

The Merrill Counseling Series

3RD EDITION

DEVELOPING MULTICULTURAL  
COUNSELING COMPETENCE  
*A Systems Approach*

DANICA G. HAYS | BRADLEY T. ERFORD





Third Edition

# DEVELOPING MULTICULTURAL COUNSELING COMPETENCE

A SYSTEMS APPROACH

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*To those marginalized in our society, who face and survive unparalleled levels of violence and oppression for no other reason than the color of their skin or whom they love. I am grateful for what you teach us about the importance of cultural identity and understanding and the cycle of injustice. I dedicate this work to you and those we have lost in the struggle for peace.*

—dgh

*This effort is dedicated to The One: the Giver of energy, passion, and understanding; Who makes life worth living and endeavors worth pursuing and accomplishing; the Teacher of love and forgiveness.*

—bte

# PREFACE

Becoming culturally competent is a lifelong process. It is both a personal and professional journey of cultural understanding and political changes. It is a personal as well as a professional journey in that we are constantly striving for meaning as cultural beings. We define culture in terms of our race, ethnicity, nationality, geographic origin, gender, sexual orientation, education level, family values, language, immigration history, socioeconomic level, ability status, and spirituality, to name only a few ways. At times culture may be visible: our race or gender might be quite apparent to others. However, culture is not always visible; it may be a shared history of kinship, community practices and norms, discrimination, historical and political power, or resilience. Developing multicultural competence is a professional journey in that it involves promoting optimal counseling relationships, processes, and outcomes among individuals of unique cultural identities. This practice may occur in the counseling session and in the larger community.

Many concepts are related to the process of developing multicultural counseling competence: self-awareness, sensitivity to diversity, knowledge of cultural values, and social advocacy. The core of developing multicultural counseling competence is possessing awareness, knowledge, and skills related to each of these concepts. It is also recognizing resilience in our clients as well as in ourselves. Resilience grows from adversity, which can result from interacting with others in a multicultural world. Oftentimes, the cultural values and identities we possess are partly a product of our resilience from systemic barriers. We build community by identifying with others with similar social, political, and historical experiences.

Developing multicultural counseling competence challenges us to do what we ask of our clients: to aspire to greater personal insight about what makes us members of various cultures and to examine the ways we grow from adversity borne from familial, community, and historical systems. Multicultural counseling competence involves allowing ourselves to be vulnerable and to reflect on our personal wounds, addressing mixed emotions of anger, grief, sadness, guilt, shame, and many others that accompany our privilege and oppression experiences. To this end, developing multicultural counseling competence means acknowledging our resistance to engage in lifelong cultural learning and reveal how our privilege and oppression experiences affect our relationships with others. Only after we engage in self-exploration, experience the consequences, and begin to change because of these consequences can we be free to understand and counsel others. Social advocacy starts when we can connect our personal growth and initiative to change the status quo for those unjustly affected within various social systems by forms of oppression such as structural racism, sexism, heterosexism, classism, ableism, and ageism.

## NEW TO THIS EDITION

- Expanded number of case studies and “Voices from the Field” to illustrate clinical application of material
- Additional information on ethics in multicultural counseling and operationalization of the 2015 multicultural and social justice counseling competencies
- Greater attention to international and refugee populations and immigration issues
- Increased discussion of alternative counseling approaches with multicultural competencies

- Greater inclusion of current events that impact multicultural populations
- Updated references and statistics related to theory, research, and practice with multicultural populations

## **ORGANIZATION OF TEXT**

This text is intended to facilitate the journey of developing multicultural counseling competence. Each of the 18 chapters is infused with several self-development opportunities that foster an increase in awareness, knowledge, and skills for understanding cultural makeup, understanding others of diverse identities and experiences, and engaging in facilitative counseling relationships. These opportunities are outlined in boxes inset throughout the text and include case studies, classroom and outside activities, self-reflection activities, tables, figures, and knowledge-building exercises. In addition, “Voices from the Field” are included throughout the text to highlight student, client, practitioner, and scholar perspectives on various cultural topics.

The text is divided into four sections that build on one another. Foundational aspects of multicultural competence are presented in Section One. Some of the major constructs described in multicultural counseling scholarship over the past several decades are described. The authors of Chapter 1 (Hays & McLeod) provide an overview of key multicultural terms and the processes that competent counselors should be aware of as they work toward a systems approach in developing multicultural competence: culture, cultural encapsulation, individualism and collectivism, race and ethnicity, generational status, gender, sexual orientation, socioeconomic status, disability, spirituality, advocacy, privilege, oppression, and worldview. The unique manifestations in counseling of clients’ cultural experiences are introduced, including the role of communication and contextual variables such as prejudice and discrimination, acculturation, and violence and trauma. After presenting an approach to multicultural counseling competence that incorporates individual, family, community, and historical systems, key considerations and challenges to developing multicultural competence are presented. Moore-Thomas (Chapter 2) integrates some of these foundational aspects of multicultural competence and presents several cultural identity development models. These models highlight racial, ethnic, gender, sexual, and spiritual identity development among counselors as well as clients. This chapter specifically highlights that cultural identity can develop only in reflection of one’s social, political, and historical contexts.

With a fundamental knowledge of key multicultural constructs and interpersonal processes relevant to counseling, the reader is presented in Section Two with scholarship of how differential amounts of power, access, advantage, and social status are available to clients based on cultural makeup. Because shared contemporary and historical experiences of privilege and oppression partly guide our personal development and thus cultural values for the cultural groups to which we belong, it is imperative the origins of and rationale for social injustices and subsequently social advocacy are discussed. Specifically, Section Two opens with a discussion of social justice counseling, the fifth force of counseling (Chapter 3, Gnilka, O’Hara, & Chang) and continues with a focus on racism and White privilege (Chapter 4, Hays & Shillingford-Butler), gender and sexism (Chapter 5, Singh & Mingo), sexual orientation and heterosexism (Chapter 6, Chaney & Brubaker), social class and classism (Chapter 7, Newton & Erford), and disability, ableism, and ageism (Chapter 8, Berens & Erford). Discourse for each newly presented form of privilege and oppression integrates that of previous chapters so the reader can better understand how clients may have unique combinations of privileged and oppressed statuses.

Section Three incorporates various privilege and oppression experiences into the framework of counseling multicultural populations that include individuals and families of those of African, Arab, Asian, Latin, Native American, European, and multiracial backgrounds. Specifically, common cultural values, support systems, mental health concerns, and culturally specific interventions are presented in Chapters 9 through 16. The authors of Chapter 9 (Bounds, Washington, & Henfield) outline African-American culture and values that characterize families, couples, children, Black middle-class individuals, males and females, elderly people, and Black gays and lesbians. Common mental health issues and support systems are presented, and an Afrocentric psychological perspective is described. Nassar-McMillan, Al-Qimlass, and Gonzalez (Chapter 10) provide information about the immigration history, cultural values, role of Islam, discrimination and resilience experiences, and individual differences in acculturation, ethnicity, and gender identity of Arab Americans. In addition, best practices for working with individuals and families of Arab descent are provided.

Luu, Inman, and Alvarez (Chapter 11) outline heterogeneity among Asian Americans, shared cultural values, individual differences based in differential experiences of immigration, enculturation and acculturation, ethnicity and race, gender roles, and sexual identity. Guidelines for working with individuals and families of Asian descent are presented in the context of common mental health concerns and help-seeking and coping behaviors. In articulating multiculturally competent practice with individuals and families of Latin descent, Villalba (Chapter 12) discusses the four major Latin American groups, Latina/o values, and individual differences with respect to immigration, generational, and socioeconomic statuses. After articulating mental health issues related specifically to Latin Americans negotiating their cultural identities, counseling considerations across the life span are discussed. The final commonly presented racial/ethnic minority group, Native Americans, is described in Chapter 13 (Garrett et al.). Garrett et al. present an account of Native American history, common social and political issues, Native American values, and guidelines for counseling Native American clients. McMahon, Paisley, and Skudrzyk (Chapter 14) offer the reader a conceptualization of the evolution and maintenance of the "White American ethnic," describing European-American history and heterogeneity, experiences of European immigrants, and counseling considerations for European-descent individuals and families and recent European immigrants. Kenney and Kenney (Chapter 15) provide information on counseling individuals and families of multiracial descent, a new chapter for the second edition. Definitional, historical, and clinical perspectives for addressing the experiences of this growing population are provided. Section Three closes with a chapter on spiritual diversity (Chapter 16, Cashwell & Giordano). Cashwell and Giordano highlight important cultural dimensions universal to individuals and families of racially and ethnically diverse backgrounds.

The final section of the text is intended to challenge the reader to think about how multicultural client concerns can be conceptualized. With an understanding of current social and political issues as well as racially and ethnically specific cultural values and counseling practices, it is imperative to consider how cultural awareness, knowledge, and skills manifest in counseling practice. Chapter 17 (Orr) connects the concept of worldview and introduces alternative approaches to the development of theory in multicultural counseling. Specifically, applications of counseling theory across cultures are presented. The text concludes in Chapter 18 (Kress, Dixon, & Shannonhouse) as concerns of misdiagnosis and ethnocentric views on normality and psychopathology are raised to challenge the reader to be cautious when applying a diagnostic label for culturally diverse groups that typically experience social injustices, including racial and ethnic minorities and females. The authors provide some solutions for culturally competent case conceptualization and diagnosis.

## **SUPPLEMENTAL INSTRUCTIONAL FEATURES**

Supplemental to this text are pedagogical tools helpful to counselor educators choosing to use this text as a course text. The companion Instructor's Manual contains at least 45 multiple-choice questions and 15 essay questions per chapter. PowerPoint® slides are available to help instructors prepare presentations focusing on chapter content. Numerous case studies and activities included in the text can stimulate lively classroom discussions.

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**SECTION 1**

# **The Foundations of Multicultural Counseling**

**CHAPTER 1 The Culturally Competent Counselor**

DANICA G. HAYS AND AMY L. MCLEOD

**CHAPTER 2 Cultural Identity Development**

CHERYL MOORE-THOMAS

## 1

# The Culturally Competent Counselor

Danica G. Hays and Amy L. Mcleod

## PREVIEW

This initial chapter provides essential context for the development of culturally competent counseling. Included in that context are trends in demographic projections for the United States and explanations of the complexities and key concepts of multicultural counseling. The discussion concludes with an introduction to multicultural counseling and social justice competence from a systems approach, and a review of ethical considerations in developing multicultural counseling competency.

## THE CULTURALLY COMPETENT COUNSELOR

Since the inception of the helping professions around the time of Freud, counseling and psychotherapy have typically involved one-on-one interventions primarily with White and middle- to upper-class clients who would receive treatment for several years. Approaches and interventions in counseling throughout most of the 20th century assumed that clients were similar in demographics (e.g., White, middle to upper class, heterosexual); thus, techniques could be applied universally. The first three *forces*, as they are called, of counseling (i.e., psychodynamic, behaviorism, and existentialism/humanism) reflected this assumption. But as the U.S. population became increasingly diverse, the counseling profession shifted its focus to attend to the changing demographics of the American client.

These dynamics within counseling theory, practice, and scholarship have sparked two additional forces. Multiculturalism and social advocacy have been described as the fourth and fifth forces of counseling, respectively (Chung & Bemak, 2011; Ratts, 2011). As a profession, counseling is attending more to the complexities of both counselors and clients in their cultural makeup, the systems by which they are surrounded, and the impact these two components have on what earlier counselors and psychotherapists viewed as “universal” expressions of mental health. In addition, as counseling professionals, we are challenging one another to address personal biases and assumptions that prevent us from forming an affirming, therapeutic alliance with clients we counsel. These more recent forces of counseling—multiculturalism and social advocacy—are creating space for counselors to focus on cultural diversity, privilege, oppression, and the resilience strategies that clients have. Before discussing how we can

develop our multicultural competence while focusing on systemic influences, current and projected demographics of the U.S. population are presented, particularly across categories such as race, ethnicity, age, and socioeconomic status.

## **U.S. DEMOGRAPHICS**

The portrait of the typical U.S. citizen has changed significantly since the 1970s. Reasons for the increased diversity that now exists include aging trends, higher birthrates for some racial and ethnic minority groups, and immigration trends that have led to an increase in non-English-speaking individuals (U.S. Census Bureau, 2015a). Statistics on population growth provide evidence that counselors will have to make adjustments to serve varying client needs. The counseling relationship thus becomes more complex as client diversity increases. Clients and counselors bring to that relationship unique cultural identities coupled with contemporary and historical experiences of oppression and other forms of discrimination. Counselors are charged with becoming familiar with current and projected demographic trends within the United States and becoming culturally competent to work with a changing clientele.

The United States is the third most populous country in the world, with a population of approximately 321.5 million (U.S. Census Bureau, 2015a) people from various racial and ethnic groups. Of the total U.S. population, 97.43% identified themselves as being of one race only. The predominant racial group in 2015 was White (77.28%), followed by Black/African descent (13.21%), Asian descent (5.46%), and all other races (e.g., Native American, Alaska Native, Native Hawaiian, multiracial) constituting 4.05% of the total U.S. population. Individuals identifying within these groups may also identify themselves as being of Hispanic or Latino descent. More than 54.6 million individuals (17.66% of the U.S. population) identify as such when asked about ethnicity alone; of the remaining 82.34% not identifying as Hispanic or Latino, 61.72% identified as White alone (U.S. Census Bureau Population Division, 2014b).

With individuals of Asian and Hispanic/Latino descent representing the fastest-growing populations, the racial and ethnic group distribution in the United States will change dramatically over the next few decades. According to U.S. Census Bureau projections, individuals who are White non-Hispanic will make up less than half of the U.S. population by 2044. By 2060, the total U.S. population is expected to reach 417 million, with a substantial decrease in the percentages of White, non-Hispanic/non-Latino individuals (43.6%), a stable percentage of those of Black/African descent (14.3%), and increases in the populations of those of Hispanic/Latino descent (29%) and Asian descent (9.3%; Colby & Ortman, 2015).

The overall foreign-born population in 2014 was approximately 13% of the U.S. population (Colby & Ortman, 2015). Foreign-born individuals are those in this country not originating from the United States, including Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, and the Northern Mariana Islands. Examining the foreign-born population reveals that individuals from Latin America (e.g., the Caribbean, Central America, South America) represent the largest percentage (53%) of foreign-born people presently in the United States, with those originating from Asia (29%), Europe (11%), and other regions (e.g., North America, Africa, Oceania) accounting for the remaining foreign-born individuals. These percentages represent a marked change from 1970 percentages, when a majority of foreign-born individuals were from Europe. More specifically, from 1970 to 2012, the percentage of foreign-born



**TABLE 1.1 Projected Age Trends (Percentage of Total U.S. Population)**

Age Cohort	2020	2030	2040	2050	2060
0–4 yrs	6.15	5.89	5.56	5.56	5.47
5–17 yrs	16.01	15.33	14.62	14.49	14.28
18–44 yrs	35.89	35.22	33.84	33.23	32.70
45–64 yrs	25.07	22.94	23.94	24.62	24.00
65–84 yrs	14.86	18.08	17.81	17.33	18.82
85+ yrs	2.01	2.54	3.85	4.76	4.73

Source: U.S. Census Bureau Population Division (2014a).

individuals immigrating from Europe decreased from approximately 62% to 11%, whereas, during the same period, the percentage of foreign-born persons coming to the United States from Asia increased from 9% to 29%, and individuals immigrating from Latin America grew from 19% to 53% (U.S. Census Bureau Population Division, 2014b). Overall, the projected foreign-born population by 2060 is expected to be 19% of the estimated U.S. population that year (Colby & Ortman, 2015).

In addition, the U.S. population is living longer. (See Table 1.1.) Age trends vary by racial and ethnic group (see Table 1.2). In the group ages 55 to 64 years, there are approximately 29 million White non-Hispanics, 4.65 million Blacks/African Americans, 4.05 million Latinos/Hispanic Americans, 1.9 million Asian Americans, and 377,000 Native Americans. Among those 65 to 74 years, there are approximately 20.3 million White non-Hispanics, 2.5 million Blacks/African Americans, 2.13 million Latinos/Hispanic Americans, 1.14 million Asian Americans, and 196,000 Native Americans. In the group ages 75 to 84 years, there are approximately 10.81 million White non-Hispanics, 1.17 million Blacks/African Americans, 1.03 million Latinos/Hispanic Americans, 548,000 Asian Americans, and 80,200 Native Americans. Finally, among individuals 85 years and older, there are approximately 5 million White non-Hispanics, 456,000 Blacks/African Americans, 387,000 Latinos/Hispanic Americans, 206,000 Asian Americans, and 26,000 Native Americans (U.S. Census Bureau, 2015a).

**TABLE 1.2 Age Trends by Racial/Ethnic Group Membership (Percentage of Total U.S. Population)**

	55 to 64 years ( <i>n</i> = 40,076,000)	65 to 74 years ( <i>n</i> = 26,398,000)	75 years + ( <i>n</i> = 19,845,000)
White, non-Hispanic	72	77	81
Black/African American	12	10	9
Hispanic origin	10	8	5
Asian	5	4	4
Native Hawaiian, Alaskan, and Indian; Other Pacific Islander	1	1	1

Note. Population size and percentages are approximate values.

Source: U.S. Census Bureau (2015a).

Of all U.S. residents, 15.8% reported annual incomes below the poverty line in 2013. Rates of poverty in the United States increased between 2007 and 2011, but held stable between 2012 and 2013 (DeNavas-Walt & Proctor, 2014). Females outnumber males and experience disproportionate poverty rates. In 2013, the female-to-male earnings ratio for full-time, year-round workers was 78%. Female heads of households with no husband or partner present represent approximately 32.5% of poor families and have annual median household incomes of \$35,154. The majority of these families with female heads of household have children under the age of 18 years. More than half of children under the age of 6 in female-headed households with no partner present live in poverty. Further, median household income varies significantly by racial and ethnic group. The group with the highest median household income in 2013 was Asian Americans (\$67,065), followed by White non-Hispanics (\$58,270), Hispanics/Latinos (\$40,963), and Blacks/African Americans (\$34,598). The median household income for all racial and ethnic groups in 2013 was \$51,939, which is 8% lower than the inflation-adjusted median household income in 2007, prior to the most recent economic recession in the United States. Disparities in earnings are further indicated by poverty rates; that is, whereas the poverty rate for White non-Hispanics was approximately 9.6%, the poverty rates for Hispanics/Latinos and Blacks/African Americans were 25.3% and 27.2%, respectively. At 10.5%, Asian Americans were the only major racial/ethnic group who experienced a decreased poverty rate over the past decade.

## KEY TERMINOLOGY OF MULTICULTURAL COUNSELING

**Multicultural counseling** may be defined as counseling that integrates cultural identities and takes into account their influence on the counseling relationship, process, and outcome. **Culture** consists of the shared values, practices, social norms, and worldviews associated with a particular cultural group. Cultural groups may be based on race, ethnicity, gender, sexual identity, socioeconomic status, disability, age, and spirituality, to name a few categories. Within each of these cultural categories, we can most likely articulate subgroup memberships. For example, one individual might identify as a Latina, heterosexual, able-bodied, young female from a middle-class background while another individual might select characteristics such as being European American, gay, male, and of lower socioeconomic status in identifying his cultural group memberships. Every individual—counselor and client alike—has a unique combination of cultural group memberships that bring different social, political, biological, and historical experiences to the counseling process. Thus, counselors should view all counseling relationships as cross cultural in some manner. Table 1.3 introduces brief definitions of various cultural categories and terms with which counselors should be familiar; terminology is further discussed and applied to specific populations in the chapters that follow. Further, because counselors have a unique “story” involving these key multicultural concepts that they bring to the counseling relationship, we encourage you to begin creating your own cultural narrative. (See Reflection 1.1.)

The extent to which a group membership is labeled as “cultural” depends on how broadly individuals define culture. For example, a broad definition might include variables such as race, ethnicity, gender, sexual orientation, educational status, language, and geographical origin. A narrower definition might label culture as consisting of race and gender only. For example, consider a multiracial male who presents for counseling. A counselor who uses a broader definition of culture may attend to how characteristics such as the client’s race, gender, age, education level, nationality, degree of spirituality, family characteristics,

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### REFLECTION 1.1

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Construct a narrative or story of your cultural background. Discuss group memberships that you have with respect to race, ethnicity, gender, sexual orientation, socioeconomic status, spirituality, age, ability status, and any other characteristics that seem significant to you. In your narrative, articulate how you or your family immigrated to the United States (if applicable), your acculturation experiences, and how your family and community shape your cultural identity. In addition, discuss both positive and negative events that have shaped who you are culturally. Outline how values you hold and communication patterns you engage in are influenced by your cultural group memberships.

**TABLE 1.3 Key Terms Related to Culture and Multicultural Counseling**

Terminology	Description
<b>Acculturation versus Enculturation</b>	<b>Acculturation</b> refers to changes in behavior, cognitions, values, language, cultural activities, personal relational styles, and beliefs that a cultural minority group undergoes as it encounters the dominant culture. Alternatively, <b>enculturation</b> is the socialization process through which individuals learn and acquire the cultural and psychological qualities of their own group.
<b>Cultural Dimensions</b>	Three overlapping dimensions may be used to broadly define culture. <b>Universal culture</b> refers to commonalities shared by all cultures and, in fact, all humankind (e.g., use of language as a method of communication, establishment of social norms, bodily functions, physiological fear responses). <b>Group culture</b> involves the characteristics shared by a cultural group or subgroup (e.g., Asian Americans, females, individuals raised in the southern United States, those living in poverty). <b>Individual culture</b> consists of those behaviors, attitudes, and cognitions which are unique to specific individuals. Among these may be behaviors that are outside the norms of the groups to which the individuals belong.
<b>Cultural Encapsulation</b>	Also referred to as <b>ethnocentrism</b> , <b>cultural encapsulation</b> is the narrow and rigid view of the world and other cultural groups that ensues when one uses one's own cultural groups as a reference and standard of normality. This attitude could impair a client's well-being, lead to early termination of counseling services, or both.
<b>Cultural Identity</b>	<b>Cultural identity</b> refers to the degree to which individuals identify themselves as belonging to subgroups of various cultural groups or categories. <b>Cultural identity development</b> is the intrapersonal and interpersonal process in which individuals engage in order to build a clearer and more complex cultural identity in terms of race, ethnicity, gender, sexual orientation, and other areas.
<b>Disability</b>	As part of the continuum of ability status, a <b>disability</b> is a mental or physical impairment that affects at least one of an individual's daily activities. Individuals with disabilities often face discrimination referred to as <b>ableism</b> .

<b>Ethnicity</b>	<b>Ethnicity</b> refers to the shared characteristics of culture, religion, and language, to name a few, with which a group may identify. Examples of ethnic groups include Latin Americans and Arab Americans. <b>Nationality</b> , a common component of ethnicity, refers to one's nation of origin, such as France, Kenya, China, or pre-Columbian America. Several racial groups may share the same ethnicity (e.g., Whites and Africans share South African heritage). Some racial groups, such as Whites, may be unaware of their ethnic group membership.
<b>Etic versus Emic Perspective</b>	An <b>etic</b> perspective focuses on the universal qualities common to all cultures and on aspects of counseling that are generalizable across cultures. A limitation of the etic approach is the failure to account for legitimate cultural variations. An <b>emic</b> perspective involves viewing each client as an individual and evaluating the client by using norms from within the client's culture. The majority of multicultural counseling literature recommends the emic approach when working with clients from diverse cultural backgrounds; this approach helps reduce stereotyping, prejudice, and the tendency to impose a cultural bias.
<b>Gender</b>	Whereas <b>sex</b> refers to the biological distinctions between males and females (e.g., hormonal and anatomical differences), <b>gender</b> is the expression of social categories, or <b>gender roles</b> , that describe behaviors deemed appropriate by a particular culture for males and females. Three terms are useful in thinking about gender and gender role expression: masculinity, femininity, and androgyny. <b>Masculinity</b> and <b>femininity</b> are the normative expressions of stereotypical and socially accepted behaviors for males and females, respectively. <b>Androgyny</b> is the blending of masculinity and femininity. Further categories, such as <b>intersex</b> and <b>transgender</b> , demonstrate the complexity of gender and gender norms.
<b>Generational Status</b>	<b>Generational status</b> refers to clusters of particular age groups within a particular social and historical context. Generations typically span a range of 15 to 20 years and represent individuals who share common characteristics due to their particular experiences in history based on their cohort. Some of the living generations include the GI generation ("government issue," 1901–1924); the silent generation (mid-1920s to about 1945); the baby-boomer generation (1946–1960); Generation X (1961–1981); Generation Y, or the Millennial Generation (1982–2000); and Generation Z (those born after 2000). Generational status is an important identity for those who become acculturated to the United States, given that younger generations may have an easier time navigating U.S. culture.
<b>Individualism versus Collectivism</b>	<b>Individualism</b> is the notion that our behaviors and attitudes are guided by incentives that promote self-determination or independence (e.g., competitiveness, self-disclosure, agency, self-promotion). <b>Collectivism</b> refers to the idea that decisions, and thus what is deemed important, are based on the betterment of others, such as community or family members. Collectivistic values might include cooperation, "saving face," and interdependence. Individuals may have a combination of individualistic and collectivistic values.

*(Continued)*

**TABLE 1.3 Key Terms Related to Culture and Multicultural Counseling (Continued)**

<b>Privilege versus Oppression</b>	<b>Privilege</b> refers to the often unconscious and unearned power, access to resources, advantage, and social position based on cultural group memberships. Privileged cultural groups in U.S. society typically include Whites, males, heterosexuals, those with a higher socioeconomic status, the able bodied, and Christians. Because certain individuals have privilege, others within various cultural groups experience <b>oppression</b> : lack of power, inaccessibility of resources, disadvantage, and minority social status. Oppressed cultural groups include racial and ethnic minority groups, females, sexual minorities, the less able bodied, those of lower socioeconomic status, and religious minorities.
<b>Race</b>	<b>Race</b> , or <b>racial group membership</b> , is the arbitrary, socially constructed classification of individuals and is often based on physical distinctions such as skin color, hair texture, facial form, and shape of the eye. Throughout history, race as a classification system has divided and exploited individuals, and has resulted in both <b>racism</b> and lowered social, political, and psychological well-being. Examples of current U.S. racial categories include White, African American, Asian American, and Native American.
<b>Sexual Orientation</b>	<b>Sexual orientation</b> refers to sexual or affectional attraction to the same or opposite gender, or both. <b>Sexual identity</b> describes the degree of identification with a particular sexual orientation (e.g., heterosexual, gay, lesbian, bisexual, questioning). Sexual identity and sexual orientation overlap in that sexual orientation falls on a continuum, at one end of which an individual of one gender may be attracted solely to another of the opposite gender (i.e., the sexual orientation of the first individual is heterosexual) and at another end of which an individual of one gender may be attracted to another of the same gender (e.g., the sexual orientation of the first individual is gay). Between these points fall various other sexual identities, including bisexual and questioning.
<b>Social Advocacy and Social Justice</b>	<b>Social advocacy</b> refers to the promotion of an idea, policy, or cause that better the lives of those who experience oppression. <b>Social justice</b> is the realization of a just and equitable world for all individuals.
<b>Socioeconomic Status</b>	<b>Socioeconomic status (SES)</b> is typically indicated by household income, education level, occupational status, use of public assistance, and access to health care. Those who belong to lower SES groups (e.g., working class, underclass) often have negative mental health outcomes as a result of detrimental social, educational, and economic experiences. Racial and ethnic minorities and women heads of household disproportionately represent lower SES groups, making the intersection of SES, race, ethnicity, and gender an important component of multicultural counseling.
<b>Spirituality and Religion</b>	<b>Spirituality</b> refers to the connections individuals have with themselves and the universe as a whole. It provides direction, meaning, and purpose, and guides other aspects of cultural identity so that individuals can promote optimal mental functioning. <b>Religion</b> , an organizing construct of spirituality, consists of the behaviors and practices of individuals' faith. There are several Western and Eastern religions of the world, including Buddhism, Christianity, Confucianism, Hinduism, Islam, Judaism, and Taoism.

**Worldview**

A **worldview** is defined as individuals' conceptualization of his or her relationship with the world. Sue (1978) described individuals' worldviews as embedded within two intersecting dimensions—locus of responsibility and locus of control—that individuals and groups use to guide their behaviors. **Locus of responsibility** refers to the system that individuals believe is accountable for things that happen to them. An internal locus of responsibility (IR) refers to the idea that success (or failure) is viewed as the result of individuals' own doings. An external locus of responsibility (ER) refers to the notion that the social environment is responsible for what happens to individuals. The second dimension, **locus of control**, represents the degree of control that individuals perceive they have over their environment. An internal locus of control (IC) refers to the belief that consequences are dependent on individuals' actions. An external locus of control (EC) refers to the notion that consequences result by chance and are outside individuals' control. There are four combinations of IC and EC. (See Build Your Knowledge 1.1.) Kluckhohn and Strodtbeck's (1961) theoretical model creates a different definition of *worldview*, using five dimensions. Specifically, Kluckhohn and Strodtbeck maintain that individuals have perspectives on (1) the nature of humankind, (2) individuals' relationship to nature, (3) individuals' sense of time, (4) the nature of self-expression (e.g., being vs. doing), and (5) how social relationships are organized (e.g., hierarchical vs. collateral–mutual).

### BUILD YOUR KNOWLEDGE 1.1

According to Sue (1978), individuals' worldviews may be conceptualized as one of four combinations of locus of responsibility and locus of control (see Table 1.3, definition of *worldview*): (a) IR–IC is a common combination among those who hold White middle-class values according to which individuals control and are responsible for their own actions in the world; (b) IR–EC describes individuals who believe they cannot control actions that occur to them and may blame themselves for any negative consequences; (c) ER–IC addresses those who view individual ability to be possible if people are given an opportunity by those in their environment; and (d) ER–EC involves those who believe they have little control over their actions because of oppression and other systemic pressures and who thus see addressing the consequences of this state of affairs as outside their responsibility.

On the basis of Sue's (1978) four types of worldviews, list at least two situations in which clients may present in counseling with each of the following combinations: IR–IC; IR–EC; ER–IC; and ER–EC.

**EXAMPLE: IR–IC** *A client visits a career counselor to seek assistance in selecting a college major. The client reports difficulty in the decision-making process. He is interested in a prestigious career that will allow him to be successful, and he wants to select the best college major to obtain this goal. He states that he holds himself accountable for any decision he makes.*