemic oppression/privilege; and the impact of systemic privilege/oppression on her identity construction. To paraphrase, the humanistic perspective values the person (*client*) and is an excellent technique to stay focused on the inquiry derived from the client's words.

14.3.5 Attentive Listening

It is important for a provider to learn to listen attentively if the provider's goal is to develop culturally appropriate treatment. Attentive listening is an acquired skill by diligent practice. Numerous students state that it is difficult to clear their mind to listen attentively since their mind is "always" busy and racing with plans or worries about how to accomplish their multiple tasks in a limited time. We not only live in a society (e.g., the United States) filled with misinformation and disinformation but also value the fast-paced life as the norm. A fast pace is often equated to the road to success. Technological revolution added more distractions to our already busy and racing mind. According to psychologists, neurobiologists, educators, and Web designers, "when we go online, we enter an environment that promotes cursory reading, hurried and distracted thinking, and superficial learning" (Carr, 2011,

pp. 115–116). This type of sociocultural environment promotes more mind-wandering and superficial learning. As stated earlier, accurate assessment, diagnosis, and treatment require for a provider to listen attentively to clients in order to understand his worldview and his story from his perspective.

When provider trainees are preoccupied with racing thoughts while in class, they cannot pay attention to what's going on in class. This affects their learning because while their body is in the classroom, their mind is not. If their minds are busy with imposed cultural values and expectations of others, instead of paying attention to class material, they need to ask themselves the purpose of sitting in class and pretending to learn. Pragmatic question to them is how they are going to be able to listen to clients attentively without practicing attentive listening.

Healing runs the spectrum from linear and sequential to nonlinear and holistic. Emotional healing cannot be forced to be fast-paced or achieved through multitasking. Healing psychological and emotional wounds takes time. We do not know how long it will take since it is determined by multiple factors and their interrelated complex relationships. Degree, duration, intensity, frequency, and causes of emotional wounds; individuals involved in the sociocultural context; cultural values; availability of treatments; efforts put into healing; and support from family, community, and professionals are some determinants. Treatment success or healing partly depends on the provider's ability to understand her own values, beliefs, biases, and worldview and partly depends on the provider's ability to be free from inappropriate dichotomous, linear, and hierarchical thinking to conceptualize disorder (or suffering) from a multilayered, multidimensional, and holistic perspective. Each verbal and nonverbal encounter with a client needs to be listened by her and to provide culturally appropriate treatment.

14.4 Art and Knowledge Components of Treatment

The treatment relationship has two components: the art component and the knowledge component (Nystul, 2016; Wedding & Corsini, 2014). The knowledge component requires a provider to have thorough knowledge of theories of personality, life-span developmental psychology in multicultural contexts, qualitative and quantitative research, differences and similarities among multiple identities (e.g., race, gender, class, sexual orientation, disability, ethnicity, age, religion, language, and region), variations within and among these multiple identities, and their intersectionality. The art component is the part that clients perceive as the affective domain such as rapport, supportiveness, empathy, active listening, trust, accepting and valuing clients, and so on. This component *cannot be taught but evolves internally as providers understand their values, beliefs, and biases without judgment* (e.g., uncensored writing throughout this book). The knowledge component interacts with the art component dynamically. The provider needs to be present with both heart (*art*) and mind (*knowledge*) during therapeutic sessions and process information from both the right hemisphere (emotion and intuition to see holistically) and

the left hemisphere (logic) of the brain. Counseling or psychotherapy is an active engagement of both emotion and cognition. Embracing emotional understanding of the client's struggle with logical and rational understanding of the presenting problem is a beginning step toward seeing a client from the client's worldview. The provider's empathy and compassion (art component) communicate to the client's affective processing (the right hemisphere), while provider's traditional and nontraditional therapeutic techniques (knowledge component) communicate to the client's cognitive processing (the left hemisphere). In other words, the provider listens with empathy while figuring out which therapeutic technique is the most appropriate for the client. If the provider is too involved in the art component of the therapy, she may not be able to ask specific questions that are important for understanding the client's problem and worldview. If the provider is too logical and rational and focuses on asking specific questions to assist the client with resolving the problem without providing empathy and compassion, the client may feel minimized and not be able to express his feelings and thoughts openly. Balancing the art component with the knowledge (scientific) component throughout the therapeutic process is essential for effective treatment. Mindful affect preparation and attitudinal preparation build confidence in the art component of therapy (nonlinear approach), and preparation in personality theories, developmental psychology cognitive neuroscience, cultural studies, etc. build confidence in the knowledge component (linear approach). Conventional (linear) and nonconventional (nonlinear) therapeutic techniques work together to develop culturally appropriate treatment.

14.4.1 Unconventional Creative Therapeutic Techniques

Counseling and psychotherapy are traditionally considered a verbal treatment, and this is based on Eurocentric values, which exclude other ways of healing by other cultural traditions. Verbal treatment is one method of changing feelings, thoughts, and behaviors. A provider may not feel comfortable with the following nontraditional therapeutic techniques mainly because she has not been exposed to them just like some clients from multicultural backgrounds are not comfortable with verbalizing their problems to a stranger (provider). If a provider wants to be multiculturally competent, she must learn the nondominant cultural group's way of healing and beliefs and values.

Drawing as a Therapeutic Process

Drawing could be a useful tool for clients who have difficulty articulating or connecting to emotion (Malchiodi, 2020). The provider may ask, "Would you express what you are feeling right now through coloring or drawing?" Some clients will say that they do not draw well. The provider needs to assure the client that the purpose is not about the quality of the drawing. The purpose is to have another medium to tell the client's story. The provider may say, "I don't know how to evaluate drawings since I am not trained in art. What I am interested in is hearing your story through

drawing. Drawing is a right-brain (hemisphere) activity that deals with intuition and emotion.” When the client is finished, the counselor may ask, “Would you explain your drawing to me?” Drawing depicts an aspect of a problem the client may not be able to articulate or be consciously aware of. For example, one of my clients had been doing whatever her younger sister asked or demanded of her, even if she did not want to do it. The client recognized this pattern of enabling her younger sister but did not know how to stop. I asked the client, “You said you know you are enabling her, but you don’t know what makes you do that. Would you close your eyes for a moment and think and feel about your relationship with your younger sister?” Two minutes later, I asked her, “Would you open your eyes and color or draw something to represent your relationship with your sister?” I left the room for a couple of minutes so that the client could be free to explore without being distracted by my presence. When I returned, the client had drawn a picture of two women. The client had drawn her younger sister twice as big as herself. The client was surprised to see the size differences in her own drawing. Tears rolled down her cheek, and she said, “You don’t know how difficult it has been to live with a sister who is so huge. She is physically much stronger than me, and I’ve had to live with that all my life.” Drawing opened the aspect of her problem that she was not aware of. I did not have to evaluate her drawing. The drawing opened another way to examine her relationship with her sister.

Narrative Movement

Individuals perceive only a part of the whole person if they do not consider body and mind as an integrated whole. A body communicates to them (Ramseyer & Tschacher, 2011); however, some individuals have lost the capacity to listen to their body due to the socialization process, which focuses on Descartes’ abandonment of body as an important source of understanding human beings. Descartes considered the body a machine with no connection to mind, emotion, and memory (Radomsky, 1995). Narrative movement is telling the person’s story through movement. Not all clients are able to articulate their story, but some of them can express it through their movement. Narrative movement and dance therapy are based on the assumption that body and mind are inseparable and are very effective in letting a client experience emotion. Halprin (2003), who is a pioneer in movement therapy, believes that everyone is a dancer, whether the person is trained formally or not. She uses untrained dancers in her performances. She moved dance from a theatrical art to simply movement that expresses a person’s story. Halprin integrates metaphor, movement, and music as a healing art and has used this healing art to heal racial divisions and illness such as cancer and HIV/AIDS. People are transformed as they tell their stories through narrative movement. Her healing arts interconnect mind, body, emotion, and spirit (Halprin, 2003; Ross, 2007).

Narrative movement is particularly effective in dealing with ESL individuals, families, or groups. Using a translator may create problems since it is hard to translate exact meaning. Another problem is the client may not say exactly what he wants to through a translator. I am often surprised by how meaning is lost in translation when one language is literally translated into another language. The literal

translation of “You have good taste” from English to Korean is “You have a gracious hobby.” If non-English-speaking Koreans heard “You have good taste” in place of “You have a gracious hobby,” they would think I had lost my mind. If I said to North Americans “You have a gracious hobby” in place of “You have good taste,” what meaning would they take from the statement? I was asked to translate Korean into English for the host of an Asian scientists’ conference in Seoul, South Korea, some years ago. The setting was beautiful, and each table was filled with various kinds of side dishes (at least ten of them) in addition to main dishes like barbecued beef, chicken, pork, stir-fried fish plus rice, and so on. It was a feast by North American or European standards. The first part of the speech by the host, the president of Korean Broadcasting and TV, was translated directly without losing meaning, but the second part of the speech was eloquent, humble, and intended to make guests feel welcome. The literal English translation was “I am really sorry for not preparing the best meal for you. I apologize from the bottom of my heart. I almost feel shamed since there are not that much on the table for you to eat. I would sincerely appreciate you if you forgive me and eat even though you may not be satisfied with our preparation of the dinner.” What the president meant was “Enjoy dinner.”

The provider needs to be aware of the fact meaning can be lost in translation from one culture to another because not all translators are bicultural. Fadiman (1997) depicts the confusion and frustration sometimes caused by using a translator in the following excerpt from *The Spirit Catches You and You Fall Down*:

The history of the Hmong yields several lessons that anyone who deals with them Might do well to remember. Among the most obvious of these are that the Hmong do not like to take orders; that they do not like to lose; that they would rather flee, fight, or die than surrender; that they are not intimidated by being outnumbered; that they are rarely persuaded that the customs of other cultures, even those more powerful than their own, are superior; and that they are capable of getting very angry. Whether you find these traits infuriating or admirable depends largely on whether you are trying to make a Hmong do something he or she would prefer not to do. Those who have tried to defeat, deceive, govern, regulate, constrain, assimilate, intimidate, or patronize the Hmong have, as a rule, disliked them intensely. (p. 17) ... Nonetheless, the Lees remained baffled by most of what was happening. And though Valley Children’s was well known for its efforts to reach out to patients’ families, Foua and Nao Kao did not realize that their “counseling” sessions, which usually left them confused and angry, were intended to reduce their stress. (p. 150)

The following experiential learning activities are designed to increase empathy and experience with freestyle narrative movement.

Concrete Strategies

Experiential Learning Activities to Increase Empathy

1. Complete the following activities without screening (without judgment):
 - (a) For about 5 minutes, close your eyes and put yourself into the position of a helping professional who is assigned to deal with a Hmong individual. Then, write your thoughts and feelings without screening.

- (b) For about 3 minutes, close your eyes and put yourself into Foua and Nao's positions. Then, write your thoughts and feelings without screening. How would you communicate to them that the session was intended to reduce their stress?
- (c) What type of thinking (hierarchical, dichotomous, and/or linear) did you find in your writing?
- (d) Close your eyes to reflect. Stay still for 10 minutes and feel and think without screening.

Group Discussion

2. For those of you in class, complete the following additional activity: divide the class into groups of four or five and read aloud what you wrote or express your feelings. Listen, respectively, and validate each other, regardless of whether you agree with each other.
3. Students who do not feel comfortable sharing do not need to share but need to be aware of their feelings and thoughts internally.
4. As a small group of four or five, take the role of Foua, Nao, or a helping professional and express your feelings through body movement.

Instead of asking the client, his family, or groups to articulate, the provider can ask them to express their presenting problem or frustration, sadness, or anger through narrative movement. Narrative movement communicates emotions without verbal expressions. Providers need training in narrative movement. Using narrative movement in a class setting is also helpful for students to be in touch with their emotions as they participate. Creating a family sculpture as a small group and presenting it to the class is also a powerful narrative movement experience. Narrative movement leads to transformative learning since it is an expression of body, mind, and emotion. It integrates the cognitive (rational) transformative process and the affective (emotional) transformative process.

Poetry and Spoken Words

Expressing through spoken words or poetry is another medium for clients to articulate their internal world. The provider may ask the client to write poems or spoken words to express what he is feeling, thinking, and behaving and bring writings to the session to read them out loud. Often, clients feel all kinds of emotions and are surprised by their emotional reactions. The provider-trainee may ask clients to stay with their feelings and express them through spoken words, drawing, and/or movement. This may open another way of understanding the clients' inner world. I have had several male clients who had difficulty articulating their inner experiences or were not able to identify their inner experiences. I expressed my appreciation for their honesty and encouraged them to reflect on the session and use whatever medium they could to bring back their reflections to the next session. These clients brought back poems they wrote. They were powerful in identifying their feelings

and expressing their pain. They were surprised to find out their ability to express their inner experience through poetry. I asked them questions by using their poem just like using the clients' own words for inquiry. These clients were able to articulate themselves much more clearly than in previous sessions.

Silence Is a Part of Communication

Traditionally, counseling or psychotherapy is a talking cure; however, not all people can freely express themselves verbally, especially individuals from collectivism-oriented cultural backgrounds (Covarrubias, 2007; Covarrubias & Windchief, 2009). The provider needs to be flexible in tailoring a treatment program that is receptive for specific clients. Awareness of the clients' worldviews includes how clients perceive the therapeutic sessions and the appropriate way to assist clients, so they are healed and become peaceful, functional, and whole. Thus, after asking a question, the provider needs to wait in silence if the client decides not to respond verbally. The provider needs to understand that sitting in silence is a part of the therapeutic process for some clients. She should not break the silence because she is uncomfortable. If the provider is uncomfortable about silence, she needs to examine herself to know the meaning of silence for her.

The following are reflection-based learning activities designed for you to raise awareness on silence.

Concrete Strategies

Reflection-Based Experiential Learning Activity on Silence

Close your eyes and breathe deeply, evenly, and slowly. As you breathe deeply and slowly, think and feel about your relationship to silence.

1. What did you discover about your relationship to silence?
2. When you are with other people (family, friends, discussion groups, or clients) and there is silence:
 - (a) How do you feel?
 - (b) What do you do, and why do you do it?
3. What are your assumptions about silence?
4. How does silence fit into your assumptions of therapy?

One of the most difficult tasks was teaching students to be still in silence with clients. During counseling skill practice, some students who were role-playing the counselor got uncomfortable with silence, so they asked questions or made comments to the client. This broke the client's internal processing. The client could be thinking actively or feeling intensely in silence about the question or questions. Some students who were not comfortable with silence needed to examine their inner

dialogue (intrapersonal communication) at the time of silence. They needed to reflect on their own assumptions about the therapeutic process and silence. Students needed to remind themselves that counseling or psychotherapy was empowering clients through changing the clients' thoughts, feelings, and behavior. Thus, the provider's priority was making an atmosphere possible for the client empowerment. At the end of silence, she might say, "I am wondering what images came to your mind while you were in silence." Or the provider might ask, "What thoughts and feelings ran through your mind while you were sitting in silence?"

Dreams

Dreams can be traced all the way to ancient Mesopotamia, which was a central region of Iraq more than 5000 years ago. Since then, the importance of dreams has been shown in beliefs of Hebrew, Egyptian, Chinese, Indian, Greek, and Roman cultures, up to the modern world (Singer, 2014; van de Castle, 1994). Various psychologists have interpreted dreams to understand the human psyche, and their dream interpretation heavily relied on their theories (Erikson, 1954; Freud, 1953, 1955; Jung, 1963; Van de Castle, 1994). Scholars of consciousness have also studied dreams as altered states of consciousness. "Rabbi Hisda said, 'An uninterpreted dream is like an unread letter'" (van de Castle, p. 54). Jung and Freud used dreams as a window to gain access to the unconscious. Dreams are a rich source of understanding the client's worldview if the client believes that dreams are an important part of understanding who he is and his culture (Proffoff, 1992). van de Castle's *Our Dreaming Mind* is the most comprehensive book about dream interpretation and research available.

I once had a client who had difficulty articulating his thoughts and feelings but was able to keep a dream journal. He would read his dreams out loud and was able to articulate what the dreamer was feeling and thinking. Of course, he was the dreamer, and talking about himself as "he" was much easier than talking about himself as "I." After listening to his dreams, I asked him what he thought was the main theme of each dream and the commonalities of all the dreams that he read. As he started to search for the main theme and commonalities, he was fascinated by his own discovery. He often expressed how the dreamer's conflict was similar to his own, and by exploring how the dreamer could approach his conflict to minimize pain and to maximize fulfillment, the client was eagerly involved in the process. I encouraged the client at times to apply some of his suggestions for the dreamer to himself. Often, he would return to therapy with excitement about having made some progress by applying his suggestions. Another client told me that he dreamed only in black and white and was surprised to hear other people see colors in dreams. As he was transcending his depression, he reported he was seeing some colors. Some clients said that they did not dream or remember dreaming. However, once they started to remember their dreams, they had much to say about them.

14.5 Experiential Learning Through Case Studies

One of the foundations for effective treatment is the provider's ability to understand a specific client from his worldview. The provider's emotional as well as intellectual understanding of the client is an essential element of the therapeutic process. Emotional understanding cannot be taught through rational and logical information.

Five case studies are presented for practicing transformative learning. Students are asked to read each case carefully and answer all the questions without screening or censoring. It is important that you complete these experiential learning activities from where you are (*real self*) and not where you should be (*ideal self*). Answering questions from the ideal-self perspective distances you from the present self (*real self*). You need to feel without screening (without judgment) in order to be aware of how they really feel and think. Accepting self means not judging. Not judging requires thinking in nonhierarchical, nondichotomous, and nonlinear ways. When you accept your real self without *shoulds*, you are able to be aware of your inner experiences, which include but are not limited to your prejudices, biases, beliefs, and values. In other words, you are aware of who you are. Only then is there a possibility for you to view a client from the client's worldview.

Concrete Strategies

Experiential Learning Activities Through Case Studies

Your task is answering questions at the end of each case description. There are 13 questions. You are required to answer the last two questions (12 and 13) and all other questions relevant to each case.

Case 1

A 24-year-old Korean female international student said:

I was so excited to go back home after 4 years. I missed my home so much, but I didn't want to go until I finished college. I didn't want my family to think I quit school because I got married, but I am so upset with my older sister. When I got home, I found out my sister threatened my parents that she would commit suicide if my parents told other people I was married to a White man. I guess she was ashamed of me or something like that.

I was able to tolerate being laughed at by individuals in the United States because of the way I spoke English or because I didn't understand the U.S. culture. I was hurt by them, but they did not hurt me as much as my sister. I am so upset to a point I am hurting physically. I feel I am the same person regardless of who I married, and I don't understand why my sister is disturbed by my marriage. Why was she so excited about my visit? Why didn't she tell me not to come if she is so ashamed of me? I am so angry at her.

Case 2

A 30-year-old Native American female student in a master's program came to a university counseling center because her friend thought it might help her sort out a problem. She said:

I received a B when I exceeded the 90th percentile in all my work while my classmate received an A when he met the 75th percentile as his final work average. It is so unfair. I went to see the professor, and his response was that I lacked "creativity." He told me the reason I received the B was because my answers were too precise. I don't know how he measured creativity, and measuring creativity was not included in the course syllabus. I cried until I could not see well because my eyes were so swollen. I felt injustice. I felt racially discriminated against by my professor. I knew he had his favorites in the class, and they often stayed after class. I did not want to receive a good grade because I was the teacher's pet. I wanted to earn a good grade but did not want to be given one because the teacher favored me. I feel deep pain in my heart and anger coming from each cell of my body. But I don't want to report the incident to the dean. You know I was taught to respect my elders. I don't know what to do.

Case 3

A 50-year-old Afro American man seeking counseling for the first time says:

I don't know what to do. My boss is asking me to do things I don't think I should. If I don't, I will be fired, and I can't let that happen. If I do, I will eventually end up in jail. I don't think he would ask this if I were a White man. I need the job, and I don't think I can get another job at my age. It always happens to Black people. I don't know what to do.

Case 4

Pat, a 30-year-old White trans said:

No one can help me because my problems are not solvable. I was born as a man and never felt comfortable within my body. I was always thinking about dying because life had no meaning for me. I felt trapped in my body, which I felt was not my body. After soul searching, I decided to have a sex change. My Christian family disowned me when they realized that I was going through hormonal treatment. Yes, I am a woman now and feel like I am comfortable within my body, but I am totally rejected by everybody. I have no family, no friends, and no community. They all laugh at me. I don't know which pain is worse, not being comfortable within my body or being disowned by my own family. My mom said I committed a big sin and my sin is too big for God to forgive. She said I shamed her too. I don't feel like living anymore.

Case 5

A 70-year-old White woman says:

I have lived all my life doing what everybody told me to do. I cooked, cleaned, took care of children, and did what my husband wanted me to do. I served the church. I did everything that they wanted me to do. My husband never talks to me. If I don't say anything, the days go by in silence.

He won't talk to me. All he wants is for me to cook, clean, and be there for him to have sex when he wants. I asked him to talk to me; I withheld sex for years; I tried to accept him the way he was. ... I guess I coped with him by focusing on my career and kids when we were younger. Now, it's just the two of us at home. He still doesn't talk, and I feel so empty and not valued. Yet, he orders me around. Instead of asking what I would like to fix, he says, "I want this and that for dinner." I stayed with him because of my church and hoped he would get better. I don't think he is going to get better. I wasted 50 years waiting for him to treat me like a human being. ... My church doesn't want my service anymore because I am old. I am old, but I am healthy. I can do a lot of things I used to do for the church. But they assume I am too old to do them. They treat me like I am not a human being either. (She cries.) Here I am. I have no purpose and meaning in life. I feel guilty for saying this, but I feel trapped and lonely. It's so painful to just exist.

Read each case and answer all relevant questions as follows:

1. Identify the client's key experience from each client's cultural perspective.
2. What feelings/emotions do these experiences generate for the client in each case?
3. What would be your key experiences from your cultural perspective if you were the client in each case?
4. What feelings/emotions do these experiences generate for you from your cultural perspective?
5. Assess the level of acculturation of the client, the client's family, the client's boss, the client's professor, and so on if you can. Then measure the degree of discrepancy or congruency between the client's level and that of the others (see Chap. 13).
6. Assess the level of racial identity of the client, the client's family, the client's boss, the client's professor, and so on if you can. Then measure the degree of discrepancy or congruency and the client's comfort level in relation to his racial identity and the others' comfort level in relation to theirs (see Chap. 13).
7. Could you assess the client's, family's, boss's, or professor's dominant identity? (See Chap. 13).
8. Could you identify an intersection of race, gender, class, sexual orientation, or age from some of the cases?

9. Assess the client's, family's, boss's, or professor's thinking styles.
10. Could you identify behaviors that indicate internalized oppression/privilege from each case?
11. Which case(s) is (are) due to systemic oppression, and how do you go about treating systemic oppression?
12. Develop a treatment plan on the basis of information you gathered by answering the questions.
13. Would you use unconventional treatment methods with one or all of these clients? What would you do to prepare to use creative and unconventional methods?

Before you develop the treatment plan, you need to ask yourself what you know about Korean, Native American, Afro American, and trans and transsexual cultures as well as the culture of the elderly and how much having or not having knowledge about the culture will affect your ability to develop a treatment plan. What questions could you ask the client to assess how similar to and/or different from your cultural group the client is? How would you ask these questions? Is it ethical for you to encourage the client in Case 2 to report the professor to the dean?

Here is my analysis of Cases 1 and 2 as an example. Most providers who are socialized in the United States may suggest that the clients in Cases 1 and 2 confront the sister and parents (Case 1) or professor (Case 2). Confronting elders is not emphasized in typical Korean or Native American cultural values. Their typical cultural values emphasize respecting elders. If both females in Cases 1 and 2 are honoring their cultural values of respecting elders, they would have difficulty confronting them. It would be perceived as asking to be disloyal to their cultural values, which they were conditioned to cherish throughout their lives. Seeing the client from the client's worldview means understanding these types of values as being important for the client. If the client's acculturation level is such that the client would like to confront the sister and parents (Case 1) or professor (Case 2), you need to be sensitive about what type of confrontation the client is interested in pursuing and the consequences of confronting an elder from a culture that does not accept such behavior as the norm. You need to explore whether the client is ready to face consequences from her elders that may be severe. If the client still wants to confront her elders after weighing all the options, you can explore the dimensions and purposes of the confrontation from a multilayered perspective. For example, the purpose could be to hurt the other person, to be healed and not hurt anymore, to build a new relationship, or to have closure to mention a few. After thorough exploration, the client may not want to have the confrontation because she does not feel that it would heal her or help the other person. She may want to learn through therapy how to confront the other person without hurting that person or herself. Or she may want to confront the other person and be ready to face the consequences.

You may ask the client in Case 1 about her parents' reaction to her sister's threat. It is important to know Korean culture and the parents' history before making any judgment. From a White middle-class North American mainstream value perspective, Korean people (and other cultures that emphasize collectivism) appear to be codependent. What Americans in the United States call codependent behaviors are the core of "caring behaviors" for the family (including extended family) in Korean culture. Instead of encouraging the client to confront her parents, the practitioner may ask, "Tell me about your parents. Do you know or guess what makes them so threatened by your sister?" The practitioner did ask that question, and the following is her answer.

Client's Story

My parents could not take the chance of losing another child (my sister). My brother got killed in an automobile accident, and I came to the United States to go to school. My mom watched her mother suffering because the communists took her brother, my uncle, during the Korean War. He worked for an American agency and was captured because her neighbor, who was one of her brother's elementary schoolmates, told communists that my uncle worked for an American agency. My mom told me it was painful for her to watch her mother sighing and crying quietly at times when she was growing up. My mom told me that my grandmother went to the concentration camp and saw my uncle. My grandma wanted my uncle to escape, but he didn't want to because he felt the communists would let him go since he had not done anything wrong. My grandma felt it was her fault. She felt she did not persuade him enough to come home with her. My mom's recollection of my uncle was vague since she was a very young child when he was captured. But she felt pain through my grandma. My grandma carried her grief until her death. I do understand why my mom could not tell anyone about my marital status. I am positive that somehow my grandma's sadness affected my mom and her own pain about losing my brother. I think she was scared about losing my sister. I feel bad that I left Korea to fulfill my dream. It had never occurred to me actually how much my parents would miss me when I was planning to come to the United States. I was only preoccupied with my own dreams. I guess I was selfish.

You probably gained a deeper understanding of the client's culture through the client's narrative of her family history just by encouraging the client to tell her story. It is important to ask the client to tell more stories (collecting data) before filling in the gaps or making assumptions about the client from the practitioner's worldview.

Assisting clients with sorting out family issues is one of the difficult tasks in the therapeutic process, especially for clients from collectivism-oriented cultures, because their beliefs, values, and worldviews are different from those of the

dominant culture, which is based on individualism value orientation. The client is socialized to value family and cultural myths, but often this becomes a problem when the client's acculturation level is such that the client desires something different from family and cultural values and beliefs. As discussed in Chap. 12, identity development is a complicated process for non-White people because of the dynamics between internalized and systematic oppression, the intersection of multiple identities, and the level of acculturation. These complicated relationships are interwoven through the provider's and the client's thinking styles. For example, if the Case 1 client's thinking style is dichotomous, the client interprets her sister's behavior only in two opposite ways. However, if the client is encouraged to think from multilayered and multidimensional perspectives, she may learn to restructure her thinking styles to interpret her sister's behavior. In Case 1, the provider was able to assist the client with restructuring her thinking styles from dichotomous and hierarchical to multilayered and multidimensional. After learning to assess her thinking style by recording her intrapersonal communication each day for 3 months and applying behavior modification to restructure her thinking styles, the client said the following.

Client's Story

Treatment Results

I have come to the conclusion that my sister had no option but to think other Koreans at her status level would judge her if they found out that I was married to a White. The discrimination I felt was real to me, and it is still discrimination when I evaluate my sister's behavior from a multilayered and multidimensional perspective, but the difference is my internal reaction to her behavior. I don't have to feel the emotional, psychological, and physical pain from my sister's behavior. What she did and what my parents did were up to them, and I had no control over their own choices, thoughts, behaviors, feelings, and attitudes. I only have control over my own choices, thoughts, behaviors, feelings, and attitudes. I am the one who needs to set an appropriate boundary that allows for the sister-sister relationship I want to have, even knowing my sister's opinion about my marital status. The biological ties between us create social obligations not only for me but for others (i.e., my children, her children, our parents) who are linked to us by our relationship. I need to figure out how to manage my relationship with my sister in a way that does not hurt her relationship with others in the family. If I want to have some distance from my sister, I also need to accept the consequence of my choice. I am not good at that now; but as I think about the situation from multiple layers, rather than in an either/or fashion, I don't feel abandoned or rejected by her. I feel sorry for her that she has to be worried about how others think of her all the time.

The following experiential learning activities are designed to assist you to increase treatment plan skills through role-playing and small-group learning.

Concrete Strategies

Experiential Learning Activities

After outlining the treatment plan and what to ask to know more about each client, complete the following:

Group Discussion

1. Discuss your plans and reasons for them with a small group of four or five.
 - (a) Use case studies as your counseling skill practice material. Trainees who play the counselor role should try to demonstrate their multicultural competency, and trainees who play the client should do their best to portray the client from their feelings when they took the client's perspective in experiential learning activities.
 - (b) Discuss what you have learned after counseling skill practice.

Consciousness Practice

What stands out to you as essentials of treatment now?

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