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# Counselling in Cultural Contexts

Identities and Social Justice

 Springer

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Nancy Arthur  
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Identities and Social Justice

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ISSN 1574-0455                      ISSN 2197-7984 (electronic)  
International and Cultural Psychology  
ISBN 978-3-030-00089-9              ISBN 978-3-030-00090-5 (eBook)  
<https://doi.org/10.1007/978-3-030-00090-5>

Library of Congress Control Number: 2018963830

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# Preface

Since the 1970s, there has been an abundance of literature published about the importance of multicultural counselling. As the field of multicultural counselling evolves, there is growing appreciation for the complexities of cultural contexts, social locations, and intersections of people's identities. Social processes are influential in determining how people are positioned in society with more or less privilege and disadvantage. The incorporation of social justice into multicultural counselling has been a welcome change to consider how counsellors can be more active in addressing structural and social change. Counsellors have ethical responsibilities to gain understanding about the culture – their own and the cultures of other people – and the influences of social structures and systems on clients' presenting issues.

Despite advances in the field, there are fewer resources available that focus on *how* to engage clients in multicultural counselling through taking into consideration contexts, social locations, and social justice. This book expands on the original model of culture-infused counselling (CIC) (Collins & Arthur, 2010a, 2010b) to demonstrate how counsellors apply the concepts in the revised CIC framework outlined in Chap. 2. One of the distinguishing aspects of the revised framework is the degree of reflection encouraged of practitioners in the four domains: reflection about personal cultural identities, reflection about the identities of other people, reflection about cultural context and social location for building an effective working alliance, and reflection about social justice as a foundation for counsellor roles and responsibilities. Although previous versions of the CIC model have emphasized multicultural counselling with non-dominant populations, a point of departure taken in this book is a more inclusive approach to multicultural counselling with all clients, in consideration of their relative experiences of privilege and/or disadvantage. Counsellors are invited to use systemic thinking for case conceptualization and intervention planning. Given that many external influences are relevant for people's presenting issues, counsellors must be prepared to conceptualize and act on multiple levels of interventions to address social inequities and to foster social justice. The chapters in this book set the stage for considering how counsellors work directly

with clients, on behalf of clients, and through addressing multiple levels of systems that influence people's mental health and well-being.

The book is divided into two parts. In Part I, foundational concepts are outlined in two chapters. Readers are invited to consider their views of culture and social justice and how related concepts are used to support practice frameworks in multicultural counselling. In Chap. 1, foundations of culture, context, identity, and social location are introduced. The content in Chap. 1 also includes discussion about the interconnections between culture and social justice as integral for ethical practice. Exemplars from codes of ethics are offered to examine and critique content related to the key concepts introduced in Chap. 1.

In Chap. 2, multicultural counselling competency frameworks are introduced for readers to consider their current strengths and areas for ongoing professional development. Also, in Chap. 2, the revised CIC framework is outlined, which includes 4 domains and 16 competency statements. The discussion of core concepts is elaborated to support readers with additional information related to the four domains of the revised framework. One of the key messages throughout Part I of the book is the essential nature of personal awareness and ongoing reflection as a cornerstone of multicultural counselling. To set the stage, personal reflections are offered in both Chaps. 1 and 2 as integral to an ongoing journey of self-awareness. The reflections about case examples also illustrate applications of the revised CIC framework in practice.

In Part II of the book, chapter authors were invited to illustrate the application of the revised CIC framework that is outlined in Chap. 2. In doing so, each chapter author has selected aspects of the revised CIC framework and applied them to an original case study. Previous books using a case study approach have focused primarily on the identities of clients. Authors in this edited collection were invited to write in a more personal style to surface reflections about their cultural identities and to show transparency about the ways that their socialization, both personal and professional, has shaped the authors' views of professional practices. In Part II, chapter authors provide vivid details about how they have engaged clients to explore relevant influences from the cultural contexts of clients' lives and aspects of clients' cultural identities that are influential for presenting issues. Detailed accounts of the interactions and negotiations between counsellors and clients are portrayed to emphasize cultural influences on the working alliance, what helped to dialogue about cultural influences, what was challenging, and how counsellors engaged in the process of negotiating and constructing meaning through the counselling relationship. The writing is personal and is intended to be accessible and practical.

The chapters in Part II offer unique perspectives from experienced counsellors about how they infuse culture and social justice into their work with all clients while highlighting some of the specific aspects of clients' identities, e.g. gender, ethnicity, religion, sexual orientation, social class, and their intersections. Indigenous perspectives are integrated into several chapters. The chapters were intentionally not organized by populations. Rather, each author was asked to select aspects of their identities and aspects of the identities of the clients to highlight in the case studies, in the spirit that culture-infused counselling is an orientation for all clients. Going

beyond identity politics, the authors adopted a social justice lens in their case conceptualization and intervention planning to explore structural and societal influences along a spectrum of privilege and oppression. The case studies in this edited collection show how social justice is incorporated into counselling and multiple levels of interventions for addressing social inequities. Each chapter in Part II includes personal reflection by counsellors about the case study, showing additional linkage to the domains of the revised CIC framework.

What is notably different about the approach taken in the chapters is the foregrounding of the case material and reflections of the authors, with references used to highlight key concepts. This approach contrasts many other books in the multicultural counselling field that foreground the theoretical material and do not give the same attention to the application. In other words, the current book illustrates a practice-advocate-scientist approach. Although it is important to have reference books that expand on the theories and concepts in the field of multicultural counselling, this edited collection was intentionally designed to highlight the practice applications of the revised CIC framework outlined in Chap. 2.

In Chap. 3, Fisher Lavell challenges counsellors to gain essential social class awareness as foundational to CIC. Through a case study in a school setting, Fisher illustrates how forming a trusting relationship helped the client to navigate difficult life circumstances associated with poverty. In Chap. 4, Judy Chew offers a feminist lens to her discussion of CIC, applied to a male client. The case study in this chapter emphasizes the social construction of masculinity and the importance of counsellors assessing for spiritual and religious beliefs in their work with clients. In Chap. 5, Laverty and Knapik emphasize the importance of self-awareness and reflexive practice as they illustrate their views of counselling practices through a relational process. The duality of the authors' perspectives in the case study illustrates their reflections about ways to infuse culturally responsive and socially justice practices into counselling. In Chap. 6, Shelly Russell-Mayhew approaches weight as gendered, personal, and political, challenging counsellors to reflect about how they conceptualize and address clients' weight-related concerns. The discussion opens up new possibilities for addressing weight bias as a social justice issue and for counsellors to consider their internalized views of people's weight and body size. In Chap. 7, Andrew Estevan and Rob Roughley add a narrative approach to culture-infused counselling in therapeutic work with a client who identifies as transgender. These authors invite readers to consider their views and values about transgender identities and how trauma interventions can be designed to take into account people's social contexts. In Chap. 8, Karlee Fellner introduces the notion of therapy as ceremony to honour the process of exploring clients' relationality and supporting people to discover their strengths through overcoming forms of colonialism and oppression. Karlee introduces the discussion about the importance of decolonizing and indigenizing professional practices to consider people through their connectedness and relationships when considering approaches to intervention. In Chap. 9, Ivana Djuraskovic focuses on counselling with refugee women and illustrates the importance of building an effective working alliance for culturally responsive and socially just counselling. The discussion of common factors reminds



counsellors of how client, therapist, and the counselling relationship are influential in the change process. In Chap. 10, Anusha Kassan applies a feminist multicultural lens to explore intersecting cultural identities and multiple social locations in counselling with an adolescent female. Taking a strength-based approach affirms clients who are often questioned about their identity status. In Chap. 11, Sandra Dixon emphasizes the importance of spirituality for cultural identity reconstruction of immigrant women who are navigating post-immigration stressors. The content of this chapter is also aimed at encouraging counsellors to gain essential knowledge of religion and spirituality as foundational to CIC. In Chap. 12, Nancy Arthur examines the intersections of identity that surface for an international student during cross-cultural transition. In the case study, living and learning in a new cultural context prompted new understandings of the client's personal cultural identities in her home context. In Chap. 13, Riel Dupuis-Rossi and Vikki Reynolds also address indigenizing and decolonizing therapeutic practices. Although the chapter was primarily written intentionally for indigenous counsellors, the chapter content and notes for nonindigenous counsellors provide detailed knowledge about the long-term effects of cultural trauma and the roles of counsellors in helping people restore their health and dignity. In Chap. 14, Kathy Offet-Gartner offers multiple narratives from clients to inform inclusive counselling support in a post-secondary setting, aimed at helping Aboriginal women to integrate culture, identity, and academic demands in career-life planning. In Chap. 15, Noorfarah Merali introduces readers to some of the unique risks for the mental health of refugees. Given the multiple levels of systems involved in refugee resettlement, the examples in this chapter offer insights into counsellors' roles for community-based collaboration and interventions. In Chap. 16, Ben Kuo overviews a partnership between academia and the community to open access to a culture-infused, service-based training programme. Through a multicultural therapy practicum, refugee clients receive counselling support.

This collection of chapters from the invited Canadian authors offers readers many insights, practical suggestions, and challenges for culturally responsive practices that take into account people's contexts, social locations, and social justice.

Calgary, AB, Canada

Nancy Arthur

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# Acknowledgements

To Caitlin and Travis, who remind me that it is important to look inward and outward while learning about people and the world around us.

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**Part I**  
**Foundational Concepts for Counselling**  
**in Cultural Contexts**

# Chapter 1

## Infusing Culture and Social Justice in Ethical Practices with All Clients



Nancy Arthur

### Introduction

The purpose of this chapter is to introduce readers to foundational constructs underpinning the practice of culture-infused counselling (CIC; Collins & Arthur, 2010a, 2010b; see Chap. 2 for the revised framework). In particular, the discussion focuses on cultural contexts, cultural identities, and social locations as foundational concepts for ethical practice in all roles taken on by counsellors.

As you begin to read this chapter, take a moment to pause and reflect about the meaning of the following concepts: culture, cultural identities, context, social location and social justice. What do you think about when you consider culture and cultural context for your work as a professional? How are people's cultural identities, including both the counsellor and client, influential in determining the goals and processes of counselling? When have you used or heard the terms, social injustice or social inequities; what were the contexts involved? How does your social location potentially influence your worldview and how you approach your roles with clients? These reflective questions are offered early in the chapter to help you to begin a process of questioning, reflecting on and acting on your prior experiences. Gaining self-awareness is considered to be the necessary starting point of an ongoing process in professional practice roles assumed by counsellors, such as counselling, consulting, supervision and interprofessional collaboration. The central thesis guiding this chapter is that culture and social justice are foundational constructs for informing respectful and ethical professional practices (Arredondo & Toporek, 2004; Arthur & Collins, 2015a, 2015b).

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© Springer Nature Switzerland AG 2018

N. Arthur (ed.), *Counselling in Cultural Contexts*, International and Cultural Psychology, [https://doi.org/10.1007/978-3-030-00090-5\\_1](https://doi.org/10.1007/978-3-030-00090-5_1)

## Our Past Shapes Who We Are Now

The year that I began writing this chapter was the same year that Canada celebrated the 150th anniversary of Confederation. The historical roots of Canada reflect a country built on the diversity of its people. Canada is known worldwide as a bilingual and progressive country that has thrived as a nation with people from many countries coming together in a pluralistic society (Arthur & Collins, 2015a, 2016). The celebration of Canada 150 was contested, and the critique has posed questions like “Whose Canada is it?” and also questions the version of Canadian life that is typically foregrounded to the public. A large part of the critique has centred on who has been represented in the founding of the nation and the colonization and oppressive practices that have accompanied Euro-settlers’ policies and harmed indigenous peoples (Fellner, John, & Cottell, 2016). Canada has many opportunities and resources as a country, but it is a country that has a history of racism and the formation of public institutions based on a colonial worldview. It is important to acknowledge and appreciate the history of our country in order to understand contemporary issues and to consider what we might build together in our future in a process of reconciliation (Truth and Reconciliation Commission of Canada, 2015). It is time to look at the progress we have made in celebrating the diversity and many strengths of our country but also to take action to overcome the legacy of historical racism, residential schools and political practices at national and local levels, as such practices have created privilege for some Canadians, often at the expense of creating social inequities.

Experiences in the lives of many individuals and nondominant groups in Canadian society often contrast the popular international image of Canada as an inclusive society (Arthur & Collins, 2015a, 2016). Counsellors and counselling psychologists inevitably come into contact with people who are adversely affected by inequities in social institutions such as education, employment, housing and health services, including mental health services. Attitudes towards some people’s diversity are less than favourable and have contributed to social inequities. It is not possible to fully understand how people’s health and well-being are impacted by social inclusion or exclusion without taking into account their experiences of prejudice or other forms of oppression. Social inequities are also relevant for considering who has access to resources and whether or not those resources incorporate culturally responsive change processes.

In this chapter, the rationale is introduced for centralizing culture and social justice in the framework of CIC expanded in Chap. 2. A central premise of multicultural counselling that has been carried forwards in the discussion pertains to infusing culture and social justice into the professional roles of counsellors as necessary for competent and ethical practice with all clients (Toporek & Williams, 2006). Readers are invited to reflect on the concept of culture and on how people’s cultural contexts and cultural identities are key considerations in understanding mental health concerns and in designing culturally responsive change processes. Through linking the

construction of culture and people's social location, multicultural counselling and social justice are inextricably intertwined and critical to competent and ethical practice with all clients. This turns the discussion towards a focus on ethics and the delivery of ethical and competent professional care. Selected excerpts from codes of ethics in Canada are illustrated to encourage readers to become familiar with the codes of professional associations that have been developed to guide ethical decision-making. The content of this chapter provides introductory remarks to the journey of strengthening competence through infusing the concepts of culture and social justice in professional practices.

## **Cultural Learning as the Foundation for Understanding People's Worldviews**

What do we mean by culture? That is a question that has been pondered by philosophers and scholars across many disciplines, in an effort to conceptualize and concretize the meaning of culture. From a broad perspective, culture refers to all of the customs, values and traditions that people have learned from their environment and cultural context. Common among definitions of culture is an emphasis on shared practices and understandings that are learned by people and transmitted across generations. Culture includes shared clusters of social practices, including the following (Arthur & Collins, 2010a):

- Worldview, beliefs and values.
- Rituals, practices, customs or norms.
- Social religious or spiritual traditions.
- Language, history and ties to geographic locations.
- Political structures (p. 14)

Culture is like the glue that binds people together through shared cultural norms for behaviour. We learn about culture through our socialization, including the traditions and rituals that are passed on through multiple generations. Some cultural practices have been embedded in community and family living for millennia. Novel practices may become part of the cultural fabric of communities and family traditions that are incorporated over time. Depending on the individual's context, people learn to express behaviour that more or less adheres to cultural norms. People also learn to monitor situations to determine when their behaviour can be more varied and flexible, without placing them at risk of social ostracism, marginalization or other forms of punitive measures used to maintain social control.

There are two definitions that are foundational for exploring the ways that culture is embedded in culture-infused counselling. First, from a broad perspective, culture refers to all of the customs, values and traditions that people have learned from their environment. For example, in a seminal publication, Sue and Sue (1990)



suggested that culture refers to “all those things that people have learned to do, believe, value, and enjoy in their history. It is the totality of ideals, beliefs, skills, tools, customs, and institutions into which each member of society is born” (p. 35). This definition implies a positive view of human development and growth, with the potential for both learning and unlearning. It suggests that culture is not permanently imprinted; rather, it is constructed as an ongoing process of learning through social interactions in the environment. Just as people learn new ideas, their worldviews can shift to accommodate new perspectives and views about themselves, other people and the world around them.

A second definition of culture reminds us that a focus on cultural diversity includes taking into account both similarities and differences between people.

Your culture is defined both by the ways you are similar to another person or group of person and by the ways you are different and unique from every other person or group. By attending to both the areas of cultural similarity and those of cultural difference, you achieve a sense of your cultural identity in the social context of other persons and groups of persons. (Pedersen & Ivey, 1993, p. 7)

Culture is not a static entity; rather, our understandings are shaped and formed through a learning process. This process occurs over time, so that our beliefs and values are subtly shaped, often without our conscious awareness. As a result, people hold on to their beliefs and values in the form of assumptions, as if they are *true* for everyone. Cultural understandings form people’s worldview, essentially the ways that they understand themselves, other people and the world around them. It is through exposure to contrasting perspectives that people call into question prior cultural assumptions and values. Just as we have learned about who we are as cultural beings, we can *unlearn* our familiar ways of knowing and potentially shift our worldview by incorporating new and contrasting information.

The connections between cultural learning and worldview are highlighted to encourage cultural awareness and reflection about the cultural assumptions, values and beliefs that guide counsellors’ professional practices. When practising culture-infused counselling, the emphasis on worldview is a focus not only with clients. Counsellors’ identities are also shaped by their cultural experiences, both as citizens and as representatives of the professional disciplines in which they were educated and socialized. Our worldview shapes how we view clients’ presenting issues, the nature of the professional relationship and the directions considered for interventions.

Historically, in the professional literature, the individualistic and collectivistic worldviews have been contrasted and polarized (Williams, 2003). In reality, these worldviews more accurately represent a spectrum of people’s values, beliefs and behaviour that can shift across contexts and over time. In the Canadian context, it is also important to recognize the historical roots of indigenous peoples and how their

worldviews have shaped perspectives on health and healing (Gonzalez & Trimble, 2016; Stewart, 2008). Unfortunately, when people learn to adopt a strong adherence to one worldview, they may perceive contradicting points of view and behaviours as confusing or threatening to their own cultural position. Holding any one worldview as superior leads to ethnocentric and oppressive practices.

All people are cultural beings, including all clients and counsellors. One of the fundamental premises of multicultural counselling is that every encounter with a client represents counselling across cultures (Pedersen, 2001). Although counsellors share relative similarities and differences in worldviews with their clients, no two people share exactly the same worldview. Therefore, it is important for counsellors to treat every client as unique and to take a client-centred approach to appreciate the nuances of an individual's particular worldview. Although counsellors and clients may share similarities in their backgrounds and cultural identities, common understanding and experiences should not be assumed. Rather, counsellors need to value the diversity found in all of their clients and develop skills for assessing the potential ways that people's cultural identities are relevant for their presenting issues. From this perspective, mutual cultural empathy is the counsellor's capacity to enter into the worldview of their clients and to communicate understanding about relevant contextual influences. The interface between cultural identities and worldviews is a central reason for counsellors to prepare for culturally responsive change processes, which are grounded in ethical practices and applied in counsellors' roles with all clients. Increasing awareness of cultural influences for the counselling process helps surface those influences as they arise in collaborating with clients to determine appropriate practices and processes to arrive at clients' preferred outcomes.

Throughout the chapters of the book, the chapter authors offer personal reflections to try to make more transparent our journeys of learning. The authors are taking the risk of going public with personal reflections in the chapters to encourage readers to engage in the ongoing process of self-awareness that is foundational to CIC. Our personal points of view and reflections are bound to change over time and with additional life experience. For example, my belief system was challenged when I began to discover that social capital—who you know—was the biggest guarantee of successful employment and lifestyle options for people. However, social capital is layered along the social constructions of gender, race and social class and ascribed social power. Why I never knew this as a child and had to figure it out later in life was because my beliefs were hidden in the invisible, dominant worldview supported by the Protestant work ethic and White superiority. It has been unsettling to uncover the “truths” of my childhood and to become vigilant about how they creep into my perceptions of other people as unconscious biases.

My experience of gender and relationality was strongly ingrained as a child growing up in a rural area of Canada. I just did not know it at the time, as so much was taken for granted in the lives of families as being the only and right way of living. Gender roles were strongly prescribed along the lines of outdoor work and indoor work, with the former being attributed to strength, agility, providing for family and the real work of males. The indoor work of women was viewed as more behind the scenes and not considered to be work at all, with the assumption that taking care of children, cooking, cleaning, sewing or gardening was not real work but just something that needed to be done. The devaluing of women's work, in previous generations, was primarily aimed at unpaid work, which did not have the status and power associated to the work of males in the community.

Yet, I was aware as a child that women's work in the home was strongly connected to the kinship of women in my family. It was through those relationships that notions of community were woven through families, providing us with a strong sense of being connected. I have a strong memory of gathering at my grandmother's home, where neighbours congregated in the winter to make a quilt. The talk around the quilting table was different than when the men were around. The women shared so much more when it was just us—stories of their families, of their work and their lives. As a young child, I thought that this gathering was about making a quilt. As an adult, I realize that I idealize the quilting party as a metaphor for the stitches and pieces of the colours of the women's lives coming together to create a beautiful tapestry that represented their sense of community.

In the chapters that follow, readers are invited to consider how counsellors have explored their personal worldviews and the worldviews of clients introduced in the case examples. There is never a singular worldview; rather, each client and each counselling session involves counsellors working with an individual, or group of individuals, where each individual involved holds a unique worldview. However, I caution you about taking a superficial approach to understanding people's cultural identities, for instance, simply uniformly applying interventions based solely on general group information. A little bit of knowledge can be used in disrespectful and dangerous ways. For example, gaining general knowledge about a group might be helpful background information for forming tentative hypotheses, but these need to be tested with individual clients. Counsellors also need to be careful about using language, rituals, or methods without the appropriate experience or insider knowledge and permission. For example, methods of healing from indigenous cultures are based on traditions and for use by indigenous counsellors. Non-indigenous counsellors need to guard against replication of colonialism and seek permission about the appropriate use of any traditional healing methods.

My worldview has been profoundly shaped by an individualist orientation. It has been hard work to try to reveal what is underneath that worldview and how I continue, almost automatically, to retreat to the understandings I learned early in life. The values of independence, autonomy and teachings from Christianity were emphasized in my socialization, while the surrounding community often expressed more collectivistic values of sharing and supporting each other. As I reflect on the values that underpinned most of my professional education, I am mindful of the biases in many theories that were developed from a Western point of view. In early years of practice, I felt more locked into the expert ways of engaging with clients and worked diligently to follow the premises of what I had been taught about how counselling should unfold. What I have been trying to do in my counselling practice over the years is intentionally to focus on being more client-centred, getting to know clients and then positioning myself and ways of working more tentatively, becoming more collaborative and questioning so as to engage clients in the process. I still catch myself returning to old ways, particularly when feeling uncertain in a counselling session, because during situations of ambiguity or novelty it is easy to retreat to what we have known or practiced longer. The real challenge has been to notice those moments and to reflect, both during and after sessions, on how my worldview and social location impact my approach to professional practices.

## Positioning Multicultural Counselling

As foundational concepts for the CIC, the terms culture and multicultural are defined broadly. To recap a critique of earlier models of multicultural counselling competency (Collins & Arthur, 2010a), the original multicultural competencies were based on nondominant ethnic groups in the United States (e.g. Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). It is important to advocate for a continued focus on the racialization of individuals and on how racism is an insidious form of oppression at the individual, community and sociopolitical levels; we respect the caution to not dilute the focus on the destructive forces of racism (Helms & Cook, 1999; Wendt, Gone, & Nagata, 2015). However, reducing people to any one identity is both culturally insensitive and potentially harmful (Davidson & Hauser, 2015), because it risks placing people and their experiences into an artificial category. In this example, counsellors are encouraged to consider the social processes of racialization that are influential for people's social locations. Additionally, counsellors are encouraged to consider how race/ethnicity and other dimensions of cultural identities, such as gender and social class, may have important intersections for determining people's social locations.

One of the key debates in the multicultural counselling literature has been about who is included and who is excluded in discussions of the etic and emic approaches

(Pedersen, Crethar, & Carlson, 2008). Advocates of the emic approach tend to focus on groups of people, and interventions are designed for that group based on presumed group needs. However, the risk of taking an emic approach is that individual needs and within-group differences are not sufficiently taken into account. In other words, not everyone from a categorical group will have the same experience or similar need for professional interventions. Therefore, it is important to take into consideration the uniqueness of each client's cultural identities and to design more client-appropriate interventions. In contrast, advocates of an etic approach have sought to understand what can be understood and applied across groups, based on commonalities. However, there are also risks of generalizing across groups because consumers from different groups may also feel that their specific needs are not being met. Concerns about within-group and between-group differences persist in the design of counselling services; however, without using a contextualized, systemic lens, counsellors who use generic interventions, whether emic or etic, may not serve anyone very well.

During the last decade, there has been a growing recognition that there are advantages in taking a more inclusive view of multiculturalism, one that includes a broader range of experiences of multiple groups and peoples. Rather than jockeying for position within a hierarchy of privilege or marginalization, there is strength gained through acknowledging shared commonalities between people while also continuing to recognize and support the unique perspectives of individuals. To that end, CIC is premised on the central tenet that culture must be infused into the counselling process with all clients. In other words, each counsellor and client is considered to be a unique individual with unique cultural identities. It may be possible to blend the emic and etic approach in a more fluid way. This stance requires consideration of the potential value of group knowledge, while assessing individual experiences and the unique ways that people's cultural identities are both similar and varied. Rather than assuming understanding, it is critical to let clients be the experts of their own experiences and to take into account the potential interplays of people's cultural contexts and identities. It is from a place of curiosity and respect that counsellors can invite clients to join together in a collaborative process to develop a culturally responsive working alliance. In this way, people's cultural identities and cultural contexts are positioned centrally. Together, counsellors and clients can examine the personal and social narratives that influence clients' presenting issues and co-determine counselling goals and process that are culturally responsive and socially just.

### *Narratives of Cultural Difference and Similarity*

A focus on cultural diversity includes taking into account both similarities and differences between people. As noted above, people share many common bonds (e.g. family, stage of life) that can serve as a starting place to build rapport and to assess the individual worldviews of clients we serve. However, it is important to not make

cultural assumptions about people, perhaps especially when there are relative similarities or differences within a shared cultural background. At the most fundamental levels, all of us will share some aspects of humanity in common, but we cannot assume that we are able to fully understand or share the unique perspectives of other people: “No matter how similar we are, there will be differences. No matter how different we are, there will be similarities” (Pedersen, 2001, p. 19). Therefore, one of the central goals of multicultural counselling is the development of mutual cultural empathy, a complex skill that involves collaborating with clients to assess salient aspects of their worldviews and communicating understanding about what matters to clients about their cultural identities and cultural contexts. Exploring cultural influences occurs through counsellors taking a position of enquirer to learn about people’s social location that is influenced by historical, political and economic forces.

### ***Dominant/Non-dominant Groups and the Distribution of Social Power***

A key point to consider is what types of social narratives are explicit or implicit about culture in our professional practices, and public spheres of life such as the media, or conversations with friends or families. It is important to challenge the view that cultural diversity equates to cultural deficits. Contrasting social practices may be different, but they are not inherently inferior. Unfortunately, tightly bound notions of acceptable beliefs and values by dominant groups in society may restrict acceptance of varied forms of behaviour, such as in the workplace, expression of religions practices, family composition, views of ability, etc. It is through a deficit lens that some members of society come to be viewed as inferior and less worthy and are often positioned in marginal spaces with less access to social resources. This form of *othering*, through social practices such as prejudice, racism, sexism, homophobia, etc., positions some people as more acceptable and others as less acceptable, and lines of power and social resources become determined, accordingly. Hence, it is not enough to consider what we mean by a definition of culture, without considering how notions of culture and people’s ascribed cultural identities are connected to social justice.

The multicultural counselling movement was fuelled by an examination of how power is distributed in society. Language use also connotes power relations. Counsellors intentionally avoid using the polarizing language of minority/majority when discussing populations in terms of cultural diversity. Rather, the term non-dominant refers to those groups and individuals who are commonly marginalized through social processes that lead to othering and assigning personal fault without consideration of contextual social conditions and structural inequalities. The concept of nondominant cultural identity is used to draw attention to ways that power is unequally distributed in our society. People are positioned in society with relative

privilege or disadvantages that are connected to their access to resources and services. Barriers to accessing social services, such as counselling, can further marginalize people and add to their felt sense of social exclusion.

Privilege is comprised of unearned advantages that are conferred on individuals based on membership or assumed membership in a dominant group. Privilege has the following characteristics:

- Privilege reflects, reifies and supports dominant power structures.
- Privilege is supported structurally and systemically, including an investment in maintaining a lack of consciousness about the benefits and costs resulting from that privilege.
- Privilege is enacted through societal structures, systems and daily interactions.
- A single individual may experience intersecting privileges and oppressions that may reflect differential receipt of benefits. (Israel, 2012, p. 166)

There are strong social influences on how people form their identities and the influences of power in positioning some individuals and groups as more or less privileged or marginalized in our society. The emphasis on how power plays out in social interactions was a major consideration in strengthening the connections between cultural identities, cultural contexts and social justice in the revision of the CIC model, presented in Chap. 2. What has stood the test of time is the focus on social inequities faced by people who are positioned as nondominant in our society.

From a culture-infused counselling perspective, it is important to examine the social structures *beneath and around people that perpetuate power differences* and to introduce efforts to ameliorate social inequities. This agenda extends from an emphasis on cultural diversity to incorporate an overarching value of social justice in the principles and practices that guide counsellors. For what is the point and purpose of counselling if it cannot deal with fundamental issues of injustice that adversely impact clients? (Arthur & Collins, 2010b, p. 142)

The classification of populations by group or types of oppression or privilege is contentious as it risks stereotyping people and may contribute to marginalization. Rather, focus is placed on power as an ever-present force in society, and it is important to recognize how power influences experiences of privilege, social (dis)advantages and inequities. This is not to say that all members of the dominant groups in society hold equal power or privilege in society or experience life in the same social location. However, it is a reality that many members of the dominant group have better access to education, employment, health care and other opportunities in our society. It is this inequitable distribution of power in society that contributes to the marginalization of people whose differences have been viewed as inferior and less worthy of the same access to resources in our society. Through using the term nondominant group, the focus is intentionally shifted to the dominant groups and highlights the changes they need to make to be more inclusive. It is a challenge to recast the prevailing social narratives about people in less advantaged positions in society as having deficits. Counsellors can advocate for changes in the dynamics of power at systemic levels, which is often controlled by people from the dominant population, who frequently hold more privilege and power.



## *Metaphors of Identities and Social Locations*

Counsellors are encouraged to work with metaphors (Amundson, 2010) in reflecting on their personal cultural identities and the cultural identities of other people and in developing a strong working alliance with clients. In previous writing on the CIC model, the metaphor of the kaleidoscope introduced by Gerstein, Rountree, and Ordonez (2007) was incorporated into discussion about the intersections of both counsellor and client identities (Collins, 2010). Note that it may not be just one aspect of cultural identity that requires focus in counselling. Rather, it might be the intersections of multiple aspects of cultural identities, in various combinations, and which the client identifies as important, that are relevant (e.g. gender and ethnicity, social class, religion and sexual orientation).

Metaphors are useful to illustrate the fluid, dynamic and intersectional nature of people's cultural identities. The multiple layers of our social interactions (e.g. individual to individual, familial, community-based, cross-cultural, group, macro-social) are ongoing influences that shape the pattern of our personal metaphor. The cultural identities of each individual might be expressed as a unique combination of patterns and colours, based on their life experiences, e.g. metaphor of a puzzle, a tree with roots and branches, nature and scenery.

Using metaphors helps us to consider the multiple layers of culture that shape our personal worldviews and the worldviews of our clients, not ever in the same manner or identical pattern. Just as there can be major or minor differences in the expressed worldviews of people from different social groups, there can be variation in the patterns of beliefs and values internalized by individuals, leading to within-group differences. Therefore, counsellors consider group membership as only one possible source of information about clients while working to assess the unique patterns and salient aspects of their personal cultural identities.

## *Adopting a Social Justice Lens*

In this book, you will find a strong integration and discussion of concepts related to social justice. In many of the chapters, a social justice lens is applied to the conceptualization of clients' presenting issues and to the development of a culturally responsive working alliance. Beyond identifying issues related to social injustices, authors were encouraged to illustrate ideas for practical approaches to infusing social justice into case conceptualization and into multiple levels of interventions. Readers are encouraged to reflect about how you have viewed social injustice/inequity in your past and current professional activities. As you read the chapters, consider how a social justice lens can inform the roles, relationships and practices of counsellors.



In reflecting about how I began to become interested in a *social justice* agenda, I realized that it was not a single event, but rather an awakening over time, and an increasing dissatisfaction with seeing clients whose life circumstances surfaced common patterns. It became part of my reality either to go along with current service provision or to try to take more action in the different parts of the system that appeared to be contributing to client concerns. I was deeply impacted by reading an article by Beverly Greene (2006), who referred to the metaphor of the miner's canary (Guinier & Torres, 2002). The metaphor essentially exposes professional practice that aims to help people adapt, often when they lack resources or are the least powerful people in our society. When individuals do not fare well in society, they are often blamed for their reaction to the environment or simply replaced. Like the canaries that were used to test the air in the mines, we need to think about who is vulnerable in our society and to what degree we consider them to be expendable if it benefits other people.

My action is to call attention to those forces and to *advocate* for a broader range of services for clients, often bounded by time-limited sessions that are determined by policies to benefit company profits, or to show that services do exist. I am not convinced that "a little bit of service is a good thing" when services are insufficient to meet complex needs of clients. I have sought ways to connect with service providers and with policymakers, to engage them in conversation about the ways that counselling services might help vulnerable youth stay in school, to connect services to the mental health and economic effects of unemployment and underemployment and to consider ways that services might be better customized to meet the needs of people whose social location and experiences make them vulnerable for accessing service provision. What is common with this action is a focus on social inequities as the problem that needs to be addressed.

### ***Social Locations: Equal ≠ Equitable***

As you explore the chapters of the book, you are invited to reflect about the distinctions between the terms equity and equality. These terms have different meanings and application in examination of people's social locations (Winslade, 2018). For example, to be equal implies being the same. However, if people are not starting from the same place, currently or historically, equal treatment may, at the minimum, not meet their needs. The greater risk is that equal treatment will perpetuate forms of oppression by supporting system needs for uniformity, without requiring that system to provide needed flexibility and varied allocation of resources to address people's actual needs. In contrast, the principle of equity is often used to honour the unique social location of individuals and groups and the need for different levels of resources.

Social justice comes into play in determining the influences of power in social structures and systems that influence people's health and well-being. Social justice

is a multidimensional concept that incorporates principles related to a) equitable distribution of resources and opportunities, b) processes of oppression and marginalization within society, c) social inclusion and participation, d) supporting people's development and potential and e) engaging people to have a voice about their lives and interventions directed towards them (Arthur, 2014; Arthur, Collins, McMahon, & Marshall, 2009). For example, due to the circumstances that influence people's social location, e.g. inherited wealth, secure housing, hiring practices, chronic unemployment, health and disability, people simply need more or fewer resources at different times in their lives. However, beyond gaining a conceptual understanding of social justice principles, counsellors are called to take action to address social inequities. The chapters in this book are intended to support readers to infuse culture and social justice into professional practices that address social inequities.

### ***Emphasizing the Social Determinants of Health and Well-Being***

As professionals concerned with people's psychological and emotional well-being, it is critical for counsellors to consider the health status of individuals and groups in society. That examination will inevitably surface disparities about who is advantaged or disadvantaged through social, economic and political conditions, who has more or less access to fully participating in social institutions and who is best or worst served by public health services. As noted above, major discrepancies between resources available to people from dominant and nondominant groups are related to their social locations. Unfortunately, social forces create conditions of advantage and disadvantage, known as social determinants of people's health. Disparities in social and structural conditions create adverse conditions that can negatively impact on people's health and well-being, including their mental health. Health-care professionals, including counsellors, are encouraged to move beyond locating the source of client concerns solely within internal psychological functioning to also examining the external sources that contribute to people's distress. In turn, health-care professionals need to be intentional about recognizing the strengths of people, honouring their healing traditions and developing and advocating for services that are meaningful to them.

As noted earlier, addressing social inequities requires examination of the ways that resources are allocated in our society. This includes examining the allocation of resources that address mental health, noting who is best served by existing resources and who is excluded or poorly served. However, the examination of social justice goes beyond the consideration of equitable distribution of resources. Offering a basic level of service to address people's needs might equate to providing forms of remedial services when people experience major psychological distress. But consider how our roles might change if the primary investment in resources was shifted to fostering human development, growth and well-being. For example, through incorporating social determinants of health, consideration is given to who might be more at risk for mental health issues in the workplace, how programs and services might be designed to help keep people healthy and working and how access to such programs might be

facilitated (Samra, 2017). To recap, the emphasis on social determinants of health is a call for counsellors to examine the social systems that surround people and to take action to address inequities and to create more inclusive services.

### *Whose Status Quo?*

Counselling practice and counsellors' performance of other professional roles inevitably occur within a social context. One of the critiques levied against professionals is that they might be complicit in perpetuating the status quo. In other words, counsellors are challenged to consider how their personal cultural identities and social location may be privileged and could lead to unintentional oppression (Sue, 2015). Without deep reflection on, and self-awareness of our personal cultural identities, there is a risk of imposing our worldview on our clients. Additionally, counsellors are challenged to consider how their use of popular counselling models, which are most often based on an individualistic worldview, may represent a form of oppression for clients who do not share the underlying cultural assumptions of such models. Without intentional reflection, counsellors may unconsciously support the status quo and contribute to unintentional forms of cultural oppression (Kennedy & Arthur, 2014). Rather than expecting clients to fit into the worldview of counsellors, ethical and socially just counselling requires counsellors to adapt their practices to be client-centred and deeply respectful of clients' worldviews, particularly when the two worldviews differ considerably.

Despite drawing attention to the gendered nature of work roles and rewards in the workplace in Canada, I am acutely aware of the privilege that I enjoy as an educated, able-bodied, White, heterosexual, middle-class, cisgender female, raised in a dominant religious faith. Although my point of view is from my gendered experience as a woman, I know that my perspective does not represent the realities of many women's lives in Canada and in other countries of the world where issues of race, class and religion are more strongly connected to the unprivileged experience of women. I take it for granted that my daughter can go to school in a safe environment, that she can choose freely her own partner and that she will not have to seek her husband's permission to leave the house, use birth control or to decide whether or not she wants to take care of me or other family members or hold paid employment. Girls' access to education, health care and employment continue to be strongly controlled through their relationships in many parts of the world and in many contexts within Canada. We might look to other countries to point out more extreme examples, but that should not make invisible how cultural identities intersect with the choices available to women in all countries.

## *The Political Nature of Counsellor Roles and Work Contexts*

A further layer of complexity is evident in the political nature of the settings where counsellors are employed, whether in public or private sectors. Counselling agency services may not always be conducive to meeting the needs of clients, due to conventional practices, funding restrictions that limit service mandates, restraints on hiring, office location, hours of service and other service barriers. This can be especially challenging for people whose needs are more complex and who may require more resources, adaptations to services or coordination of services between agencies. Both private practice settings and, increasingly, public agency settings that offer counselling are based on a business model. Fees for services may pose as a barrier for clients who lack social benefits that support access to professional services. The dilemma for counsellors is how to work within the policies and practices of organizations and professional associations while not contributing to institutionalized oppression and while advancing a social justice agenda. In the upcoming chapters, the authors provide examples of how counsellors have worked directly with, or on behalf of, their clients, to become involved in social/systemic change.

What does it really mean to develop multicultural and social justice competency? This is a journey that has been the focus of most of my career, through individual work, through collaboration and learning hard lessons that reconciling conflict requires motivation and commitment by both parties.

My journey took a major fork in the road when I was asked to coordinate services for international students. There were many *stereotypes* about learners from other countries expressed by faculty and by support staff, and these mostly framed the students' perceived differences as deficits. I felt that I had been complicit, due to *ethnocentrism* and *unintentional racism*, by not taking the time to really get to know our students and through treating them as a group of *others*, not really part of our campus community. I have learned a great deal from international students about diverse cultural identities and from realizing some limitations of my personal worldview.

On many levels, I consider myself an international learner. Although never formally in that role, I try to adopt the stance of a learner to understand the cultural and social interactions of people in different countries of the world. In my work as an academic, I continue to advocate for support services for international students, including *cultural competency* in mental health and career services. I have tried to maintain a stance of *cultural humility*, noting that I have been in a place of *privilege* as a researcher, as a counsellor and as a parent figure to international students who have lived in our home. They have all taught me about culture, both directly and indirectly, and also that learning continues as we explore the multiplicity and *intersectionality* of identities that emerge across place and time in our lives.

## Ethical Practice Incorporating Culture and Social Justice

Readers are invited to reflect deeply on what it means to practice ethically from a culture-infused and socially just perspective (Arthur & Collins, 2015b). The fields of counselling and counselling psychology have come a long way from generically applying the same set of ethical principles to all people. The call for cultural competency was in recognition that “professionals without training or competence in working with clients from diverse cultural backgrounds are unethical and potentially harmful, which borders on a violation of human rights” (Sue et al., 1992, p. 480). Revisions to codes of ethics have led to the acknowledgement of multiple forms of diversity, multifaceted effects of oppression and various contexts that differentially impact the health and well-being of individuals from nondominant groups in society. Codes of ethics and standards of practice provide aspirational goals as well as guidelines for professional behaviour. In reviewing the evolution of the language used in codes of ethics, there is a growing recognition that counsellors and counselling psychologists need to be knowledgeable and skilled at assessing the relative influences of cultural identities and cultural context for client issues, for determining the nature of their relationships with clients and for designing and delivering culturally relevant interventions (Arthur & Collins, 2015b).

Although most codes of ethics prioritize ethical decision-making by professionals with a focus on treatment of the individual client, there is a growing recognition of the contextual influences on people’s health and well-being. Standards that address non-discriminatory practices reflect the effects of oppression on the lives of people and challenge counsellors and psychologists to examine how their practices can shed social scripts and actions that may themselves be oppressive. As noted above, this exploration takes us into a contentious area where professionals are called upon to consider the politics of their profession (Arthur & Collins, 2014, 2015b). For example, this political realm includes examining how power is used professionally in areas such as the privileging of theoretical perspectives and interventions that were designed in particular eras and social contexts for use with specific populations and which may not be appropriate for other populations. Counsellors need to carefully consider the cultural validity of the assessment and intervention practices that they prefer to use. In essence, the light that is often shone on the lives of people in the community and on those who become clients needs to be turned inwards, to gaze critically upon ourselves as members of society and as members of professional associations.

Pettifor (2010) emphasized that ethical behaviour required the minimal standard of *doing no harm*. Maintaining the status quo and ignoring people’s cultural contexts has strong potential to do harm to clients. When counsellors impose ethnocentric and oppressive therapeutic practices on clients, there is a strong risk of harm, especially when working with clients who have been socially marginalized (Davidson & Hauser, 2015; Wendt et al., 2015). Counsellors need to be aware of the processes that lead to culture-based harm, including the imposition of personal biases (Collins & Arthur, 2018) and modalities of practice that are ethnocentric and inconsiderate of clients’ worldviews. One of the earliest codes of ethics to address anti-oppressive and non-discriminatory practice was developed by the Feminist Therapy Institute (1999).

Recent revisions to codes of ethics and specialist standards of practice have filled some previous gaps in addressing people's cultural identities, social location and the roles and responsibilities of counsellors for engaging in social change, as illustrated below.

From an ethics perspective, there are more complexities involved when we expand the focus of intervention beyond individuals to external communities and multisystemic interventions (Toporek & Williams, 2006). Additional considerations need to be given to who determines the direction of interventions, how the social location of counsellors might be perceived by community members and who decides on the relative benefits or potential harm that is associated with particular interventions, using social justice values as the basis for consideration. The chapters in this book are intended to open up a space and encourage difficult conversations (Collins & Arthur, 2018) about topics such as culture, privilege, power and social justice and the implications for ethical and competent professional practices. One of the goals of counsellor education from a culturally infused and social justice perspective is to surface discussion about the ways in which societal oppression is duplicated within formal helping systems. Counsellors are part of a larger system that needs to shift from the minimal standard of doing no harm to professional actions that are valued by clients, determined in collaboration with clients, and that clients consider make a positive difference in their lives. This challenge supports the view that culture-infused and socially just practices are carefully centred in the worldviews and identities of the people served by counsellors. Counsellors and clients need to be encouraged to have a voice in the evaluation of ethical and competent psychological and counselling services through giving their feedback in the form of practice-based evidence.

### *Get to Know Your Codes of Ethics*

Codes of ethics have evolved alongside the development of professional associations. Changes and updates have been made in response to emerging awareness of diversity, social justice and contextual influences on people's health and well-being. In the text-boxes below, examples are offered of the wording taken from two Canadian professional codes of ethics, whose underlying values and standards of practice highlight recent perspectives. Readers are encouraged to check the websites of other professional associations to review the wording of codes of ethics and standards of practice. A key point to reiterate is that professionals need to be intentional about addressing diversity, the cultural contexts of their clients, and also need to take action to foster social justice. It is timely for us to consider what ethical practice from a culture-infused and socially just model of counselling means, in light of professional standards.

Sinclair (2017) summarized the changes made recently to update the Canadian Psychological Association (2017), *Canadian Code of Ethics for Psychologists*, to address the core areas of diversity and globalization (see Fig. 1.1). First, the term *peoples* was added to the name of Principle I in the code: "Respect for the Dignity of Persons and Peoples", to recognize the unique identities of individuals and the unique cultural contexts of peoples within Canada. Second, in the core area of ethical decision-making, emphasis was added on the need to consider personal and cultural

### Updates to the *Canadian Code of Ethics for Psychologists* (2017)

In respecting dignity, psychologists acknowledge that each human being should be treated primarily as a person or an end in him/herself, not as an object or a means to an end, and is worthy of equal moral consideration. In doing so, psychologists acknowledge that all human beings have a moral right to have their innate worth as human beings appreciated and that this inherent worth is not dependent on a human being's culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, or any other preference or personal characteristic, condition, or status. As such, psychologists do not engage in unjust discrimination based on such factors and promote non-discrimination in all of their activities. (p. 11)

Respect for the dignity of persons and peoples also includes the concepts of distributive and social justice. With respect to psychologists, this concept implies that all persons and peoples are entitled to benefit equitably from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists, regardless of their characteristics, condition, or status. (p. 12)

[Psychologists] also engage in self-reflection regarding how their own values, attitudes, experiences, and social context (e.g., culture, ethnicity, colour, religion, sex, gender, sexual orientation, physical and mental abilities, age, socio-economic status) influence their actions, interpretations, choices, and recommendations. This is done with the intent of increasing the probability that their activities will benefit and not harm the individuals and groups (e.g., couples, families, organizations, communities, peoples) with whom they relate in their role as psychologists. (p. 18)

Psychologists are not expected to be value-free or totally without self-interest in conducting their activities. However, they are expected to understand how their own experiences, attitudes, culture, beliefs, values, individual differences, specific training, external pressures, personal needs, and historical, economic, and political context interact with their activities, to be open and honest about the influence of such factors, and to be as objective and unbiased as possible under the circumstances. (p. 25)

**Fig. 1.1** Excerpts of values statements (From *Canadian Code of Ethics for Psychologists* (4th ed., pp. 11, 12, 18, 25), by Canadian Psychological Association, 2017, [http://www.cpa.ca/docs/File/Ethics/CPA\\_Code\\_2017\\_4thEd.pdf](http://www.cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf). Copyright 2017 by The Canadian Psychological Association Inc. Reprinted with permission)

contexts. Third, cultural context was incorporated when developing Principle III regarding boundaries. Acknowledgement was made that cultural context is relevant to determining professional boundaries and that there are contexts in which it is both necessary and beneficial for counsellors to take on multiple roles in relation to a client. Fourth, overall references to the concept of culture were doubled in comparison to the use of the term in the 2000 version of the code of ethics.

The *Code of Ethics* from the Canadian Counselling and Psychotherapy Association (2007) contains three specific clauses that address sensitivity to diversity, respect for diversity and sensitivity to diversity when assessing and evaluating. The accompanying Canadian Counselling and Psychotherapy Association's (2015) revised *Standards of Practice* were intended to support the implementation of the *Code of Ethics*. In addition to the three specific parts of the code noted above, the standards for practice provide additional content regarding diversity and social justice in sections pertaining to respect for rights and confidentiality. Excerpts are contained in Fig. 1.2, which follows, but readers are encouraged to review the full versions of the documents.



**Excerpts from Standard of Practice: Respect for Rights**

Counsellors understand and respect the rights and freedoms of those with whom they work and others, particularly those who may be disenfranchised or negatively affected by political, personal, social, economic, or familial histories that may continue to resonate across the lifespan. These circumstances may include, but are not restricted to, colonization, poverty, oppression, violence, structural injustice, war, or discriminatory practices.

Counsellors convey respect for human dignity, principles of equity and social justice, and speak out or take other appropriate actions against practices, policies, laws, and regulations that directly or indirectly bring harm to others or violate their human rights.

Counsellors respect due process and follow procedures based on principles of social justice and principles of equity in all their professional activities, such as those associated with counselling, consultation, evaluation, adjudication, peer reviews and other types of review. (p. 2)

**Excerpt from Standard of Practice: Confidentiality**

Counsellors need to be mindful of culturally appropriate actions that relate to confidentiality when working in rural, remote, northern, and linguistic/cultural enclaves in urban centres. (p. 11)

**Code of Ethics: A10 Sensitivity to Diversity**

Counsellors strive to understand and respect the diversity of their clients, including differences related to age, ethnicity, culture, gender, disability, religion, sexual orientation, and socioeconomic status. (p. 6)

**Excerpt from Standard of Practice: Sensitivity to Diversity**

Counsellors should strive to grow in their understanding of diversity within Canada's pluralistic society. This understanding should receive attention in counsellor education programs and be part of continuing education experiences. Such understanding should be based on knowledge of diversity and of the ways in which differences based on ways in which ethnicity, language, gender, sexual orientation, religion, and so forth, can affect attitudes, values and behaviour.

Counsellors should strive to understand the diversity within the communities in which they work and in which their clients reside. They should address or take action against unequal power relationships and work with clients to locate supports and resources to enable clients to advocate for themselves and others. (p. 8)

**Code of Ethics: B9 Respecting Diversity**

Counsellors actively work to understand the diverse cultural background of the clients with whom they work, and do not condone or engage in discrimination based on age, colour, culture, ethnicity, disability, gender, religion, sexual orientation, marital, or socioeconomic status. (p. 9)

**Fig. 1.2** (continued)



### **Excerpt from Standard of Practice: Respect for Diversity**

Counsellors strive to deepen their understanding of their own worldview and to appreciate how their cultural and other life experiences have influenced their values, beliefs and behaviours, including any stereotypical and prejudicial attitudes. Additionally, counsellors strive to recognize the intersection of their own worldview with that of their clients' worldviews and potential effects that could be positive, neutral or negative to the counselling process. (p. 26)

Counsellors seek out educational, training, and other experiences to avoid imposing their values on their clients and to increase their competency to work with clients from cultural and other life experiences different from their own. Counsellors consider how the clients' cultural worldviews and environmental contexts shape the concerns of the clients and potential interventions.

Counsellors strive to understand how such factors as gender, ethnicity, culture and socio-economic circumstances may influence personal development, career choices, help-seeking behaviours, and attitudes and beliefs about mental health problems and help intended interventions.

Counsellors strive to understand and respect the helping practices of indigenous peoples and the help-giving systems and resources of minority communities.

Counsellors are aware of the barriers that may hinder members of minority groups from seeking or gaining access to mental health services.

Counsellors are sensitive to and acknowledge their clients' religious and spiritual beliefs and they incorporate such beliefs into their counselling discourse with clients.

Counsellors are aware of and sensitive to cultural biases that may be inherent in certain assessment tools and procedures and particularly those associated with certain counselling practices.

The geopolitical location of their practice may require counsellors to devote additional time and effort to increasing their knowledge in order to respond appropriately to the particular needs of their clientele. (p. 27)

### **Code of Ethics: D10. Sensitivity to Diversity When Assessing and Evaluating**

Counsellors proceed with caution when judging and interpreting the performance of minority group members and any other persons not represented in the group on which the evaluation and assessment instruments and procedures were standardized. They recognize and take into account the potential effects of age, ethnicity, disability, culture, gender, religion, sexual orientation and socio-economic status on both the administration of, and the interpretation of data from, such instruments and procedures. (p. 15)

### **Excerpt from Standard of Practice: Sensitivity to Diversity When Assessing and Evaluating**

Each standardized assessment and evaluation test instrument has a specific focus and typically uses norms that are based on large populations. Counsellors must be cautious when judging and interpreting the performance or test results of minority group members and any other persons not represented in the group on which the evaluation and assessment instruments and procedures were standardized. (p. 54)

**Fig. 1.2** Excerpts related to cultural identities and social justice. (From *Standards of Practice* (5th ed.), by Canadian Counselling and Psychotherapy Association, 2015, [https://www.ccpa-accp.ca/wp-content/uploads/2015/07/StandardsOfPractice\\_en\\_June2015.pdf](https://www.ccpa-accp.ca/wp-content/uploads/2015/07/StandardsOfPractice_en_June2015.pdf). Copyright 2015 by Canadian Psychological Association. Reprinted with permission. And from "Code of Ethics (2nd ed.)", by Canadian Counselling and Psychotherapy Association, 2007, [https://www.ccpa-accp.ca/wp-content/uploads/2014/10/CodeofEthics\\_en.pdf](https://www.ccpa-accp.ca/wp-content/uploads/2014/10/CodeofEthics_en.pdf). Copyright 2007 by Canadian Counselling and Psychotherapy Association Reprinted with permission)

Readers are encouraged to consult codes of ethics and standards of practice on an ongoing basis, and not just as a requirement of a course in ethics. Remember, when you join a professional organization, members are governed by the code of ethics of that association, so be informed about what you are signing on to when you join and consider what kind of continuing professional learning will help you to deliver ethical and competent practices. Apart from the main codes of ethics of professional associations, there are specialist documents that address nuances of practice related to diversity and social justice. The textbox below contains additional resources for counsellors to consult and apply in striving for ethical and competent professional practices.

### Resources on Codes of Ethics and Standards of Practice

American Association for Marriage and Family Therapy. (2001). *AAMFT code of ethics*. Retrieved from [http://www.aamft.org/iMIS15/AAMFT/Content/Legal\\_Ethics/Code\\_of\\_Ethics.aspx](http://www.aamft.org/iMIS15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx)

American Psychological Association. (1990). *Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations*. Retrieved from <http://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx>

American Psychological Association. (2012a). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist*, 67(1), 10–42.

American Psychological Association. (2012b). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists*. Retrieved from <http://www.apa.org/pi/oema/resources/policy/multicultural-guidelines.aspx>

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832–864. <https://doi.org/10.1037/a0039906>

American Psychological Association. (2017). *Multicultural guidelines. An ecological approach to context, identity, and intersectionality*. Retrieved from <http://www.apa.org/about/policy/multicultural-guidelines.aspx>

American Psychological Association. (n.d.). *Guidelines for assessment of and intervention with persons with disabilities*. Retrieved from <http://www.apa.org/pi/disability/resources/assessment-disabilities.aspx>

Canadian Psychological Association. (2001). *Guidelines for non-discriminatory practice*. Retrieved from <http://www.cpa.ca/cpsite/UserFiles/Documents/publications/NonDiscPractrev%20cpa.pdf>

Canadian Psychological Association. (2006). *Providing psychological services via electronic media*. Retrieved from <http://www.cpa.ca/aboutcpa/committees/ethics/psychserviceselectronically/>

Canadian Psychological Association. (2007a). *Guidelines for ethical psychological practice with women*. <http://www.cpa.ca/cpsite/UserFiles/>

(continued)

[Documents/publications/guidelines%20for%20psychological%20practice%20women.pdf](http://www.cpa.ca/cpsite/UserFiles/Documents/publications/guidelines%20for%20psychological%20practice%20women.pdf)

Canadian Psychological Association. (2007b). *Professional practice guidelines for school psychologists in Canada*. Retrieved from <http://www.cpa.ca/cpsite/UserFiles/Documents/publications/CPA%20Guideline%20Practice.pdf>

Canadian Psychological Association. (2009). *Ethical guidelines for supervision in psychology: Teaching, research, practice, and administration*. Retrieved from <http://www.cpa.ca/cpsite/UserFiles/Documents/SupervisionGuidelinesfinal25Jan09.pdf>

Feminist Therapy Institute. (1999). *The Feminist Therapy Institute code of ethics*. Retrieved from [http://supp.apa.org/books/Supervision-Essentials/Appendix\\_D.pdf](http://supp.apa.org/books/Supervision-Essentials/Appendix_D.pdf)

International Association of Educational and Vocational Guidance. (1995). *IAEVG ethical standards*. Retrieved from <http://iaevg.net/iaevg.org/IAEVG/nave1ba.html?lang=2&menu=1&submenu=2>

International Union of Psychological Science. (2008). *Universal declaration of ethical principles for psychologists*. Retrieved from <http://www.iupsys.net/about/governance/universal-declaration-of-ethical-principles-for-psychologists.html>

The Counselors for Social Justice. (2011). Code of ethics. *Journal for Social Action in Counseling and Psychology*, 3(2), 1–21. Retrieved from [http://www.psyr.org/jsacp/Ibrahim-v3n2\\_1-21.pdf](http://www.psyr.org/jsacp/Ibrahim-v3n2_1-21.pdf)

## Moving Forwards with Culture-Infused Counselling and Socially Just Practices

Several key concepts were introduced in this chapter to orient readers to the discussion that will follow in the upcoming chapters of the book. A central point in the discussion was the movement to strengthen the connections between culture and social justice for multicultural counselling with all clients. To summarize the discussion, readers are invited to continue their reflection about the following points: First, counsellors need to be concerned with power dynamics in society and how power differentially impacts people's social locations. Second, counsellors hold cultural knowledge loosely or in tentative ways, in the form of cultural hypotheses, while getting to know their clients and learning about what information shapes the unique worldview of each person. Third, it is important to focus on assessing the individual cultural worldview and salience of clients' cultural identities, which may or may not have been strongly shaped by their group affiliations. Fourth, there is a risk of counsellors leaning into stereotypes about people, based on arbitrary group affiliations or limited understanding of a client's unique worldview and cultural identities. Fifth, counsellors are also cultural beings and their socialization and worldviews influence

their professional roles as counsellors. Sixth, counsellors need to consider the interplay between culture and social justice as the foundation for contemporary multicultural counselling based on ethical practices with all clients. These points are expanded in the discussion of the revised CIC framework in Chap. 2.

### **Discussion and Reflection Questions**

1. How do you define culture and its central place in understanding your personal identities and clients' personal identities?
2. What has been one of the most meaningful events in your life to help you gain awareness of your cultural identities? How has that experience helped you to continue to engage in reflection for gaining deeper levels of self-awareness?
3. What does privilege mean to you? What are the forms of privilege or disadvantage that you have experienced in your own life? How has relative privilege or disadvantage shaped who you are as a person and what you have to offer as a professional? How does privilege and disadvantage come into play for an examination of client concerns and for forming an effective working alliance with clients?
4. Discuss how your life experiences of social location may be influential for forming a trusted working alliance with clients.
5. Examine and compare the content of codes of ethics and standards of practice for supporting ethical practice in multicultural counselling.
6. In what ways might incorporating a lens of social justice influence how counsellors might conceptualize client concerns and design interventions?

### **Learning Activities**

1. Divide into pairs to interview each other about your cultural identities. In which contexts and in which relationships do aspects of your cultural identities stand out or become more important to yourself and/or to other people? In which contexts do you feel you have to limit the expression of your identity? In which contexts do you feel other people emphasize certain aspects of your cultural identities more than other aspects?
2. One position in the field is that multicultural counselling should be primarily directed at clients from nondominant groups. Another position in the field is that multicultural counselling should be inclusive of all clients, regardless of their social location. Discuss and debate the merits of both positions.
3. Select one of the Canadian codes of ethics highlighted in the chapter. What specific statements from the codes do you find to be powerful for guiding the practice of counselling and counselling psychology? Next, select a statement that you feel could be strengthened. How might you reword the statement to make a stronger commitment to infusing culture and social justice into ethical and competent professional practice?

4. Select one of the specialist standards of practice guidelines listed in the chapter, with each person in the group selecting a different one. Review the practice guidelines and prepare a summary and critique, describing to other group members what is unique, useful and any potential limitations.
5. Create a metaphor for exploring cultural identities. You might begin by creating a metaphor for your own cultural identity. Next, create examples of metaphors that you might offer to clients to help them create their personal metaphors to represent personal cultural identities, social locations and/or goals in a change process.

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# Chapter 2

## Culture-Infused Counselling: Contexts, Identities, and Social Justice



Nancy Arthur

### Introduction

As you begin to read this chapter, reflect on the following question: What does it mean for counsellors to be culturally competent? The term multicultural competency is contentious as it implies an end state or reaching a point where a person is entirely competent. Instead, multicultural competency can be viewed as an aspirational goal that one never completely achieves. Counsellors are invited to engage in a process of lifelong learning in which they continue to learn about people and their cultural identities and cultural contexts. That learning journey includes ongoing reflection to increase self-awareness as well as learning about other people and their multiple worldviews. These are foundational steps for building a respectful working alliance in collaboration with clients. Counsellors need to consider people's social locations and incorporate the reality that not all cultural identities are treated in an equitable manner across contexts. Social processes lead to some identities being valued more than others, resulting in degrees of privilege and marginalization.

The purpose of this chapter is to expand the discussion of culture-infused counselling (CIC); (Collins & Arthur, 2010a, 2010b) from Chap. 1. The content of the chapter focuses on culture and social justice as synergetic concepts for CIC. In this chapter, the revised CIC framework is introduced to highlight the four main domains and accompanying competency statements. While reading about the framework and the content related to the competency domains, readers are encouraged to self-identify areas for further learning within each of the domains. Counsellors are also encouraged to use systems thinking in case conceptualization and intervention planning directly with clients and on their behalf in counselling and in other professional roles that can be used to address social inequities for people's mental health, e.g., research, teaching, supervision, advocacy, consultation, and interprofessional collaboration.

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© Springer Nature Switzerland AG 2018

N. Arthur (ed.), *Counselling in Cultural Contexts*, International and Cultural Psychology, [https://doi.org/10.1007/978-3-030-00090-5\\_2](https://doi.org/10.1007/978-3-030-00090-5_2)

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## Multicultural Competency Frameworks

Multicultural competency frameworks are used to delineate specific attitudes, knowledge, and skills related to multicultural counselling. Readers are encouraged to access information about historical developments and contextual information in order to compare and critique multicultural competency frameworks (see Collins & Arthur, 2010a). Additionally, there are a number of issues about multicultural counselling competency frameworks that have detracted from their usefulness. First, the large number of competencies in various frameworks is a deterrent for students and practitioners, who may feel overwhelmed about the sheer number of competencies they are expected to learn. Second, with large numbers of competencies, there is often a great deal of overlap between the domains, making a competency-based approach seem repetitive and difficult to delineate in terms of the relative importance of individual competencies. Third, evaluations of student learning outcomes or staff performance are rarely linked to specific competencies, giving a message that they are not really important. Fourth, the assessment of multicultural counselling competencies is primarily conducted through self-report methods, which are subjective, and individuals may have difficulty assessing what they know and do not know. Fifth, the focus of competencies has been placed on enhancing the multicultural competence of counsellors, with earlier frameworks developed around the premise that counsellors come from privileged White, middle-class backgrounds. Sixth, there is little research to demonstrate the ways that improving the multicultural competencies of counsellors transfers to improved practices. Future research is needed to test ways that competency development actually improves counselling process and outcomes for clients. Seventh, the call for multicultural counselling competencies has not been matched by research to substantiate particular pedagogical approaches. Questions remain about how best to engage learners in competency development. Despite these apparent limitations of competency-based approaches, frameworks have dominated the literature as a foundation for multicultural counselling. Readers are invited to review the content of contemporary competency frameworks as a source of information to self-assess areas of growth and development. Specific competencies may be selected as the focus of current and future professional development.

Earlier competency frameworks emphasized competencies for counsellor self-awareness, knowledge, and skills, within three domains, typically related to counsellor self-understanding, understanding of clients, and the counselling process Sue et al. (1992, 1998). However, self-awareness, knowledge, and skills cross over the central domains. Recent developments in the field of multicultural counselling have also led to parallel developments in new frameworks of multicultural counselling. For example, as noted in the previous chapter, there has been a shift to emphasizing the importance of social justice in the multicultural counselling literature, (e.g. Arthur & Collins, 2015a; Ginsberg, & Sinacore, 2015; Kennedy & Arthur, 2014; Speight & Vera, 2004; Vera & Speight, 2003). This shift has led to the revision of competency frameworks that directly attend to competencies for social justice advocacy and action.

### Multicultural Counselling Competency Frameworks

Arredondo, P., Toporek, R., Brown, S., Sanchez, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling & Development*, 24(1), 42–78. <https://doi.org/10.1002/j.2161-1912.1996.tb00288.x>

Collins, S., & Arthur, N. (2010a). Culture-infused counselling: A framework for multicultural competence. In N. Arthur & S. Collins (Eds.), *Culture-infused counselling* (2nd ed., pp. 45–66). Calgary, AB: Counselling Concepts.

Collins, S., & Arthur, N. (2010b). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly*, 23(2), 217–233. <https://doi.org/10.1080/09515071003798212>

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and social justice competencies*. Retrieved from Association for Multicultural Counseling and Development, Division of American Counseling Association website: <http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=14>

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70, 477–486. <https://doi.org/10.1002/j.1556-6676.1992.tb01642.x>

Sue, D. W., Bernier, J. B., Durrant, M., Feinberg, L., Pedersen, P., Smith, E., ... Vasquez-Nuttall, E. (1982). Cross-cultural counseling competencies. *The Counseling Psychologist*, 10, 45–52. <https://doi.org/10.1177/0011000082102008>

Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M., ... Vasquez-Nuttall, E. (1998). *Multicultural counseling competencies: Individual and organizational development*. Thousand Oaks, CA: Sage.

The Multicultural and Social Justice Counseling Competencies (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015) explicitly link multicultural and social justice competencies with counsellor actions. There are four notable strengths about this innovative framework: First, developmental competencies are specified in four domains—(1) counsellor self-awareness, (2) client worldview, (3) counselling relationship, and (4) counselling and advocacy interventions. Second, within the first three domains, competencies are clustered around attitudes and beliefs, knowledge, skills, and action. This framework is helpful for illustrating the kinds of actions that can be taken by counsellors in each of the four domains. Third, the counselling and advocacy interventions are organized into a multilevel framework for social justice advocacy that provide directions for counsellors to intervene directly with clients or on their behalf. The competencies for counselling and advocacy interventions are outlined for multilevel interventions “at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels” (p. 11). The content provides counsellors with practical competencies designed for actions at

these various levels. Counsellors may find this competency framework useful for designing interventions to assist clients directly, on behalf of clients, or to address social and systemic barriers that directly or indirectly create adversity for groups of clients or for the public when working in either remedial or preventative roles.

Another notable strength of the Ratts et al. (2015) framework is the attention paid to the relative privilege and marginalization of counsellors and clients. The axis of privilege—marginalization—is important for moving the discussion away from the politics of identities that has historically pivoted around client identities determined by group affiliation. Although taking an emic approach to highlight the social positioning of some groups may help to draw attention to resources to specific groups, it also has the negative consequence of pitting groups against each other on a hierarchy of oppressions. As noted in the discussion in Chap. 1, there may be considerable variation in the intra-group and intergroup experiences of individuals.

Further, the emphasis on dominant versus non-dominant groups sets up a binary and arbitrary line of inclusion versus exclusion about who should be the focus in multicultural counselling. It has been often assumed that clients have been marginalized and that counsellors are in a position of privilege. Such a dichotomy ignores the varied experiences of both counsellors and clients, as people's experience of relative advantages or marginalization in life should not be assumed. Contemporary perspectives on multicultural counselling take a more inclusive approach to multicultural counselling for all clients, regardless of social location. Additionally, contemporary perspectives broaden the discussion beyond the assumptions that all counsellors are White, middle-class, and from affluent backgrounds or have typically led a life supported by other dimensions of privilege. Rather, shifting the focus to an axis of privilege and marginalization allows fuller examination of the intersectionality of people's identities (Moradi & Grzanka, 2017). The discussion in this book chapter continues the examination of the cultural identities and social locations of counsellors and clients as fluid over time and across situational contexts. The social location of counsellors and clients, associated with people's experiences of relative privilege or marginalization, is pertinent for establishing a counselling relationship, for determining counselling goals, and for designing culturally relevant and socially just interventions.

## **The Revised Culture-Infused Counselling (CIC) Framework**

The culture-infused counselling (CIC) framework was developed over the course of 15 years of collaboration and was revised in 2017. Coincidentally, the revision of the CIC framework occurred during a similar time period of development as the Ratts et al. (2015) competency framework. Since the last publications of the CIC domains and competencies (Collins & Arthur, 2010a, 2010b), the authors have made a number of changes to update the framework.

The primary change to the CIC framework involved centralizing the interconnections between culture and social justice. In working with the domains of the model,

counsellors are encouraged to explore the potential influences of cultural contexts, cultural identities, and social locations in case conceptualization and intervention planning with all clients.

This revision was made to overcome some of the earlier issues of addressing culture and social justice separately and positioning social justice action as a separate domain. Instead, counsellors utilizing the CIC framework are committed to exploring ways of infusing culturally responsive and socially just practices as a comprehensive approach. Readers are encouraged to review sources that outline the original framework (Collins & Arthur, 2010a, 2010b) and refer to other published resources that were used to inform the revised framework (e.g. Arthur & Collins, 2010, 2014, 2015a, 2015b, 2016a, 2016b; Collins & Arthur, 2018). In the following sections of this chapter, discussion focuses on content to support counsellors with CIC, across the four domains.

The strong emphasis on reflection is integral for counsellors who practise CIC. As introduced in Chap. 1, personal reflections are included in the chapter to encourage readers to do the same through everyday practices of cultural auditing that are discussed later in the chapter. The subsequent chapters of the book offer readers additional examples of counsellor reflections and case examples to illustrate applications of the revised CIC framework.

Not everyone will be at the same place in the journey of professional learning; therefore, readers are encouraged to consider how they might engage with the core concepts of CIC and bring them to your current and professional roles. When you read about the revised CIC model, you will see the interconnections between the concepts of culture and social justice in each domain. To reiterate, multicultural counselling in contemporary times incorporates a strong focus on social justice. The fourth competency domain emphasizes ways for counsellors to apply their knowledge about culture and social justice through designing and implementing interventions that address multiple levels of systems and social change.

*Culture-Infused Counselling Competency Framework (Revised, 2017)*

***Domain I: Salience of Client and Counsellor Cultural Identities***

1. Reflect critically on your own cultural identities.
2. Assess and appreciate the cultural identities of your clients.
3. Acknowledge the subjectivity of your worldview and cultural identities.

***Domain II: Critical Reflection on Client and Counsellor Social Locations***

4. Assess critically the relationship between culture and social location.
5. Evaluate and challenge the social injustices that impinge on the health and well-being of non-dominant populations.
6. Analyse critically the discrepancy between your social location and that of your client(s).
7. Commit to values-based, culturally responsive, and socially just practice.

(continued)

***Domain III: Culturally Responsive and Socially Just Working Alliance***

8. Establish a culturally responsive and socially just metatheoretical lens.
9. Foster mutual cultural empathy with clients.
10. Engage in cultural inquiry about client identities and social locations.
11. Nurture constructive collaboration with clients.
12. Collaborate to co-construct preferred outcomes that are responsive to cultural identities and social locations.

***Domain IV: Culturally Responsive and Socially Just Change Processes***

13. Collaborate to co-construct change processes that are responsive to cultural identities and social locations.
14. Implement and evaluate culturally responsive and socially just interventions at the microlevel in collaboration with clients.
15. Implement and evaluate culturally responsive and socially just interventions at the mesolevel in collaboration with, or on behalf of, clients.
16. Engage in social justice action at the macrolevel on behalf of clients.

*Note:* The domains and core competencies in this table are an evolution of the culture-infused counselling model created by Collins and Arthur (2010a, 2010b). Copyright Arthur and Collins (2017) and Collins and Arthur (2017).

## **Honouring the Multiplicity of Worldviews**

The CIC framework is based on a constructivist orientation. Adopting this point of view requires a fundamental commitment to honouring multiple worldviews and experiences (Arthur, 2017, *in press*; Gergen, 2001, 2015). Patton and McMahon (2017) offer insights into the ways that a constructivist worldview is distinct from a logical-positivist worldview. To summarize, one of the hallmarks of a constructivist orientation is the acceptance of multiple worldviews that challenge the notion of a single truth or reality. This point is important for characterizing the nature of the counselling relationship as a process of meaning making in collaboration with clients. The counselling relationship is an ongoing collaboration in which both counsellor and client are active participants. Rather than the counsellor adopting a stance of expert, the counsellor enters into each new counselling relationship from a stance of curiosity and inquiry. Counsellors use prior knowledge in tentative ways as cultural hypotheses to be confirmed by clients, while respectfully listening to the stories that clients offer about their lives. Adopting a position of enquirer positions the client as expert and the client's life context as important information that frames holistic and contextual assessment. It also opens the space for counsellors to learn with and from clients (Paré, 2013), as counsellors are also transformed through the counselling relationship. The counselling process is first and foremost client-centred

and client-driven, to support active participation of the client in determining relevant counselling goals and processes.

One challenge for counsellors is managing the assumption that all clients want to work from a position of collaboration. Indeed, clients' expectations may vary, and some clients might prefer counsellors who take on more of an expert, directive approach, more aligned with a logical-positivist worldview. Counsellors need to be prepared to be flexible and to meet clients in ways that are going to engage them to pursue counselling. The notion of being client-driven might be expanded to consider the counselling style that aligns with client expectation. Through instruction and through experience in a trusting relationship, some clients might be encouraged to feel more comfortable as active participants in the counselling process and being open to developing new skills in doing so. Over the course of any counselling relationship, counsellors may find that they need to adapt their style along a continuum of logical-positivist and constructivist worldviews as needed to engage clients or to combine aspects of both worldviews. For example, some counsellors primarily work from a constructivist orientation but also incorporate standardized assessment tools. With each client, counsellors can incorporate information from the client's cultural context that might include notions of power and expression of respect for people in authority, help-seeking behaviour, cultural practices for addressing personal issues, and expectations for professional helping relationships.

### *Constructions of Identity*

From a constructivist orientation, people's identities are constructed and negotiated through social interactions and relationships. Rather than defining people according to a fixed identity, constructivist counsellors appreciate the contextual influences that lead to some aspects of identity being emphasized more than other aspects, across contexts. Sometimes, this is due to an intentional choice of an individual to forefront aspects of their identity. In different contexts and under different circumstances, other people may emphasize a particular aspect of an individual's identity. Identities become constructed and understood through social interaction. In either case, issues such as personal safety, relationship status, and/or stereotypes may come into play for defining an individual's identity.

It is more accurate to say that people hold multiple cultural identities that are defined and redefined based on the context. As the context shifts, the individual shows more or fewer aspects of their personal cultural identities, with some dimensions of identity coming to the foreground and other aspects receding to the background. The concept of salience denotes which aspects of cultural identities are shown by the individual, or are emphasized by other people, as more or less important in any situation. There may be congruence or incongruence between the cultural identities for which an individual wants to be known and the responses from other people. In other words, aspects of cultural identities for which an individual would like to be known, or have

recognized by other people, may contrast with the aspects of identity that are emphasized by others in particular social contexts. For example, a highly successful worker may value his leadership contributions to an organization. However, in referring to this employee, other employees in the workplace might emphasize his non-dominant status as a primary reference point, e.g. ethnicity, religion, and sexual orientation, to categorize the person. In doing so, a narrow view of that individual is perpetuated at the expense of discounting his talent and achievements.

To reiterate a central point introduced in Chap. 1, understanding people's cultural identities and cultural contexts are key considerations for ethical and competent professional practices with all clients (Arredondo & Toporek, 2004; Arthur & Collins, 2015b). It is important for counsellors to assess which aspects of cultural contexts and cultural identities are important for individuals in their life world. The key focus is placed on what clients deem as relevant for understanding their presenting issues and for designing relevant and meaningful interventions. Without collaboration, there is a risk of counsellors contributing to stereotypes about people, based on arbitrary group affiliations or limited understanding of a client's unique worldview.

## **Exploring Counsellors' Cultural Identities and Social Locations**

Working across the domains of the CIC framework requires critical reflection by counsellors on their personal cultural identities and ongoing exploration of the subjectivity of their worldviews. To reiterate a point that was introduced in Chap. 1, all people are cultural beings, including counsellors. From the time of early discussions about multicultural counselling competencies in the 1970s and 1980s (e.g. Sue et al. 1982), cultural awareness was named as a primary domain and the starting place for counsellors to enhance their multicultural counselling competency. Developing personal cultural awareness is a foundation that is complementary to developing knowledge and skills that for moving beyond non-discriminatory practices to assuming an anti-oppressive stance with all clients.

When counsellors are open to exploring the influences of their cultural identities and social locations, it is generally assumed that they are less likely to impose their worldviews on clients. Ignoring cultural influences on the identities of counsellors and clients risks being exploitive and oppressive towards clients. As noted in Chap. 1, it is an ethical mandate for counsellors to be respectful and culturally responsive to their clients. In order to do so, counsellors have to gain understanding of their personal cultural identities. Otherwise, counsellors run the risk of imposing their worldviews on clients, which can be oppressive in its own right, or add to the burden experienced by some clients who seek counselling assistance to address other sources of oppression in their lives.



I had not thought much about *racism*, as it was not part of my personal experience—at least as the recipient of racism. I certainly had not thought much about being the perpetrator of racism. I am not sure whom I used to mean when I thought about racists; maybe it was the sensational stories portrayed in the media. When I began to read the multicultural counselling literature, a vague sense of discomfort began to become familiar. A feeling of uncertainty loomed and then the feelings started to get stronger.

I remember early in my career reading about counsellors as *unintentional racists* (Pedersen, 1995; Ridley, 2005), and I was quite upset about the content. I couldn't name it, but something in that article deeply disturbed me. At first, I felt angry and defensive that all counsellors were accused of being racists, but something about the use of the term "unintentional" stayed with me. The challenge was to open my eyes to look outwards and to look inwards.

After a while, I began to reconsider my reaction. What I was angry about was facing the topics of privilege, power, and forms of oppression in my own life. I couldn't live in the same way anymore. I had to deeply examine some issues in my own cultural identity—I did not want to look, but neither could I turn away—not in the same way I could before. Once awareness begins, it seems to pour out through turbulent waters. I have learned to let my emotions be my guide when reading material on multicultural counselling. If I am feeling something uncomfortable, that is the messenger telling me it is worth taking a second look—both inside and outside.

Beyond personal socialization, counsellors are encouraged to consider their professional socialization and indoctrination into using particular theoretical approaches to counselling. A big part of professional socialization involves exposure to theoretical perspectives. The cultural validity of theories and models must be examined to determine if they are appropriate for applications across populations and cultural contexts (Arthur, *in press*). It should not be assumed that theories and models that were developed to apply to one population, e.g. White and middle class, can be adapted to individuals from non-dominant groups and other social locations, as this risks imposing a colonial view.

Less attention has been paid to the importance of considering the alignment between the client's cultural worldview and the cultural worldview of the counsellor as expressed through selected theoretical preferences. This is an important point, given the central role of client factors in the change process (Laska & Wampold, 2014). Common factors research (Duncan, 2014; Feinstein, Heiman, & Yager, 2015) has highlighted factors external to the therapeutic process, e.g. client factors, as well



as factors within the therapeutic process, e.g. therapist factors, the counselling relationship, client-counsellor collaboration for fostering hope and expectancy of positive change. The importance of incorporating client feedback has also been emphasized and is relevant for the discussion of theoretical preferences. It is important to consider the underpinnings and tenets of theories that inform interventions, in consideration of a client's worldview. Otherwise, there is danger of counsellors imposing a particular theoretical view that has underlying values, tenets, and assumptions connected to the era and context in which it was developed. However, this position is not without debate. For example, it has been argued that the change process transcends theoretical approaches due to the robust outcomes of common factors of change (Laska & Wampold, 2014; Wampold, 2015). Another point of view favours the use of theories that are linked to empirically validated treatments (EVTS). However, cautions are given to ensure compatibility of theoretical orientations that underpin EVTS with clients' cultural worldviews and cultural contexts (Arthur & Collins, 2015b; Gazzola, Buchanon, Nuttgens, & Sutherland, 2016). As part of a collaborative relationship, clients need to feel engaged and supported in reaching their identified goals. Further, the dominance and privileging of some theoretical perspectives in EVTS may be at the expense of subjugating less popular theories and the voices of diverse theorists and practitioners around the world (Rogers-Sirin, 2017).

In my doctoral practicum, heavily steeped in a classical model of cognitive therapy (Beck, 1995), I was just trying to learn the model and follow it with clients, who were funded to participate in empirically based diagnoses and treatment protocols.

*Self-talk: Ok, settle into the session and find ways to challenge the client's thinking that is creating distress. What if his thinking seems realistic, given the burden that he's carrying? What is triggering his thinking, and what if we could work on the systemic triggers; would the thinking dissipate? Nobody seems to discuss these issues here, except one other practitioner, and she's a nurse, not a psychologist or psychiatrist. We have these conversations but I get the sense that they have to be private conversations. OK, I'll focus on the thinking and how the feelings, thinking, and behaviour are linked.*

I felt uneasy about the lack of attention paid to clients' cultural contexts. With one client, referred by a physician, I remember working with the client with the goal to help reduce his anxiety in the workplace. The workplace sounded dreadful (my attribution based on his attribution), and the way he felt he was treated seemed psychologically abusive (my attribution). Yet, he was the one seeking help. At one point, he protested that everything would be better in his life if his boss were fired.

(continued)

*Self-talk: Ok, just follow the model; we don't have the workplace system here, or his boss seeking help, just the client, and he is not sleeping, he is experiencing chest pain, and he is not participating in things that he used to enjoy.*

Through eight textbook sessions of CBT, the client's anxiety had reduced considerably on the quantitative measure; he seemed happier and was more able to cope at work. In our last session, we joked together that this was the day he was here to fire me, because he could not fire his boss. Job done, or was it?

Don't get me wrong; I have used a CBT approach or elements of it with many clients but was disappointed in supervision that ignored clients' cultural context and the interpersonal and structural systems that influenced their presenting issues. Thank goodness that I had one colleague, who had years more experience and who affirmed through our secret conversations that the problem was not entirely with my thinking.

Therapeutic ruptures in the working alliance occur through interpersonal tensions that impair collaboration between counsellors and clients (Safran & Kraus, 2014). One risk for cultural ruptures occurs in the working alliance when counsellors impose their worldview and fail to take into consideration their clients' worldviews. Within a trusted counselling relationship, clients may speak up about a negative experience with a counsellor. However, counsellors may never know the specific impact of their behaviour; clients may choose not to disclose their experience during a session or choose to not return for more counselling.

CIC involves taking a stance of cultural humility in working with all clients. Counsellors need to be self-aware and willing to engage in an ongoing process of reflection about their biases, address cultural ruptures in the alliance, and actively work to strengthen the working alliance (Mosher et al., 2017). Ultimately, the real test of cultural humility is not how we perceive ourselves. What matters most is how our clients view our openness to understanding the cultural influences that are relevant for their lives. Counsellors who practise cultural humility are less likely to engage with clients in ways that lead to misunderstandings, miscommunications, or microaggressions (Hook et al., 2016).

## **Exploring Clients' Cultural Identities and Social Locations**

CIC emphasizes exploration of cultural identities that are important to the people that counsellors serve in their professional roles. As noted earlier in the discussion, caution is given about defining anyone according to a single aspect of identity or a

general group description, without checking out the salience and relevance of that information with individual clients. Exploration of people's cultural identities is important for appreciating the potential influences of people's cultural contexts and social location. Although individuals have relative degrees of agency and control, their cultural identities also become internalized, often unconsciously, as a result of collective learning and experiences within group contexts. Some of the common dimensions of cultural identities that counsellors are encouraged to explore with clients for their relevancy include gender, gender identity, ethnicity, sexual orientation, age, religion, ability, social class, and the intersections of these dimensions that form unique identities. However, there may be other aspects of people's identities that are salient, or important in peoples' lives, such as indigenous or settler worldviews, rural-urban lifestyles, immigration experiences, or people's beliefs and values along a spectrum of individualism and collectivism. This is not an exhaustive list; the key point is to assess formally and informally the aspects of cultural identities and social locations that matter to your clients.

At the same time, counsellors are cautioned about overemphasizing people's cultural identities as a presenting problem. For example, during a discussion in a first counselling session, a client mentions that he is gay. However, it should not be assumed that the presenting issue this individual wants to discuss is around this sexual orientation. The counsellor listens for how the client describes the presenting issue and informally assesses potential connections. A more direct invitation to the client might be given, to open the door to agree or disagree at that time, and also shows that you are acknowledging him more fully. The client is then free to say, yes or no, his experience as a gay man is something that he wants to discuss at that time, or later, as he wants to, as the expert of his life.

## **Intersectionality of People's Cultural Identities**

The complexity of people's cultural identities and social locations must be taken into account, including the intersections of identity, privilege, and marginalization (Peters, 2017). Rather than treating dimensions of people's identity as essential and separated, an intersectionality framework takes into account the interconnected and fluid nature of people's identities across social contexts (Cheshire, 2003). It is often the case that people experience complex and multilayered forms of oppression and privilege in the contexts of their lives (Israel, 2012).

Incorporating intersectionality can support collaboration with clients to draw connections between their identities and experiences of social inequities and injustices (Rosenthal, 2016). Counsellors are encouraged to be open to discussing the connections between clients' experiences and naming the sources of structural barriers and social inequities as influential on clients' presenting concerns. Counsellors are also encouraged to inquire about potential sources of oppression in

people's lives. At the same time, listening to client's stories within the contexts of their lives is a powerful source of assessment that can be used to surface narratives about the intersections of privilege and disadvantage in people's lives (Israel, 2012). Additional resources for exploring perspectives on intersectionality include the *The Multicultural Guidelines: An Ecological Approach to Context, Identity and Intersectionality* (APA, 2017) and a special issue of the *Journal of Counselling Psychology* devoted to intersectionality research in counselling psychology (Grzanka, Santos, & Moradi, 2017).

## **Enhancing a Culturally Responsive and Socially Just Working Alliance**

Much of the emphasis on multicultural counselling has been placed on what happens when clients and counsellors come together. Yet, for clients, their experience of help-seeking begins from the point that they initiate help-seeking behaviour. How clients are received during an intake process, what questions they are asked, and what aspects of their lives are highlighted or ignored set the stage for their impression of counselling as helpful or not helpful. Many of the conventions of counselling, such as location, hours, office structure, and appearance, are often taken for granted as a familiar environment for counsellors, yet these are new sources of impression for clients. For example, readers might reflect on what it might feel like for clients to sit in a waiting room before they meet a counsellor. Who would they see represented in the material in the waiting room, the pictures on the wall, or who else is in the office area? Once they enter a counsellor's office, what visual cues are evident that give messages about a counsellor's social location that might be similar or different to a client's social location, e.g. family photos, titles of books, symbols that represent affirmative practice, etc.? The symbols represented in counselling settings offer cues to clients about the identities and practices of counsellors.

### ***Constructing an Effective Working Alliance***

The nature of the working alliance between counsellors and clients is constructed through a process of collaboration with clients, cultural inquiry, and the demonstration of mutual cultural empathy. Reflection about the use of language and dialogue is an important part of developing an effective working alliance. Counsellors can invite clients to select which words are preferred to describe or name presenting issues, what words clients would like counsellors to use, and what words best illustrate the preferred direction of change (Paré, 2013). Again, counsellors are reminded

not to impose professional language from theories and not make clients “fit” the applications. Rather, counsellors are encouraged to make transparent the language and meanings views that they use to guide their work in a process of informed consent, so that clients can make an informed choice about the use of language and engagement in the change process.

In developing a culturally responsive and socially just working alliance in CIC, both counsellors and clients actively engage in negotiating goals and processes. Enacting mutual cultural empathy is not a static place but one that ebbs and flows in your relationships with clients as you walk with them where they want to walk and as you hear their stories in ways that they feel are important for reaching their goals. Taking this forward, enacting the process of mutual cultural empathy is hard work, and it demands a great deal of energy from counsellors. Get too close and you risk losing perspective about the client’s experience. Stay too far away and you will be working from a detached distance.

The working alliance has been centralized in the CIC model, throughout the past 15 years of development and revision. Again, drawing on the common factors literature, the client-counsellor relationship has been identified as a core factor that contributes to client change and counselling outcomes (Duncan, 2014; Feinstein et al., 2015). For many people, the experience of a strong therapeutic relationship between counsellor and client is itself can be an intervention. For some clients, a trusting relationship with another adult who is non-judgemental, and in which clients experience unconditional positive regard, sets a safe foundation for clients to try new behaviours, learn different ways of relating, and experience positive change. The relationship part of the working alliance may be particularly important for clients whose presenting issues are connected to relationship challenges.

Monique was a client who I worked with on and off for a period of 2 years. I want to emphasize on and off, as this pattern in our professional relationship seemed to mirror some relationship challenges that Monique described in other areas of her life. We started by examining her goal of wanting to be “better at relationships”. Monique was initially excited to seek counselling and work on some specific sub-goals that she identified.

Then the tests began. I am not referring to academic exams, rather the tests for our relationship that seemed like strong countertransference reactions to relationships in her life. Would I be there if...? Could she miss an appointment and then show up the next day...? Would I accept the gift that she brought...? Was I angry at her for not doing better...? Amidst what seemed like a lot of relationship testing, Monique began to show a more vulnerable side and the sense of loneliness and despair that fuelled her depression. Monique would bury herself in her work as she received a great deal of recognition from her family for her success. Monique would turn down social invitations and then

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long for social connection. Monique described a pattern of getting close to people, “too quickly” and then “they always disappoint me”. I referred back to that statement with Monique, asking her if she would be willing to tell me if she had some of those feelings in counselling that might surface as barriers for her to stop pursuing her goals. Monique let me know by missing sessions. However, she found her way back to counselling several times. I just accepted that it was too intensive for her to engage in a continuous counselling relationship and always encouraged her to come back when she was ready.

Monique’s impending move to another city provided a natural time for us to end our counselling relationship. I intentionally brought up the ending process with her about a month before the time of her move. I invited Monique to work with me on the ending process to provide support and to experience a different kind of ending. It was hard work for her and for me. However, she came each week for that last month to discuss her progress and things she still wanted to work on and showed me a sketch she had drawn about the important people in her life. I invited her to talk about each of the people in the sketch and how she saw herself in relationship with them in the present. Lastly, she talked about our relationship and how difficult it was for her to say goodbye. I honoured that moment with her for choosing a different way of saying goodbye than she had done in other relationships in her life and the growth that represented for her.

Practicing from the CIC framework is based on honouring the strengths of clients. For some individuals, values conflicts may lead them to polarize aspects of their identities, as good/bad, desirable/undesirable, based on the social scripts that they have learned and internalized. Counselling conversations may offer alternative views of conflicting identities through opening possibilities and choices rather than restricting choices. In doing so, clients are supported to actively honour their strengths and the multiplicity of their identities. Through a counselling relationship in which clients experience being accepted, they may be encouraged to accept aspects of themselves that may have been internalized in negative ways through exposure to dominant social scripts and negative views of their identities.

In the CIC domain that emphasizes the working alliance, it is important to assess a client’s worldview and beliefs about possible ways of living and change making. Sometimes, people adopt an “all or nothing” stance in making choices between what they perceive to be two distinctive ways of living. Such binary comparisons may lead to ignoring possible ways of incorporating and authoring a new narrative for life-making and constructing possibilities for change.

Parmita sought counselling to try to find a way to live with less stress and depression, which was then so debilitating that she would retreat to her bed upon returning home from work each day. Parmita said she felt like she was living in two parallel worlds: the world of her family and the world in which she had been educated, at two universities in two other cities. Upon graduation, Parmita moved home and lived with her parents. As the oldest child, she felt a huge responsibility to continue to achieve and to obey her parents to gain their approval and love. However, she also felt ashamed that she was not born male, because that would have brought more honour to her family. She wanted to live in her own apartment, but her parents would not condone this level of independence, because in the eyes of the community, it would suggest there was something wrong with their family. Her affair was a secret from the family, who weekly asked her if she had met anyone, but she could not bear to bring a White boy home to her family, despite her strong feelings for him. The talk of an arranged marriage was very scary to her, but she was feeling more resigned to the idea, because she felt less energy to stand up to the cultural norms she was expected to follow.

Parmita was slipping away from her life, literally, due to her experience of being overburdened that she was experiencing. My invitation and probing about the meaning of cultural norms for her was a process of helping her articulate them, and helping her move from a choice, which seemed to be between life and death, feeling compelled to choose one set of values and way of living over another, towards strengthening her life within herself, her family, and the surrounding community structure. The trusted relationship that we built together provided a space for her to look within and back to her culture and to note many of the strengths that she had taken for granted. As I pointed out cultural contrasts, Parmita would defend her parental wishes for her and the practices of her community. This action was one of healthy resistance against changing in ways that were too far away from her fundamental beliefs. We identified a family ally, with whom she might begin to share a few of her ideas and to test the water for taking some degree of independence. We discussed her ideal vision of independence and what the drawbacks to that independence might be for her. Some increased anxiety surfaced as she envisioned a life cut off from her family. During 8 months of working together, Parmita embraced many aspects of her cultural identity through realizing how much her family meant to her and how it was possible to live her life in many ways, both within and beyond family expectations for her.

### *Counsellor Flexibility with Styles of Counselling*

Using one style of counselling with all clients is far from client-driven. Rather, counsellors require cultural competency that will allow them to shift in ways that are supportive of their clients' needs. This will vary between clients from different social locations and between clients who also hold aspects of similar cultural identities. A key point is that any client's needs may shift during the course of counselling, and counsellors require essential flexibility to follow their client's leads. For example, as some clients become more comfortable with the counselling process, the counsellor can "check in" with the client about more or less need for structure and support clients in taking more of a lead. Often, this process will mirror other aspects of clients' lives, in which they can gain insights and skills that help them feel more empowered about taking action. As noted previously in the chapter, CIC involves constructing and negotiating an effective working alliance that will differ with each client.

Charlie sat in silence, several times during this and previous sessions. I was not sure how we were doing and what this silence meant for Charlie. Finally, I asked him. Charlie seemed surprised and told me, "I am deeply considering what you have just said". I thanked him for his attention and honesty. Charlie had sought me out, as he did not want to risk working with someone who would know his family. Yet, as we talked about Charlie's perception of overwhelming responsibilities at work, in his community, and how he expressed his stress in ways that were unhealthy for himself and his family, the concern for his family and community seemed to be ever present in the session. I did not want to assume this individual's worldview or invite Charlie to participate in practices that might not resonate for his experience. I asked Charlie who would be the person he would recommend for other people from his community, and he mentioned an elder, whose opinion he valued deeply. We discussed how that meeting might go, if Charlie were to seek counsel from the elder, the importance of rituals that he would like to honour, and the importance of place for that meeting. My role was not to duplicate methods for which I hold no cultural legitimacy or permission to use. My role was to walk with Charlie in preparing to seek the connection that he wanted in his community and to access his courage for mobilizing his inner sense of knowing. Two months later, Charlie came back to see me, with a stronger sense of conviction and determination about the direction of change in his life. Charlie found that direction in connection with other people in his relational system of influence.



To illustrate the importance of constructing and negotiating a working alliance, counsellors are cautioned about making assumptions about a preferred style based on preconceptions of clients. For example, there is a stereotype in the literature that international students prefer directive counselling, particularly aimed at international students from Asia. In deconstructing that stereotype, there are aspects that may hold true and other aspects that could result in unintended microaggressions. Grouping large geographical areas together is problematic as it ignores between and within-country differences. There are times when international students, or any other client, seek counselling for specific problem-solving and single-session interventions, at a time when they feel they have no other resources or have exhausted other avenues of support. The phrase, “Tell me what I should do” might be rephrased as, “Let’s discuss what you can do”, helping clients to learn about possible options that are culturally relevant and appropriate for the situation, in order to make an informed choice about action. In such cases, clients might appreciate a more directive approach centred on problem-solving. In contrast, clients who are experiencing higher degrees of confidence and self-agency may be very comfortable working in a more equalitarian way and taking the lead. The main point is that counsellors need to assess the cultural influences on help-seeking and ways to support clients to grow within the counselling relationship.

## **Cultural Auditing as a Tool for Reflective Practice**

As a tool to aid counsellors, with a holistic, multilevel assessment, cultural auditing is a process designed for reflective and practical ways to engage with clients (Arthur, 2017; Collins, Arthur, & Wong-Wylie, 2010). Reflective questions focus on (a) the personal cultural identities of counsellors, (b) clients’ cultural identities, (c) ways to develop and strengthen the working alliance, and (d) prompts for engaging in culturally responsive and socially just interventions. Consistent with the view that counselling with all clients involves counselling across cultures, cultural auditing is also designed for use with all clients.

Overall, the aim of cultural auditing is to help counsellors to infuse culture and social justice in stronger ways in all of their professional roles. The tool can be used directly in work with clients through reflection before, during, and after counselling sessions. The cultural auditing process was originally organized as 13 steps or topic areas, noted as reflection points in the chart below. When using the cultural auditing process, counsellors can incorporate concepts from CIC into daily practices.

*The intent of cultural auditing is to provide counsellors with focused reflection about the influences of culture on their work with individual clients, groups, and systems. Cultural audits may be formal processes embedded in formative and summative evaluation protocols but they are more often part of an individual practitioner’s daily practice of cultural reflection. (Arthur & Collins, 2010b, p. 158)*

The questions and probes in the cultural auditing process are designed to help counsellors enhance skills for critical thinking and cognitive complexity (Owen & Lindley, 2010) about the interconnections between people’s cultural identities, social locations, and potential influences of social inequities in people’s lives. Cognitive complexity is an important skill to move away from singular notions of client identity and to avoid categorizing people and their experiences (Arthur & Collins, 2015b), commonly seen in oppressive practices of unconscious \*isms, e.g. racism, sexism, ageism, etc. The cultural auditing process helps to support counsellors to engage with multilevel holistic assessments that involve the individual client and the systemic and social structures that are relevant in the client’s social location. In turn, counsellors can be more intentional about the levels of intervention that might be most appropriate for addressing individual client concerns and for addressing structural barriers that impact many people.

The cultural auditing process can also be used as a tool for counsellor supervision, using live sessions or videotapes of counsellor’s work or the work of other counsellors. Using prompts from the cultural auditing process, supervisees might be invited to reflect on the following: (a) what attention was given or not given to the cultural identities of either counsellor or client, (b) how cultural identities and social locations might be important for building rapport *and a* trustful relationship, (c) how the counsellor invites exploration of relevant contextual influences, (d) use of language that empowers clients or frames their strengths, and/or (e) how the counsellor invites the client to join in intervention planning. These are just a few examples, but the cultural auditing process can be a meaningful way to engage with supervisees to learn from practice examples and enhance cultural competency.

Culture-infused counselling: the cultural auditing process (Arthur & Collins, 2010)	
Reflection points	Questions or topics for reflection
1. Reflect on the potential influences of culture on establishing initial rapport in the counselling relationship	<p>How might gender dynamics and differences in age, sexual orientation, ethnicity, or range of ability between my client and I impact the counselling relationship?</p> <p>What conflicts in values and beliefs might arise, including religious beliefs?</p> <p>How might my prior history of working with clients from a similar cultural group impact my working with her?</p> <p>What are her cultural norms about privacy and her preferences for informal versus formal relationships, degree of directiveness, and communication styles?</p> <p>What has her previous experiences with people in authority been like?</p> <p>What potential language barriers exist and how are those most effectively addressed?</p>

(continued)

Reflection points	Culture-infused counselling: the cultural auditing process (Arthur & Collins, 2010) Questions or topics for reflection
2. Reflect on the potential influences of culture on the development of a relationship of trust and respect	<p>What information about the counselling process might she require in order to understand the roles and processes involved?                      Given my understanding of her cultural identity, how can I best highlight the ways that we share values, beliefs, and perspectives?                      What style of counselling might best suit her particular cultural expectations and norms?                      What types of cultural inquiry might fit best for her and ensure that all relevant factors are considered throughout the counselling process?                      What can I do to enhance my credibility as someone who can help her reach her goals?                      How do I best communicate to her that I understand and empathize with the experiences, thoughts, and feelings she has shared with me?                      What aspects of her expressed needs can I address early on in our interaction that will increase her expectation for success in counselling?                      How can I best establish a collaborative interaction that equalizes power wherever possible?</p>
3. Reflect on the potential influences of culture on counselling conventions	<p>What can I do to structure the environment and the counselling session to enhance her trust and willingness to return to counselling?                      What norms related to setting, time scheduling, frequency and length of appointments, or participants in the session might I want to consider adapting?</p>
4. Reflect on the potential influences of your personal culture on how you view clients from this particular cultural group or groups	<p>What assumptions am I making about this particular client and her culture?                      In what ways do I assume we are similar and different because of our cultural backgrounds?                      What aspects of my own beliefs, values, or worldview do I anticipate may be challenged or in conflict in my work with her?                      What are my initial hypotheses about the impact of culture on her presenting concerns? How sure am I of the accuracy of those hypotheses? How open am I to considering new information and modifying those assumptions?</p>
5. Reflect on the potential influences of your personal culture on how you view her presenting issues	<p>What do I believe about human nature and healthy development?                      What assumptions do I make about how problems arise and how change occurs?                      What do I know about common presenting concerns among clients who identify with her cultural group(s)?                      What assumptions do I make about the nature of her problems that may be a reflection of my own cultural encapsulation?                      What stereotypes or biases might I need to watch out for in my assessment?</p>

(continued)

Reflection points	Culture-infused counselling: the cultural auditing process (Arthur & Collins, 2010) Questions or topics for reflection
6. Reflect on the potential influences of her culture on how she views her presenting issues	What is her rationale for the problem and how does this fit with the ways that problems are conceptualized within her culture? What is her view of causality, her sense of where the problem is located (internal or external), and her assessment of her ability to effect positive change? How might her perspective on human nature, healthy development and functioning, and change processes differ from mine because of her cultural identity? How might this alternative perspective fit or not fit with my theoretical orientation?
7. Reflect on the potential influences of broader social, economic, and political systems on her presenting concerns	How might her presenting problems be impacted by family, subcultural group, community, and larger social systems? To what degree might socio-political oppression play a role in her presenting concerns? How do the specific experiences of racism, sexism, heterosexism, ageism, ableism, and other forms of oppression impact her view of herself and of her social, familial, work, and community environments? What expanded roles might be required for me to respond effectively to the multiple influences on her experiences?
8. Reflect on the potential influences of culture on the definition and negotiation of client goals	How do the counselling goals appear to match her presenting issues? What is the impact of her level of acculturation and cultural identity development on her goals for counselling? How might my own level of identity development facilitate or hinder her in attaining those goals? What methods have I used to ensure that the identified goals are consistent with the changes that she wishes to make? Is her conceptualization of the problem and expectations about appropriate solutions compatible with my repertoire of intervention strategies? What ethical considerations or personal and professional values may influence the boundaries I place on negotiating counselling goals?
9. Reflect on the potential influences of culture on associated tasks or sub-goals and the negotiation of counselling interventions	How well does my repertoire of intervention strategies and techniques prepare me to address her presenting concerns in a culturally respectful manner? How are my choices of interventions influenced by my preferences for working with clients in particular ways? In what ways might those interventions need to be modified to work effectively with this client? What levels of intervention could address her presenting concerns? What interventions best match her preferred ways of help-seeking and the goals we have established? How open am I to incorporating indigenous healing practices or resources? Who might be an appropriate cultural support or healer to involve in her counselling process?

(continued)

Reflection points	Culture-infused counselling: the cultural auditing process (Arthur & Collins, 2010) Questions or topics for reflection
10. Reflect on the best ways to evaluate her progress in counselling	What are the potential cultural influences on how I view desirable change made by clients? What are the important indicators in her cultural context that demonstrate how counselling has made a difference in her life? What indicators of success have been negotiated with her to determine that our work together is finished?
11. Reflect on the influence of culture on termination and follow-up	What are the cultural meanings of endings for me and for her? What is the impact of her cultural context and my cultural context on the termination process? What are the potential hazards and benefits of continuing contact with her in a non-counselling role? What strategies should we put in place to ensure comfort and safety if we encounter each other in social settings?
12. Reflect on the links between her experience and the experience of other clients you encounter	What are the common concerns raised by clients from specific groups that are culturally diverse? What are the common concerns raised by clients between groups that are culturally diverse? What level of intervention would best address individual client issues? What level of intervention would impact social change to ameliorate the conditions that lead to counselling concerns?
13. Reflect on the links between her experience in counselling and your continued competency development	Where did my current level of multicultural competence serve me well in the counselling process? What feedback has she provided me about the working alliance, the counselling process, and the outcomes of counselling? What attitudes, knowledge, and skills might I need to develop to work more effectively with a similar client in the future?

## Social Justice as a Guiding Value for Culture-Infused Counselling

The call for social justice is well documented in the multicultural counselling literature (e.g. Foad, Gerstein, & Torporek, 2006; Ginsberg & Sinacore, 2015; Kennedy & Arthur, 2014; Ratts, 2009; Ratts et al., 2015; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). Practicing CIC incorporates social justice and involves taking a proactive stance to address social inequities (Arthur, 2014; Arthur & Collins, 2010). It is not enough to recognize cultural diversity or the prevalence of health disparities in our society. CIC counsellors are committed to going beyond an intrapersonal approach to consider how broader social and organizational structures influence clients' presenting concerns. In tandem, counsellors need to be prepared to expand their repertoire of interventions, beyond the intrapersonal systems of the individual, to address the systems that surround clients' cultural contexts and social locations (Arthur & Collins, 2014). With the growing awareness that people's

health is determined by social and systemic influences, the locus of intervention requires expansion. Using CIC as the foundation of practice, it is an ethical requirement for counsellors to work actively towards social/systemic change to promote an equitable and inclusive society. Counsellors are invited to shift beyond knowledge about social justice to infusing a commitment to social justice action in all of their professional roles, e.g. counselling supervision, consultation, teaching, research, and interprofessional collaboration.

One of the concerns about the profession of counselling psychology is the drift towards remedial interventions. Remedial interventions are important to support clients who are in distress and who require support to reduce symptomology. Remedial interventions often focus on skill building and efforts to enhance the resiliency of individuals to cope better with the precipitating conditions in their lives. However, working solely from a model often protects the status quo and supports a view that clients need to change through adapting to conditions in their lives that are toxic (Kennedy & Arthur, 2014). That is not to say that helping clients to expand their repertoire of coping skills would necessarily be excluded as the direction of intervention. Rather, the way that clients' problems would be conceptualized, in collaboration with them, would not be based on their coping deficits. Indeed, counselling with a CIC lens emphasizes client strengths and their resourcefulness.

Counsellors are encouraged to deconstruct the notions that they are apolitical and that their work is value-free. The adage, the personal is political, draws connections between personal and professional worldviews and has been rephrased to emphasize that the professional is political (Arthur & Collins, 2014; Kennedy & Arthur, 2014). To recap, beyond the ongoing exploration of self-awareness, counsellors are invited to consider the congruence between their personal and professional worldviews and actions. In all of life's roles, we express our values, and there is bound to be overlap between personal and professional domains, which means that counsellors need to be acutely aware of how their values and beliefs align or conflict with the views of other people (Ametrano, 2014). The risk is that counsellors will impose their personal values as a priority, rather than seeking opportunities to resolve values conflicts with their clients (Kocet & Herlihy, 2014). Without such knowledge of values, basic human rights, and ethics, there is a strong likelihood that counsellors will be stuck in the values conflicts they face and engage in forms of oppression, whether intentionally or not.

In their professional roles, counsellors are part of a system where social injustices and inequities are perpetuated (Reynolds & Hammoud-Beckett, 2018). In fact, counsellors' workplaces are not value-neutral and often restrict working within the limits of political agendas of funders and policy-makers (Arthur, Collins, McMahon & Marshall, 2009). In these respects, counsellors are called upon to consider how their work is values-based and political (Collins & Arthur, 2018). At the heart of their work, counsellors are charged with responsibilities to take action to help their clients overcome oppression. Without an action orientation to social change, counsellors contribute to the status quo and perpetuate inequities (Arthur & Collins, 2014). Beyond direct counselling and remedial interventions with clients, counsellors also

have responsibilities to address and overcome the inequitable social system and to take action individually and collectively to address forms of cultural oppression. This necessitates counsellors carefully constructing and deconstructing the relationships between their personal views and professional actions. It also requires counsellors to test their cultural assumptions through staying informed through awareness of the body of evidence available in the professional literature, engaging in professional development, and expanding a community-based network to inform their counselling practices.

Why aren't you more depressed? That was the thought that came to my mind as Linda told her story. We had five sessions of counselling that were paid by her employer, and I had to intervene with her employee assistance plan to increase the number of paid sessions. Linda was afraid that she would lose her job if she took time off to attend counselling appointments, and that would mean losing access to healthcare benefits for herself and her three children under the age of 12. Linda made an appointment with her physician as she was not sleeping well, and the physician offered sleeping pills and antidepressant medication. Linda did not want to take the medication, as she feared that meant she was "crazy". Linda described her situation, working long hours at minimum wage in job with precarious conditions, going home to cook and clean for her children, and worrying about her oldest child who was not doing well in school, and her only solace in life seemed to be connecting with people at her church once per week. Linda presented as an intelligent young woman who was capable of working at a different job, but who could not break the cycle of low wages, long hours, and little energy for academic upgrading. Her situation was not "serious enough" to warrant funding for tuition remission through government-sponsored programs. Her health was declining and she was exhausted. The referral from the doctor was for depression, and I was certainly willing to help her work on some debilitating symptoms. However, Linda's story is all too familiar when a prescription and short-term counselling are offered to help people to adapt to life situations, but that kind of treatment does not help her overcome the barriers to education, meaningful employment, and economic stability. The shift from taking an intrapersonal approach to a social justice approach, takes into consideration multiple systems and the socio-political and structural barriers that influence people's mental health. Interventions need to be planned, accordingly. Along with counselling, our work together involved helping Linda to identify community resources for her family that would provide emotional and instrumental support to help stabilize her situation for the short term and to seek financial resources that would support education to increase her employment options.



## Multiple Levels of Change Processes

In working from the CIC framework, counsellors are invited to consider their skills and resources for designing and implementing multiple levels of change. To clarify, counselling is only one of several types of change processes that counsellors may enact. Rather, counsellors have multiple roles and responsibilities linked to client change, directly or on behalf of clients, in addressing organizational change and in addressing larger social systems. Counsellors are invited to expand their orientation to interventions and think more systemically. Traditionally, counsellors have been concerned with the internal and intrapersonal systems of people and their psychological functioning. There has been greater recognition of a more holistic approach to human functioning, in appreciation of biosocial influences on mental health and well-being. Counsellors also recognize that individuals do not function well in the world, alone, as humans are social beings. The interpersonal system of clients, their friends, family, and whomever clients' consider to be significant others are also important people in their system of influence. Individuals are also influenced by the systems and social structures that are present in organizations, such as school, work, religion, and other community environments. On a broader level, forces such as political and economic systems are increasingly important for people in an interconnected world.

In recognition of the multiple levels of systems that impact people's lives, the revised CIC framework incorporates multiple levels of intervention. The compatibility of systems approaches with multicultural counselling has been recognized for many years to include interventions with individuals, organizations, and/or environmental/societal contexts (Arthur & McMahon, 2005). When counsellors examine multiple systems of influence in their clients' lives, they can help clients to co-construct new meanings about presenting issues and possible solutions. Although counsellors may focus on the intrapersonal systems of clients, potential influences from their interpersonal or broader systems may be important aspects of the client's life context. Consequently, working from the revised CIC framework requires counsellors to expand their roles and levels of intervention to incorporate action that addresses individual and social change.

A framework that has been used to explain systems influences on human development is Bronfenbrenner's (1977, 1979) ecological perspective. Bronfenbrenner's work was used as the foundation of the Systems Theory Framework (Patton & McMahon, 2006), which has informed multicultural career counselling (Arthur & McMahon, 2005) and has been applied across cultural contexts (McMahon & Patton, *in press*). The systems influences on human development outlined by Bronfenbrenner also informed a layered ecological model in the Multicultural Guidelines (American Psychological Association [APA], 2017), incorporating a focus on cultural identities, social location, and intersectionality. Accordingly, five aspects of systems are outlined in the Multicultural Guidelines as a foundation for assessment and intervention practices:

- (1) The microsystem of immediate family, friends, teachers, and institutions that have direct influence on the individual;
- (2) the mesosystem that refers to interrelations of various social entities found in the microsystem that affect a person's life (e.g. home, school, community);
- (3) the exosystem that deals with societal and cultural forces acting upon the individual



without necessarily having a direct link to individual experience; (4) the macrosystem that corresponds with the cultural context in which the individual lives, such as cultural values and norms, as well as laws and governmental influences; and (5) the chronosystem that deals with the influence of the passage of time, historical trends and transitions, and the historical context that surrounds individual experience. (p. 9)

Counsellors are encouraged to access the Multicultural Guidelines (American Psychological Association [APA], 2017) for specific information about ways to incorporate systems approaches into the exploration of clients' identities, social location, and cultural contexts. In turn, thinking systemically can help to strengthen the connections between culture and social justice for designing culturally relevant and socially just interventions.

My previous experience in employee assistance work involved support companies through downsizing, layoffs, and mandatory leaves for their employees. Essentially, that role has often meant working with the employee after the news has been delivered and to help the individual to understand the company policies. However, I have built in assessment for risk, education of the employees about human rights, referral for community-based services for psychological and career assistance that extends beyond their benefit plans, and additional services that are based on the individual's identified needs. In turn, I have spent a lot of time with employers to coach them about ways to lay off people in a respectful way. In one of my last contracts, the human resources representative and manager were poised to speak to an employee about a mandatory leave to address mental health issues, in a room with a glass door, directly across the hall where the employee's work team was meeting. At my insistence, the meeting was held in another location, based on my explanation of the potential impact for the individual to return to work and the potential liability to the company for their reputation. These experiences have combined education, counselling support, and advocacy, far beyond the terms of the contract.

The revised CIC framework opens the scope of practice for counsellors to consider ways that they work directly with clients, on clients' behalf, or address systems-level change through educational, preventative, and remedial interventions. Incorporating culturally responsive and socially just interventions permeates all levels of interventions by counsellors who adopt the CIC framework as the foundation for their professional practices.

For example, social justice counselling may mean working directly with clients in conversation to explore the personal and social narratives that they bring to counselling and the narratives introduced by counsellors to co-construct new meanings. Rather than considering that there is something wrong with clients that need to be fixed, CIC counsellors consider clients' presenting issues within the contexts of their lives. This means that counsellors attend to the systemic or contextual influences

that contribute to clients' distress. This offers the possibility of a new narrative that may help client to reframe their situation and their strengths in new ways and help them to give voice to the interventions they would value the most. Therapeutic conversations offer entry points through which to introduce and invite clients to consider new ways of framing their presenting issues and potential solutions. Therefore, social justice interventions can be enacted directly with clients through therapeutic conversation (Paré, 2014).

Consciousness-raising is a form of intervention directly with clients that is grounded in feminist practice (Rosenthal, 1984; Ruck, 2015). Counsellors may offer education or frame client experiences in new ways that help clients to gain new insights about how external systems in their life, both past and present, have influenced their current situation. Critical consciousness-raising, as a form of political action, may help clients to shift from a place of self-blame and demoralization to locating the source of their problems externally. However, drawing awareness about external systems is not the same as actively engaging in changing the systems that lead to client distress. Sometimes, clients may have the interest, expertise, and interest to engage in external systems change, and this can help them to feel empowered and gain new skills for the future. Some clients may benefit from coaching about how to engage in external systems change. Again, working collaboratively with clients in a negotiated process, counsellors can work directly with clients, or, together, they may decide on a plan of action for counsellors to work on behalf of clients. Using their professional power, knowledge of systems, and resources, counsellors can address external systems that may be creating adverse conditions for one or many clients.

However, not all clients may feel equipped or have the personal resources to devote to advocacy and external systems change. This point is particularly relevant when people are feeling low energy that is compounded by having to address unreasonable demands of a system. For example, I worked with a client around a decision to use her benefits for vacation and sick leave for an extended absence to take sufficient time to re-energize from a chronic illness. The first 2 weeks of that leave was consumed with the individual addressing the demands from her insurance company and employer for the completion of forms and follow-up interviews at a time when the individual was not feeling well. Those demands cut into the time the individual needed to attend to her physical and mental health. I subsequently worked with the client to help her write letters and phoned the insurance company, with her permission, to address the overtaxing demands.

Interventions on behalf of clients and the public also have potential to change broader systems and to create more positive conditions for other people. Through the reflective process of cultural auditing described earlier in the chapter, counsellors may discover information about what is not working in systems that create inequities and barriers for clients to access resources. Addressing change through counselling or therapy has a limited scope for addressing social systems and structural change (Reynolds & Hammoud-Beckett, 2018). Social advocacy may go beyond the direct function of counselling, but advocacy action may have positive impacts for many people. Learning about advocacy competencies (Lewis, Arnold, House, & Toporek, 2003; Ratts & Hutchkins, 2009) is a core foundation for practice

directly with clients, on their behalf, and for improving social conditions to foster people's health and well-being. An important caveat is collaborating with clients to determine the direction of change. Well-intentioned help has left a legacy of harm and oppression in the name of social justice and advocacy (Reynolds & Hammoud-Beckett, 2018). The direction of social justice advocacy needs to be grounded in the perspectives of clients and the public and not imposed by professional helpers, such as counsellors. Again, collaboration and negotiating agendas for change are emphasized as critical aspects of the advocacy work performed by counsellors.

Counsellors can also be intentional about working through their professional associations to use collective power to advance social justice as fundamental for human rights (e.g. Leong, Pickren, & Vasquez, 2017). Members of professional associations have collective power to advocate for influencing government and agency policies, funding, and the directions of service provision, at local, national, and international levels. For example, through a leadership role with a professional association, I have authored and co-authored communiqués on the topics of social justice, career guidance for migrants and refugees, and youth unemployment. These communiqués have catalysed connections between professionals in other countries who are exploring ways to increase their cultural competency and to impact local policy and service provision. Working together with allies can help to share resources and maintain energy and commitment to social justice and social change.

When I first began an academic career, I had the opportunity to design and instruct a graduate course on multicultural counselling. In designing the course, I realized that there was no content about immigrants and refugees in the curriculum. Also, I realized that I was not familiar enough with the settlement and integration services offered in city where I lived. I found ways to collaborate with staff on research and program initiatives. I have offered training to staff and volunteers, offered time to present topics at professional development events, and served on many committees in the community to get to know people who work in the agencies. I don't think of myself as a consultant to these agencies; rather, we have established a partnership in which we can call upon each other's expertise and expand a network of resources. Strong relationship building through outreach has been very important for networking, referral, and bridging resources for clients.

## **Concluding Thoughts: One Thing for Social Justice**

To summarize the key messages in this chapter, there are strong social influences on how people form their cultural identities and the influences of power in positioning some individuals and groups as more or less privileged or marginalized in our society. Through a collaborative process, counsellors can invite clients to deconstruct

the meanings associated with their cultural identities across relationships and across contexts. Using the revised CIC framework, counsellors engage clients in culturally responsive and socially just counselling practices. Thinking systemically helps counsellors to learn about the intrapersonal systems of clients but also helps to locate clients' unique experiences amidst a myriad of interpersonal and external systems. CIC counselling takes into account clients' cultural contexts and how systems have influenced their past and present social locations.

Working collaboratively and systemically with clients also helps to surface experiences of inequity and social injustice. In collaboration with clients, counsellors design culturally responsive and socially just interventions. The examples offered in this chapter and in the subsequent chapters of this book illustrate how counsellors have infused culture and social justice into their professional roles and practices.

What has made a difference for me in having courage to speak up and to stand up against the status quo has been a support network, just having someone else to consult with and trust, to say, "No, it is not you that is the problem; it is the system that is the problem". What I have learned to do is to be selective about which issues matter to clients and take small steps against big issues. It is difficult to predict when and how systems will change. However, what I have witnessed is the profound ways in which even small changes can make life so much easier for people who were burdened by systems that were not working for them. I have enjoyed the role of advocate most of all when it involved problem-solving with colleagues who had the same goals of working with clients, with students, or with other groups in our local community. Part of my life work has been research and practice to be able to provide students and experienced practitioners with real-life examples of how counsellors have enacted social justice advocacy. If we all take small steps, then the journey is neither not as long nor difficult as walking alone.

In concluding this chapter, I hope that each person reading this book will consider what content is useful, what content challenges you, and what you can do to move the field of multicultural counselling forward. We each have a role to advance social change. I am choosing to end this chapter, in the same way that I end all public presentations on social justice, through a call for action. What is one thing that you can do to advance social justice? How might you discuss with clients or community members to gain their input about key issues? What is one issue that you could engage your colleagues or your professional association to address? Just choose one thing for social justice—big or small—because individual and collective action can make a positive difference.

### Questions for Reflection and Discussion

1. How have you experienced relative degrees of privilege or disadvantage in your life? How might these experiences help or hinder you to establish mutual cultural empathy with your clients?
2. How would you characterize your counselling style according to basic tenets of a constructivist worldview in contrast to a logical-positivist worldview? What are the benefits or limitations of combining aspects of both worldviews in counselling practice?
3. What does the phrase, *the professional is political*, mean to you for your professional identity and practices?
4. Practicing CIC requires counsellors to actively engage in social justice action. What does that commitment mean to you?
5. What is your *one thing* for social justice that you would like to continue or begin addressing? What resources will you need, including allies and support, to pursue social justice action?
6. In what ways does systems-level approaches help counsellors to conceptualize the presenting issues of clients and possible intervention strategies?
7. What are the advantages and challenges of adopting an intersectionality framework in assessing clients' cultural identities?

### Learning Activities

1. When you read the reflection about counselling Linda, who do you think of when you pictured Linda? What if the client's name in this story was Li-Wai or Laithah? Would it make a difference if you knew the client was from a lower or higher social class, if she was a racialized women, or if her ethnic community did not favour seeking professional counsellors? Discuss how the subtle details in a vignette may not be so subtle in terms of how we view the diverse identities of our clients, how we view their presenting issues, and how we might work together to form culturally responsive and socially just interventions.
2. Review the multicultural counselling competencies proposed by Ratts et al. (2015, 2016). Through self-assessment, identify your current strengths related to the competencies. Next, select which competencies you would like to target for future growth and development. Brainstorm with a colleague, or in class discussion, ways for you to enhance your multicultural counselling competencies.
3. Review the Multicultural Guidelines (APA, 2017). How does the material on levels of intervention compliment the fourth domain of the revised CIC framework? Generate a list of actions that you feel you could get involved with at each of the systems levels and which actions you might feel you need more support to actively engage in social systems change.
4. After reading the vignette about counselling Parmita, discuss your reactions and initial impressions. How might you be challenged when working with this client,

considering your personal values and the values expressed by the client? How might you reconcile working with a client whose worldview differs from your own?

5. Select a counselling video to watch—your own video or a video from a counselling series available online. Using the cultural auditing process, review the video for signs of how the counsellors' and clients' cultural identities and social locations were taken into account. If you were the counsellor, what aspects of cultural auditing might be useful in reflecting about the case and preparing for your next session with the client?

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**Part II**  
**Culture-Infused Counselling:**  
**Case Studies of Contexts,**  
**Identities, and Social Justice**

# Chapter 3

## Go Back to Your Trailer: Essential Social Class Awareness for Counsellors



Fisher Lavell

### Introduction

When I first heard of a girl named Precious, she was 12 years old, living with two younger brothers and her mother, a single parent, in a rural Manitoba town where I was a middle school (Grades 7–9) counsellor. It was September; a new crop of students was moving up from the elementary school, and as usual, the counsellors, administrators, and teachers from both schools were sitting down for a formal transition meeting. Precious was one of the students flagged for counselling that year, and although formal meetings of this kind are generally very professional in tone, the discussion about Precious (and a handful of other students) was less so. It began with the elementary counsellor sharing some highly personal information about Precious’s mother, Tiffany. Apparently, her three children each had different fathers. The father of her youngest child was now in jail, and he was the brother of her middle child’s father. The prejudicial attitudes then became more overt.

“Bring on the banjos!” a teacher giggled, occasioning shared laughter. The joke hinged on a stereotype of poor, rural, White people, popularized in the movie *Deliverance* (Boorman, 1972), as banjo-picking and barefoot, uneducated, content to live in squalor, and probably inbred and dangerous to boot. On the typed meeting notes, Precious had been described as academically average, with a tendency to be late to school in the morning, but no information was forthcoming as to particular counselling concerns. As the discussion continued, another staff member stated that there was a lot of partying in that neighbourhood, as Tiffany and her children lived at the trailer court. She then rolled her eyes and enthused, “Literally trailer trash!”

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More tee-heeing and camaraderie ensued. Being from a poverty background myself, I sat quietly, reflecting on the social class biases to which I had just been privy. I jotted “Working Class family” by Precious’s name under *Reason for Referral* and looked forward to meeting her.

## “Bring on the Banjos”: Social Class Worlds and Professional Worldviews

This chapter uses the case of Precious to illustrate applying the culture-infused counselling (CIC) framework (Collins & Arthur, 2010a, 2010b; see Chap. 2 for the revised CIC framework) to socially just counselling with poor White youth in a rural school setting; it highlights particularly the influences of social class and classism. The chapter thesis is that social class so pervasively influences experience and worldview that class awareness is essential for effective counselling. Because White professionals usually come from class-privileged backgrounds, they can mistakenly believe that most other White people do as well (Smith, Mao, & Deshpande, 2016; Vontress, 2011). However, although many of Canada’s poor people are from nondominant ethnic backgrounds, a significant number are White (Macionis & Gerber, 2014), and poor Whites experience substantial stigma and systemic oppression (Jensen, 2012; Lavell, 2014a). Although some headway has been made in educating professionals about sexism and racism, nondominant social class still seems to be a *safe* focus of prejudice. It is difficult to imagine a group of professional White people today making comparable *jokes* based on clients’ race or ethnicity; yet, this kind of distasteful judgement and cultural bias is still common when it comes to nondominant social class.

The criteria the professionals used to judge Precious’s family presented me with some parallels to *my* childhood experience in the 1960s. Homes in our neighbourhood were as basic and as economical as possible. There were many different family arrangements: people, like my parents, who were married to each other; but also single mothers and single fathers; grandmothers raising grandchildren; and unmarried people informally fostering nonbiological children. All these families were *normal* where I came from. There were weekend house parties in our neighbourhood too, where adults drank and played live music on fiddles and guitars, accordions, and yes, banjos. We kids were safe and happy at these parties, enjoying the food, the music, our own games, and the sound of our parents’ laughter. My dad was a guitar player and a wonderful singer, who supported our family working many different jobs, but he was also a drinker who, from time to time, got arrested and went to jail. I presume that, had this school meeting occurred years ago, similar negative assumptions could have been made about my family.

**Class Structure: What Are the Classes and Who Are their Members?**

The silence and confusion around social class works to support the dominance of the ultra-wealthy by skewing our perceptions of class demographics. The *myth* is that a large and thriving middle class is sandwiched between a thin crust of the very wealthy on top and a small resistant heel of those living in persistent poverty. In truth, the class divisions are between the *working class*, a substantial majority, and the *corporate elite (or capitalist class)*, a small minority; in between these classes is the *middle class* (Zweig, 2011).

**Social class, like race and gender, must be understood in terms of power.** It is a system that supports the dominance of some over others. Although income, wealth, lifestyle, and education can be markers of social class, using power as the starting point allows us to see class as a dynamic relationship rather than a static set of characteristics.

**The working class** is composed of those people with relatively little power at work; they have little control over the conditions of their work and rarely supervise others. The working class includes white-collar workers such as bank tellers, call-centre workers, and cashiers; blue-collar workers such as skilled or unskilled machinists, construction workers, and assembly line workers; and pink-collar workers such as secretaries, domestic workers, and home health-care workers. Working class people are men and women of all races, nationalities, abilities, religions, and sexual preferences. The majority of **the poor** are not a separate *underclass* but, rather, those working class people who struggle most with unemployment and underemployment.

**The capitalist class** is composed of the corporate elite, senior executives, and directors of large corporations, whose job is to direct and guide companies; they often significantly influence government agencies and high-level corporate decision-making while leaving the day-to-day operation of their company to intermediate levels of management and the workforce. **The ruling class** is a subset of the full capitalist class, and through their coordinated influence on multiple boards, at all levels of government, and on cultural and educational institutions, they give strategic direction to the country as a whole.

**The middle class** consists of management, supervisory employees, and members of the professions. The middle class is understood not as the middle of an income distribution but as living in the middle of the two polar classes in capitalist society. They have some experiences in common with the working class and some associated with the capitalist class.

Adapted from “Six Points on Social Class” by M. Zweig, 2006, *Monthly Review: A Socialist Journal*, 58(3), para 2–8. Copyright 2006 by the Monthly Review.

## Social Class Demographics in Canada

As a modern democratic capitalist society, there is good reason to suspect that Canada's social class demographics are similar to those of the USA, with a very small elite group of capitalists at the helm, a working class majority providing the labour, and a smaller group of educated and privileged middle class people managing them on behalf of the rulers. However, obtaining an accurate snapshot of Canadian class demographics can be difficult because a class analysis of the data is sometimes lacking.

To illustrate: Canadian authors Macionis and Gerber (2014) estimated that 3–5% of Canadians belong to the *upper class*, while 33% are *working class* and 20% are *poor*, presuming the rest of the population to be either *upper* or *average middle class*, at 21–22% each. However, the *average middles* were described as having only a high school education, making modest though secure incomes, and mostly working in less prestigious white-collar jobs, such as bank tellers and sales clerks, or in traditional blue-collar trades. By Zweig's (2011) criteria, however, this group, having no university education and typically lacking autonomy or supervisory power at work, should more accurately qualify as working class. Therefore, the percentage given for the Canadian middle class is closer to what Macionis and Gerber described as *upper middles*, only 21–22% of the population. The percentage of Canadians with university degrees seems to lend support to this view, as a university degree has been considered the passport to middle class status, and Statistics Canada (2015) reported that, as of 2014, only 22.9% of our population had one.

This brief discussion underlines the vital importance of accurate information and analysis being made available.

### *Estimated Canadian Social Class Composition*

Capitalist/upper class	3–5%
Middle class (upper middles)	21–23%
Working class	54–55%
Sales and service (average middles)	21–22%
Labourers (working class)	33%
Poor/low income	20%

*Trailer trash* is a standard class-based stereotype today. In critique, I sometimes joke that, when I was a kid, people couldn't call us trailer trash because, well, we couldn't afford a trailer. I identify as a working class woman, a mother, a grandmother, and a *class straddler*, a person raised in a nondominant class who, having moved into a dominant class, possesses knowledge of both worlds (Class Action, 2015). My ethnic identity is fluid and, to some extent, situational. I am a mixed-blood person, with biological and kinship ties to Indigenous and Black cultures. However, I am usually perceived as a White person, and I identify as White,

because although classism has been a significant part of my experience, racism has not (For the *story* of my identity development, see Lavell, 2014b). I relate to the conceptualization of class identity in the CIC model, which emphasizes complexity and intersectionality of class identity with other aspects of identity including gender, ethnic background, and social location. Consider the *elements of social class identity* (please follow the link). My class identity is fluid, interweaving aspects of my *class background* (the context of my upbringing), current *class access* (the middle class I now substantively inhabit), *class identification* (my allegiance to my own class combined with my middle class cultural knowledge which results in my sense of straddling both worlds), and *class consciousness* (the sense of class and classism that pervades my awareness) (Sears, 2015).

The chapter title, *Go Back to Your Trailer*, references The Trailer Song (Musgraves, 2014), a country song in which the working class, female protagonist tells off a neighbour who has been snooping into her business and judging her lifestyle. The title seems apt for this chapter, because it illustrates how surveilling, and moralizing about, poor women and girls can be an aspect of classism (Jensen, 2012; Skeggs, 2005). The protagonist talks back to these classist and sexist judgements, and she does so with *attitude* and dry humour. Her spirited response foreshadows some of those you will see from Precious in this chapter.

### **The Many Faces of Classism**

Carefully review the definitions below. Consider the ways in which classism plays out *within* the individual, *within* a specific social class, and *across* social classes by attending to the additional phenomena below as you read the rest of the chapter.

#### **Social Class and Socioeconomic Status**

*Social class* is a person's "relative social rank in terms of income, wealth, education, status, and/or power" (Class Action, 2015b, para. 1). Simply stated, class is about how rich or poor people are, which in turn affects their access to privilege and their cultural experiences. Although *socioeconomic status* (SES) has been used as an objective measure of an individual's education, income, and job type, it is important to address social class as a systemic concept so as to acknowledge the reality of class-based discrimination as well as class cultures. Although care should be taken not to overgeneralize or prescribe, class cultures include constellations of values and beliefs, communication preferences, shared kinds of experience and trauma, and aesthetic tastes.

#### **Classism**

*Classism* is "prejudice or discrimination based on social class or perceived social class" (Toporek, 2013, p. 22). Although class-based prejudice can exist in all social classes, systemic class oppression is only experienced by those of nondominant classes, that is, working class and poor people (Liu, 2013). At

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an individual level, classism includes both actions and attitudes, and it can be conscious and purposeful or unconscious and unintentional (Class Action, 2015a). At the systemic or institutional level, classism includes policies and practices set up to benefit more class-privileged people at the expense of those with less class privilege (Class Action, 2015a). Classism is also the set of myths and beliefs that perpetuate the unequal valuation of people by social class and keep class divisions intact (Jensen, 2012).

### **Internalized Classism**

Internalized classism is “negative feelings about one’s own status within a social class” (Borrero & Yeh, 2013, p. 305). Working class and poor people can accept and internalize the dominant society’s attitudes and beliefs about them, judging themselves negatively at the same time that they often try to resist or rebel against these beliefs (Jensen, 2012). Internalized classism can be played out in feelings of inferiority to higher-class people: disdain or shame about one’s family and denial of heritage, anger and distancing from parents and family members, a sense of superiority to those lower down on the class spectrum, and a belief that classist practices are fair and “people get what they deserve” (Class Action, 2015b; Jensen, 2012).

### **Lateral Classism**

*Lateral classism* is “within-group pressure for individuals to be similar to those in their same social class group in order to maintain the *economic culture*” (Lau, Cho, Chang, & Huang, 2013, p. 62). The ravages of internalized classism can also play out in attitudes and actions towards others of one’s own social class. Lateral classism is marginalization of those perceived to be in a similar social class to the perceiver. Among middle class and wealthy people, lateral classism may be expressed as “keeping up with the Joneses because the Joneses keep reminding you” (Liu, 2013, p. 10). Among nondominant people, lateral classism may create feelings of hostility and blame aimed at other working class or poor people and a sense of superiority to those perceived as lower on the class spectrum (Class Action, 2015c, para 5).

### **Systemic Classism**

Classism may play out at the individual level or at the systems level. Individual classism involves “behavior or attitudes, either conscious and intentional, or unconscious and unintentional” (Class Action, 2015a, para. 4). Individual classism is often a reflection of institutional classism or systemic classism, which refers to “the ways in which intentional and unintentional classism is manifest in the various institutions of our society” (Class Action, 2015a, para. 5).

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## Where We Come from: Acknowledging Social Class Background

My social class influenced my childhood experience in two main ways: through class oppression, on both systemic and individual levels, and by class cultural experiences and values, mostly positive, that were typical for rural poor people at the time. Sears (2015) identifies some elements of nondominant class worldview: spontaneity and intensity in relationships, centrality of family and community, deference to authority, contentment with one's world, subjective and practical ways of thinking, and a directness and honesty that could be off-putting to those of dominant class. See the *Contrasting Class Values* chart, adapted from Sears (2015), which exemplifies how class forms a foundation for a sense of collective identity. As a school counsellor for the past 20 years, I have been honoured to hear many stories of childhood, and I can tell you that, comparatively, I had a pretty good childhood. As a child, I may at times have felt worried or embarrassed or sad; but generally, I was fed and kept from harm; I was read to and sung to; I was taught the value of work and the importance of education; and I always knew that I was loved. One essential fact has guided my professional career and my work with kids from poverty: Living in a poor family does not, in and of itself, give children a bad life. Poor parents are no more perfect than rich parents; however, generally, poor families carry constellations of strength that are rarely recognized, accessed, or honoured by professional helpers (Jensen, 2012). Poor White cultures can be just as hardy and worthy of respect as the cultures of other nondominant groups (Jensen, 2012; Lareau, 2003; Leondar-Wright, 2014).

I have found that the school setting provides both challenges and advantages for culture-infused, socially just counselling. Students tend to perceive school counselling as a supportive and confidential service that is free and readily available (Moyer & Sullivan, 2008). Unlike in cities, where schools are often geographically segregated by class, many rural Canadian schools have the advantage of a student population with a representative range of cultural backgrounds and identities. The general goal of school counselling is to meet the psychosocial needs of students. Drawing from a variety of counselling theories (Rogerian, reality therapy, cognitive-behavioural, psychoeducational), school counsellors typically use humanistic methods such as nondirectiveness, empathy, inviting exploration of lived experience, and summarizing to address identified problems (Cooper, McGinnis, & Carrick, 2014). However, although school counsellors tend to see themselves as being culture-blind, equally responsive to the needs of diverse students, this stance fails to effectively support working class students, and, thus, it reproduces educational inequities (Borrero & Yeh, 2013). A CIC class-responsive approach to school counselling supports poor White clients, both by recognizing and affirming working class cultures and values, and by advocating against class-based stigma and disadvantage.

I feel that my work with working class kids and those living in poverty has benefited much from my similar background and, as you will see, I use my particular experience to help me make connections with clients. A growing body of research shows that awareness of social class in counselling is vital, especially for helpers from dominant classes working with the poor (Foss-Kelly, Generali, & Kress, 2017; Smith, Mao, & Deshpande, 2016; Thompson et al., 2015; Zalaquett & Chambers, 2017). Trott and Reeves (2018) found that both therapists and their low-income clients were aware of disparities, and that this could negatively affect the counselling alliance, but that clients' feelings of inequity were lessened and the alliance improved when therapists explicitly disclosed their social class. Yet as Cook and Lawson (2016) emphasized, counsellors often are at a loss to define social class and lack of awareness of how to acknowledge it with clients. It is my hope that the ideas in this chapter will foster a clearer perspective from which to understand social class, to recognize and confront classist views, and to develop a truer picture of poor people's realities and a broader repertoire of informed and effective practices to help them.

### **The Pivotal Role of the Professional Middle Class**

The middle class is a dominant group, not just because of their greater wealth and privilege but also because one of their functions is to control the working class in the interests of the capitalist class. Middle class people are usually university educated and salaried. Managers and small business owners control the conditions of labour, while the professional middle class (PMC) are the *brain workers*; they are the academics, journalists, engineers, and scientists, who play an influential role both in defining North American culture and values and in determining our political and cultural directions. The PMC is the opinion-making class, but because of the privacy and insularity their privilege buys them, they are often out of touch with the issues, experiences, and

(continued)

viewpoints of *regular* (i.e., working class and poor) people. They believe that everyone shares their worldview, or at least, that everyone should (Ehrenreich, 1989; Jensen, 2012; Smith, 2008; Vontress, 2011).

Through psychological helping professions (e.g., psychiatry, psychology, social work, mental health, and counselling), members of the PMC wield the power to define what is *normal*; historically, they have tended to define as normal their own particular constellation of experiences and preferences and to focus their work on responding to the needs of others like them. From a political perspective, counselling and psychology's failure to help working class and poor people effectively is compatible with the PMC's enabling role in a class-biased system. A conscious commitment to class awareness and to class-responsive practices is, therefore, vital to engaging in socially just counselling and psychotherapy (Jensen, 2012; Smith, 2008, 2016; Vontress, 2011).

### Reflection Questions

Before you read about how I worked with Precious, take some time to generate your own point form list of possible class-responsive practices. Begin by reviewing the information boxes, especially the *Contrasting Class Values* chart. In addition to being aware of class-based attitudes and perceptions and thinking about the kinds of topics you might want to explore, I want you to think in terms of the structure and conventions of counselling. Consider the following questions, either from the perspective of your work as a counsellor or based on your assumptions about counselling practices (if you are not actively practicing counselling).

- How are referrals received and processed in your setting, and what are the class implications?
- What does a typical counselling session look like?
- What are the expectations about topics of conversation and who decides what to talk about?
- Whose experience is relevant to the relationship, and how does the dialogue move forward?
- Is each session structured in the same way, or does the structure vary?
- Who else is seen as an ally in the counselling endeavour? Who decides?

## Show and Tell: Class-Friendly Conventions to Connect with Many Kids

As it turned out, I was to work with Precious for all three of her middle school years. I try to do an early meet-and-greet with each student identified for my service, and my first formal meeting with Precious was on September 13th. However, this would *not* be the first time Precious had had an opportunity to spend time with me and get

to know me a little. Using a CIC class-responsive approach begins with rethinking basic counselling conventions. A lack of cultural awareness in schools often creates a selection bias for kids needing counselling. I have found that, although kids from middle class White families are often referred for support around parental separation, loss of a loved one, or mental health issues such as anxiety or depression, poor kids tend to be identified as having behaviour problems best addressed through discipline or suspension. Counselling services are disproportionately directed to privileged kids, while others who deal with difficult circumstances on a regular basis come to our attention only when in some sort of trouble or crisis.

To be more accessible to students from many different cultural experiences and identities, including kids from poverty, I have developed a variety of ways to make positive connections and earn credibility with them. Each September, I do a presentation to the incoming classes, introducing myself and my services in a cordial and inviting way. I normalize the idea of seeing the counsellor, whether for “regular life kinds of things” or for “sad or hard kinds of things”. I tell students that people sometimes drop by my office just to play cards or colour with me, and I show samples of my amazing *stained glass* colouring books; I have dragons, cathedrals, mythical creatures, angels, fairies, and more. I also do a variety of drop-in lunch hour fun activities, such as karaoke singing and card games.

Another way I accommodate kids from nondominant backgrounds is that I avoid formal scheduling of appointments. Poor people tend to prefer to be spontaneous in expressing issues and feelings, and many kids find it very difficult to get to a place of emotional depth or sharing at a scheduled appointment. I have found that, if my schedule keeps me too tightly committed, I cannot be available to kids when they actually want and need to talk. So, generally, I try to keep my schedule open. I have found this to work very well, with most kids dropping by often enough to maintain our relationship and kids who are in crisis usually finding me available.

School counselling provides the perfect setting for relationship-focused counselling, which is not problem-focused, not even solution-focused (which assumes there *is* a problem), but truly relationship-focused. Many school counsellors have the good fortune to work with the same students over a period of years, the perfect situation for growing a relationship. However, if students feel they can talk to the counsellor only when they have a problem, then that in itself may act to sustain a problem orientation in their lives.

## **Relationship, Process, and Power: Broaching Class and Defining Our Endeavour**

I always plan for my first session with a student to be, as much as possible, just an opportunity for conversation, and this was how my relationship-focused counselling with Precious began. The aim is to have unstructured time together; the pacing is leisurely. This is a getting-to-know-you session, in which I hope to develop rapport and begin to establish trust. I want to get a sense of my client in terms of how open

or guarded they seem and to get a sense of their conversational and relational abilities. I avoid asking questions. An adult asking a child questions signals our greater power, which both allows and encourages us to define the limits of the talk. I want to introduce myself in a genuine way, to be authentically who I am as a person. I intend to use self-disclosure, if it seems right. I am aware of my own cultural identities, and I want to be open to my client's expressions of culture-related experiences or identities. If it feels natural and doesn't disrupt the conversation, I also like to introduce my counselling ethics, delineating what I will or won't share with outsiders to our relationship and under what circumstances.

I will share, in some depth, an excerpt from my first conversation with Precious. As you read, I want you to notice especially the leisurely pace of our interactions, my spare use of language, and how, instead of directing the session with predetermined interview-type questions, I allow conversational direction to emerge organically, often initiated by Precious.

"Hey!" she greets me casually, stepping through my open door, and I respond in kind from my chair at the round table. Precious is a pretty 12-year-old, slight, and willowy, about 5 feet tall, with hair the colour of light golden honey. She wears jeans, a pale top, and red sneakers.

"What's this about?" she jokes dryly, scanning the room. "Am I going to get counselled?"

I chuckle. "Maybe", I joke back: "Why? Do you need to *get counselled*?"

"Not really", she says. Then she grins, shrugs, and steps over to the shelf. "Hey", she asks cheerfully, "Where's that colouring book you showed in class? The one with the Medusa and gargoyles, or whatever?"

"Mythical Creatures", I nod, getting up to go join her at the cupboard.

I like this girl already. I think her casual question about whether she was going to "get counselled" here is appropriate and insightful. Do I intend to objectify her, pathologize her life, or give her unsolicited advice? I see this as a legitimate question that could function to encourage authentic dialogue. In this sense, it is a test. Will I ignore her question and change the subject? Will I see it as a challenge and decide to assert my authority? I opt to accept it and respond with humour, showing my ability and intention to engage with her on her terms. I interpret, from her smile and the segue to the colouring books, that I have passed.

We select several of the books, stack them in the centre of the table, and sit, quietly shifting through them together. An activity like this is helpful in beginning the relationship. The round table allows for proximity, but also acts as a kind barrier, decreasing the intensity of interaction. It reduces awkwardness and de-emphasizes power differences, which are typically present when an adult and child sit facing each other. The body language is less on display, and there is no need for either sustained eye contact or its avoidance.

We begin to talk. I tell Precious that I don't really have an agenda for seeing her today. I just hope to get to know her a little, whatever she wants to tell me about herself. I say, "I like to tell kids a bit about myself, too, who I am as a person, and how I do my job here, just to make it fair. So it's not, you know, one-sided. Like you're telling me personal stuff, but I'm holding back who I am".

“Cool!” she says, giving up her Medusa for the Garden Fairies (May, 2002) book, choosing a picture of a delicate winged girl gracefully perched on a stem of blue bells. I open my 50-colour pack of markers. She chooses a deep, luscious aqua and begins to bring colour to the blue bells. “Cuz, no offense, but”, she pauses for effect, “counsellors always seem to be, like, all up in your business?” She lifts a brow and delivers the classic teen qualifier, “Just sayin’!”

I choose the Amazing Angels (Green, 2011), a picture of a magnificent female angel protectively watching over a young child. “Nah, it’s true”, I agree easily. “I get it. It’s like, they want to know all about you, but you don’t know them at all, right?”

“Yup. Like, what’s up with that?” she responds absently, busy with her picture now. I smile at her clever vernacular and at the pluck and self-confidence she shows. I choose a powdery blue for my angel child’s robe and honey blond for her hair.



“Well, I hope not to do that”, I say. “I try to be more ...”; I pause, wanting to show my tentativeness: “Fair? ... I guess you’d say. Have more of a ... sharing? relationship”. I follow her style of emphasizing keywords by using a rising, questioning inflexion.



“That’s good”, she acknowledges. “I like that better. It’s not so, pushy? Or something. Uncool? Like, hey kid!” She parodies this pushy adult, “Tell me all your personal crap—oops! Time’s up; get out!”

I chuckle. “Not very reciprocal; like, not sharing the power, right?”

“Not at all”, she says, shaking her head. In the moment, I feel very pleased with how things are going. We are actually having an overt conversation about authentic relationship and power-sharing in counselling. “And no offence, but ...” she pauses, looking directly into my eyes, “We don’t really ... trust? people like you. My mom and me, I mean. We don’t really ... trust? therapists, or counsellors, or whatever”.

“Mm. I get that”, I respond honestly. “Well, you don’t even know me, so why should you trust me?” She cocks her head as I continue, “I mean, I find that sometimes, adults expect kids to just tell them everything. And, like you said, sometimes they don’t get that they, kind of, have to earn? your trust”. She nods, continuing to colour. “So, I’m not offended when kids hold back a bit to wait and see if I’m a good person to trust, or not”. I pause, a companionable silence sitting with us. “But on the other hand”, I continue, “I do feel that trust is super-important in counselling. Because, what’s the point of talking to someone if you can’t really talk ... about everything? Can’t really trust them with the whole truth?”

“True dat”, she says, giving her fairy golden hair.

“So, I respect that you and your mom are a little bit ... hesitant? about us counsellors. But my hope is that, as you get to know me more, you’ll find out that I’m actually a good person to trust”. She seems to accept my premise, grunting softly as she shades her fairy’s robe a deeper hue.

“I also think that I kind of ... understand?” I pause for emphasis, “What it’s like to come from a poorer family”. This is where I use self-disclosure to out myself as a poor person, to introduce the idea of social class, and to be transparent about my approach to counselling. “A good family in a lot of ways, but my parents were quite poor. And yet, I’ve been pretty successful in my life. Like, I’m a mother and a grandmother”. I nod to the photos of my children and grandchildren and to my framed degrees. “I have a good education and a wonderful job, where I can do really important work”. Precious pauses, her gaze travelling to the photos and diplomas and then back to me. “But yeah, I know how it is to be judged by other people, or treated like you’re not as good. Which, I feel, really helps me in my work with kids. Because I know how important it is to be trustworthy”, I tell her. “Like, a trustworthy person. Somebody who won’t judge kids, or their families, and won’t go blabbing what you tell me to all the other teachers and people here at school”.

Precious’s gaze now rests lightly on my face. “Right on”, she says quietly.

The session continues in this relaxed style with me sharing my counselling ethics, the meaning of privacy, and the limits of confidentiality in kid-friendly language. On her way out the door, Precious pauses. “I like talking to you”, she tells me. “I just feel ... accepted. You know? For who I am. I mean, for myself. It’s like, you *just get me*”. I have had similar feedback from poor kids on many occasions, which I suspect is because feeling truly heard and accepted is an unusual and noteworthy experience for many. The strange thing is that, objectively, in terms of word count, I probably did about 80% of the talking in that session. I doubt that I gave more than a handful of

recognizable validation or empathetic responses. And yet, Precious had the experience of feeling heard and accepted “for herself”. We have begun to develop a sense of mutual cultural empathy. I think this is a testament to the power of a CIC class-responsive approach to counselling kids from poverty.

## **Growing the Relationship: Class Cultures, Self-Disclosure, and Layers of Trust**

Sears (2015) highlights typical class-based differences in ways of thinking and perceiving, relating to others, and communicating, and people’s common failings by class membership (see the *Contrasting Class Values* chart). As you can see, standard counselling practices tend to align with dominant class values; whereas, a CIC class-responsive approach accommodates many nondominant class values. For instance, typical school practices of taking formal referrals, scheduling appointments, and using traditional counselling approaches (e.g., cognitive-behavioural or psychoeducational) would be consistent with valuing structured order and planning, objective detachment, and active problem-solving, which are dominant class values. Conventional counsellor-client relationships emphasize the practitioner as an objective and polite expert, professional, and personally reserved, who uses theory and a compartmentalized view of mental health to analyse and diagnose the client.

Class-responsive counselling values the subjective experience of both counsellor and client, prioritizes experiential and practical needs, and takes a more holistic view of clients’ lives. Rather than diagnosing a problem to be solved, I aim simply to get to know kids, spending time in cooperative activities and showing friendliness and a willingness to share myself through self-disclosure. Probably, Precious’s style, as well as mine, could be described as more intense than reserved and more honest and direct than tactful or polite.

Like many professionals, most poor people have no formal analysis of class or classism. They do, however, have a lingering sense that life is not fair, and most have experiences of prejudice and unfair judgement in their personal histories. Most kids coming from poverty have also learned, through hard experience, that professional helpers either do not know how to help them or actively turn their trusting disclosures against them. This can lead to a chronic sense of disconnection. These so-called street-smart kids have often learned to withhold their true experience from professional helpers. There are levels of truth-telling, and it is only as a young person experiences deeper levels of trustworthiness in helpers that they feel safe in revealing deeper levels of truth. So building an authentic counselling alliance, one in which the kid finds that feeling of safety, is a dance of trust-building. In spending the time getting to know Precious and being upfront about my own identity, I was able to make a positive connection with her, but having her full trust was a slightly different matter.

As the *Contrasting Class Values* chart suggests, many nondominant class people experience cultural oppression, including trauma. Poor families, whether White or



another ethnicity, are more likely to be victimized and abused, have trouble with the law, or have their children taken by child protection agencies. They are also likely to have more children, to have them younger, and to struggle with parenting alone. These generalizations are realities for many, including for Precious's family.

During my second visit with Precious, I was able to use personal disclosure and storytelling about adolescent pregnancy, a common working class personal experience, to deepen our trust. We were working on a genogram to help me keep her family members straight, and she began to tell the story of her mom getting pregnant with her at a young age, the hardships she experienced in having a baby on her own, her choice of the name Precious, and how Child and Family Services were always trying to take Precious away from her. "That's why she's never liked counsellors," Precious tells me. "They're all two-faced and can't be trusted... No offence!"

I smile and shake my head. "None taken", I say, "Because my daughter found that sometimes too, when she was a young mother on welfare". And I tell the story of my daughter getting pregnant at the age of 16 and deciding to keep her baby. I retrieve a framed photo of my daughter and the baby she'd given birth to, my granddaughter, Alyssa, now the same age as Precious. I stand the photo on the table and tell how my daughter had worked tirelessly to complete her education while raising a child, in spite of the prejudices and challenges she sometimes encountered. Precious sits, enthralled, watching me while I speak, her eyes travelling now and then to the photo on the table. She reaches out, takes the photo, and holds it, studying the image for a few long moments before returning it to the table. "So you're not just posing", she says, looking frankly into my eyes, "You do understand our lives".

## **Recognizing Class Bias, Supporting Development, and Advocacy in Ecosystems**

From that session onwards, Precious and I had a bond, a foundation of trust from which to do our work together. The relationship was established. Over the next 3 years, she would usually check in once every few weeks or just say "Hi" when passing in the halls. But if she had an acute problem or issue, we would get together every day or two until things were resolved.

Middle school is a time when young teens become increasingly aware of socio-economic differences among peers, and Precious would sometimes express her frustration with the "cool kids", with how they strutted the halls in their name-brand clothes, thinking they were "all that". She also described incidents where these "goody-goods" would misbehave in class and how the teachers always seemed willing to cut them some slack because they were "having a bad day" but be much less supportive to, as she said, "kids like me". She stated matter-of-factly that her teacher this year, Mrs. Stalky, did not like her. I have found that school counsellors often rush

to deny poor students' reports of feeling unliked by teachers or peers, side-stepping their subjective experience of rejection, prejudice, or discrimination, and often focusing instead on having students *think more positively*. I feel this is unhelpful to disadvantaged kids, risks pathologizing healthy responses to discrimination, and ignores the ongoing and personal nature of classism. Although I do still keep focused on helping kids understand their behaviour and find ways to better their situation, I do not deny their subjective perceptions of bias.

When counselling is relationship-focused, a pattern of communication tends to evolve over time. Counsellor training often focuses on use of sentence-level responses that aim to normalize, show empathy, and so on. Instead of static communication in which the same kinds of responses are applied in successive sessions, a CIC class-responsive, relationship-focused approach accommodates the emergence of an overarching and elegant pattern. Early in the relationship, I do what I call *taking the burden of talk*, using storytelling and self-disclosure to make myself known and to invite trust. As trust develops and the relationship blooms, clients will be increasingly comfortable with sharing their *real* selves, and there will be a shift to more client talk. My tendency then will be to talk less. I rarely interrupt the client's flow with unneeded responses, meant only to demonstrate understanding; rather, I want to be an unobtrusive witness to the client's process.

At the same time, as my client feels safe to talk at length while I listen, I feel more confident in knowing when to punctuate the exchange by giving my opinion or advice. In my experience, working class children and families often equate counsellor expertise with the ability to direct or advise in a helpful way. So, once trust is established, I am more likely to provide guidance, both by addressing the role of systemic classism in clients' stories and by working with them to develop personal insights and to take agency in responding to events.

For example, early in her Grade 8 year, Precious began skipping classes. When I talked with her about this, she explained that she just didn't "feel like" going to class sometimes. In view of her Grade 7 experience, I asked if her new teacher, Mr. Tenu, seemed to like her or if she felt unwelcome in the classroom. She responded that, actually, Mr. Tenu was "pretty cool" but that her closest friend from last year had moved away and she had no friends in her class. She shared several anecdotes about "awkward" group work and lunch hours without anyone to "hang with". I sat listening and reflecting that poor kids drop out and fail out of school in droves for many systemic reasons, starting around this age, and counsellors need to assume different roles to address these issues. Then, while acknowledging that it must be lonely for her at times in her classroom, I talked to Precious about the importance of school. I told her about my many, many cousins who are still poor today, struggling with unemployment or other difficulties. I shared my belief that education had made the most important difference in my life and that education would also empower her and bring her opportunities to make a good life for herself someday. I also emphasized the near impossibility of kids being able to learn and pass grades when they don't attend school regularly.

I asked if it would be okay for me to talk truthfully with Mr. Tenu about her reasons for skipping and enlist his help, and she agreed. That conversation went well, with Mr. Tenu noting that a new girl in his class named Luanna was also having difficulties making friends. He switched the seating and did some matchmaking; the two girls became friends, and with my continued support on the counselling side, Precious's attendance improved dramatically.

## **“Not Ready to Make Nice”: Class Disadvantage and White Girls' Anger**

Any kid might misbehave, break rules, or act badly; but systemic classism means that poor kids will have fewer strategies to gain allies and supports and fewer financial and other resources to mediate negative consequences (Goodman, Pugach, Skolnik, & Smith, 2013; Lareau, 2003). The subtitle of this section references the Dixie Chicks' song, Not Ready to Make Nice (Maines, Maguire, Robison, & Wilson, 2006), in which the speaker describes a long-standing and righteous anger at those who have victimized her. Poverty is a significant social determinant of mental health (Thompson et al., 2015; Zalaquett & Chambers, 2017). I have often observed that poor teens, through no fault of their own, get labelled with classist stereotypes and then rebel in anger against the prejudice they experience, thus developing a bad reputation, which then spirals into a vicious cycle of rejection: gossip by peers, compensatory bad behaviour, and increasingly serious trouble. Recall the definition of lateral classism. This is what happened to Precious in her first semester of Grade 9.

She had fallen for a boy named Chase, but 3 weeks into the relationship, he broke up with her by text. He said his dad had heard some things about her mom, who was “quite a piece of work”, so he was forbidden to see her. Precious told me she had tried to get back with Chase, offering to see him secretly “on the down low”, but he declined and had a new girl in days.

“Whatever! I don't care! Screw him!” Precious told me, eyebrows raised and lips pursed, uncharacteristically unkempt and slouching in her chair.

I felt so helpless for her, so frustrated with the monstrous power of gossip and unfair judgement. I had to resist the urge to jump to some sort of problem-solving or activity that would make *me* feel that there was something we could do, some way to make life fair for this beautiful, vibrant, articulate girl. In the end, all I could do was to witness her pain, share a box of tissues when she finally broke, and tell her I was so sorry this had happened, that she didn't deserve it, and her mom didn't deserve it. I affirmed that she was a great girl that anyone should be proud of and that Chase and his dad were wrong to reject her.

Precious's tears dried up and the anger began. A girl had posted on Facebook, “Woo hoo for Chase! Finally ditched that *precious* trailer skank!” Precious met her in the school parking lot and they fought, but only Precious was suspended, because

she threw the first (physical) punch. The fight was reported to the police, and when Precious came back from suspension, she was shunned by the few kids she'd had for friends. She started hanging out with the *tough* kids in the smoking area, who welcomed her and dubbed her KO (knock out). She was suspended twice in 2 weeks for being stoned at school. Then, the police stopped a carload of older kids she was riding with, and Precious was busted for the pills and pipes she was holding for the driver.

In the 2 previous years, I had not been able to make a positive connection with Precious's mother, Tiffany, and so I was surprised when one day, she came breezing through my doorway, begging for my help. She said that Precious had always been responsible and well-behaved at home, but she'd now become oppositional and defiant. Last night, Tiffany had told Precious, for the third time, to clean her room, which resulted in a huge fight; Precious punched a hole in the wall, stomped out, and disappeared until 3 in the morning. Tiffany showed me a Facebook stream in which Precious and some friends were calling her mother some shockingly bad names. Tiffany was hurt, but more than that, she was scared for Precious.

Precious had been avoiding me lately, and, when I called her in, her eyes looked deeply tired. She had dyed her hair a disconcerting Kool Aid green. She didn't stay long but admitted to being angry with her mom. "Because she's such a skank!" she told me on her way out. By midterms, Precious was failing three subjects, mostly because of skipping classes. When I tracked her down, she said she just felt like hanging with her friends and having fun, but she promised to get serious about school in the second term and said she would come see me then for a "real" talk.

Poor clients may lack formal social class analysis of the role of systemic oppression in their personal problems, but that doesn't mean they don't *feel* oppressed. Although it is now more likely that folks with other nondominant identities will attribute their anger and hopelessness to, say, experiencing racism or homophobia, poor clients often take on attitudes of internalized classism, and these only amplify their anger. Lateral classism also comes into play, as I find that the most proficient haters of poor White girls often seem to be other poor White girls. Not that middle class kids don't bully girls like Precious, but their aggression is usually perpetrated through private nasty comments and purposeful exclusion.

After term break, Precious dropped by my office, for no special reason, and we sat together at the round table. We were both quiet for a few moments. "Ms. Lavell", she said presently, extending her open hands, "my life is in the toilet". I took her hands between both of mine and told her slowly that I was worried about her, worried about her safety, and worried about the direction of her life. She said she knew that. I told her my belief that this was all fallout from the Chase incident, her pain at his rejection, her rage and powerlessness at the way she was judged for being poor and a girl, and her displaced anger with her mom. In an attempt to shift the locus of responsibility to where it belonged, I said I thought her anger should belong more to the men who judged her and the system that made some people poor, while others had so much privilege. She said that was probably true and sat with her hands in

mine for a while longer. But when I tried to take the conversation further, she said she had to go, and she went.

That weekend, Precious was at a party, got called out to the street to fight another girl, and with one punch, broke the girl's nose. The police were called, and because of her history, Precious was now at risk to be sent to the youth centre. She spent the night in a room at the police station, her mom and little brothers shivering on a bench in the waiting room.

In spite of the typical bravado young people show when threatened with incarceration, everyone was terrified for Precious, including Precious. Elder Dr. Martin Brokenleg uses an analogy about youth at risk today; he says that when there is a threat to a young buffalo, the whole herd comes charging over and forms a protective circle around the young, horns pointing outward (Reclaiming Youth International, 2013). And he says the problem with people today is that our young are being threatened with all kinds of risk, but the herd is failing to come charging over. While a downside of the rural setting is its insularity, an advantage is that it can still provide opportunities for fair-minded adults to find out about young people getting into trouble and come running over to help them. This is what happened to Precious.

I was, of course, one of her allies. Another was a police officer, who recommended her to the local Youth Justice Committee, so that she wouldn't have to go to court or have a juvenile record. The Committee's conditions were that Precious maintain the peace, attend school regularly, write an essay about her mistakes, and participate in anger management training. This was actually helpful to Tiffany, because she could now enforce a curfew and keep Precious away from the older teens. I advocated for Precious within the school, meeting with our independent study teacher and the vice-principal, putting together a plan to allow Precious to complete two failed courses and keep away from conflicts with other students. Mr. Tenu gave up his prep period twice per cycle to give her a quiet place where she could draft her essay, and he could provide any editing feedback she wanted. Precious reported that, actually, her experience with the Justice Committee was very positive, because many of the committee members were community people she respected, but had not known personally; she had felt truly cared for, and encouraged, by them.

The rest of Precious's grade 9 year was happily uneventful. She was able to keep her nose clean at school, in part, because she had a new boyfriend, Steed, who was also from the trailer park. He encouraged her, helped her with her Math homework, was treated like one of the family, and loved her mom. He didn't smoke, so Precious quit smoking. She passed her two independent credits and was back on track to graduate with her peers. To satisfy her Youth Justice Committee conditions, we worked through a psychoeducational anger management program together, which Precious found enjoyable. We also, of course, continued to have real conversations, coming to deeper understandings of the interplay between her family's poverty and her experiences, and how she could use the strengths of her background, and her personal abilities and talents, to improve her life.

**CIC Class-Responsive Practices Based on the Revised CIC Framework  
(© Arthur & Collins, 2017; © Collins & Arthur, 2017; See Chap. 2”)**

**Domains I and II: Awareness of Cultural Identities and Social Locations  
Social Location**

- Be aware of your own class background, and become increasingly aware of class and classism. Class analysis is part of the counsellor’s cultural lens. Keep reminding yourself not to assume that middle class is *normal*.
- Recognize the influence of systemic classism in lower school success, graduation rates, social exclusion, and lack of resources and supports. Consciously pursue ways to support nondominant clients within systems.
- Look for intersections of race, class, and gender oppressions and privileges in clients’ lives. Gender role socialization requires girls to be passive and deferential and nonphysical but sexualized. Learn to see working class girls’ aggression as attempts at resistance to class and gender norms.
- Remember that class is often an invisible identity and that identity formation is complex and developmental. Be patient and careful not to overwhelm the client with theoretical or technical class talk; instead, talk about things being unfair or about systems being biased against certain people. Over time, and after you’ve told some stories, there may be a place for a vocabulary of social class and classism, class stereotypes, and oppression.

**Counselling Ethics**

- Prioritize privacy and confidentiality but provide a milieu of openness. Because poor kids often have a lot of shame already, I don’t like to make them feel that their relationship with me has to be a secret. I organize my practice so that little stigma is attached to counselling visits.
- Middle class professionals tend to develop interprofessional and intraprofessional relationships, often bonding around shared values and lifestyles, and this can easily slip into a tendency to share too much of clients’ personal information. Be scrupulous that your primary loyalty is to your client, not to other middle class professionals.
- Do not collude in societal discrimination and stereotyping about poor parents. Be careful not to position yourself in opposition to the client’s mother or other family members, even indirectly through your responses to their parenting practices. Be aware of class biases in defining abusive or dysfunctional relationships versus healthy relationships.

**Domain III: Culturally Responsive and Socially Just Working Alliance  
Theoretical Lens**

- Reject a class-blind approach. Incorporate knowledge of working class values and preferences into how you talk and how you listen. Be on the lookout for class biases, stereotypes, and disadvantages and for typical working class values and cultural strengths in clients’ stories.

(continued)

- Be consistent with common factors research. Emphasize hope, client choice and feedback, and the therapeutic relationship over specific approaches or techniques.

### **Adjust Counselling Conventions**

- Actively seek positive and informal ways to make connections with clients from a range of backgrounds. In school counselling, for instance, swap a formal referral process, where middle class students get your love, and poor kids get sent to the office, for one in which kids from many nondominant groups can benefit from your service.
- Challenge counselling conventions by avoiding prescheduling appointments, and don't make your office too pretty or chic. Poor people will often read you unconsciously as "too rich to understand". First visits work well when they are centred around a low-attention activity such as colouring, drawing, a simple craft, or card playing.

### **Working Alliance**

- Put your whole brave, gentle heart into developing a trusting therapeutic relationship with poor and working class clients. Remember that most working class clients will neither argue with your theoretical stance nor initiate a dialogue about their lack of satisfaction with your service; they will simply stop coming. Finding authentic ways to connect with them is crucial.
- Be relationship-focused. Begin with the relationship, grow the relationship, and protect the relationship. You cannot connect with poor clients through complicated techniques, rote or rigid responses, or overly intellectualized discussions.
- Don't lead with predetermined interview questions and topics. Instead of focusing on communication microskills, be attuned to the client's pacing. Use a conversational tone that easily admits silence and reflection.
- Develop intimacy and trust through client-initiated, unstructured, positive time together (not through an intellectual focus on problem-solving). Share power and build an authentic relationship through self-disclosure and sharing of personal perspectives and stories.
- Know that there are levels of trust. Many poor people have found middle class professionals to be untrustworthy, and therefore, time is needed to get to deeper levels of trust and truth-telling. Having told a partial truth doesn't mean the client is a liar; it just means more safety needs to be established.
- Style of communication is key to relationship building. Use direct and honest communication, listen carefully, and be aware of class-related values. For example, attend to working class communal/collectivist values and loyalty to family versus dominant individualist values.
- Clients often determine your credibility as a counsellor, not by your technical skills but by your demonstrated understanding of working class lives.

(continued)



Do not dismiss financial topics or issues related to class or classism. *Catch what they're pitching.*

- Work with your own authority. Most working class youth are raised to respect adults in authority and to depend upon them for direction and counsel. Adults who try to be egalitarian are often perceived as wishy-washy and unhelpful. Although I always want to share power with clients, I also want them to see that my authority is deserved; I do have knowledge and skills and understanding with which to help them, and I will give my opinion when needed.

#### **Domain IV: Culturally Responsive and Socially Just Change Processes**

- Support greater client insight over time, especially regarding class bias, stereotyping, and internalized and lateral classism. Poor White girls often project blame for class injuries onto their mother, and part of a dawning class analysis is to see the mother in context, as a woman who is also struggling with systemic influences and personal disappointments.
- Don't avoid talk of money worries or other class-related problems, but also don't focus inappropriately on them as *the issue*. This is comparable to focusing a counselling session with a farmer on the weather. The weather is a real aspect of the farmer's experience that she will likely mention, but it may not be what she needs your help with.
- Say no to a focus on coordinating presenters, field trips, tours, and popular activities in order to protect your available time for personal counselling with students. Many of these activities, as well as the increasing focus on career and post-secondary programming, are clearly not benefitting poor kids, because they are most likely to quit or fail high school, and least likely to go to university or college.

#### **Microlevel Interventions**

- Never underestimate the healing power of being heard. Listening well, and with respect, to a kid who has never felt heard *is intervention*.
- Authentic class-responsive counselling with poor White youth allows them to feel heard and cherished. Support clients to develop their strengths, their insights, and their unique voices.
- Develop a relationship in which, over time, clients may become increasingly aware of the systemic nature of classism. Support clients' organic development of class identity.
- Be reticent about using psychoeducational interventions, because there is a tendency for professionals to substitute educational practices and approaches for relationship-building practices. There may be specific circumstances when cognitive-behavioural therapy-type techniques (e.g., assertiveness, social skills) are appropriate. However, treat them as an *addon*, not a substitute for the relationship.

(continued)



### **Mesolevel Interventions**

- Prioritize mutual and respectful relationships with clients' parents and support networks, and be a matchmaker between clients and individual teachers.
- Support poor clients' parents' authority, in absentia, both to empower youth and to affect family functioning positively.
- Advocate on behalf of clients with youth justice authorities, police, and other community groups, and support the positive goals of these groups.
- Build a positive relationship with clients' families so you can effectively mediate between parents and school teams, and advocate more effectively with clients and their families for the value of education and the real possibility of their child succeeding at school.

### **Macrolevel Interventions**

- Influence staff awareness of social class issues in schools through conversation and literature.
- Advocate for class awareness within school divisions and for the development of more supportive policies and procedures (e.g., attendance policies, alternative learning programs).
- Contribute to public awareness of social class and classism through participation in workshops, professional presentations, and publications.

## **Conclusions: The Power of Relationship and Class-Responsive Counselling**

Besides typical academic and developmental stressors, poor White youth like Precious deal with multiple challenges both within and outside school. Along with their families, they experience stereotyping and prejudice. Class-responsive school counselling can help by recognizing and supporting the strengths of individuals and families and by advocating for them within systems. Listening well, with caring and respect, is an important intervention in itself, as is recognizing and validating class-based experiences. The power of the counselling relationship cannot be overstated. A truly relationship-focused approach generates counsellor knowledge of clients' lives from which to advocate for them effectively within their ecosystems.

Effective CIC class-responsive counselling works simultaneously to mediate the negative effects of classism and to support personal growth through understanding the interplay among class, classism, and personal experience. The concept of social class is still relatively unfamiliar to counselling professionals, but this case study has illustrated the importance of counsellor class-responsiveness in working effectively with poor White youth. It is my hope that you will continue to develop your own class identity and will prioritize the application of this learning in your work with people of all social classes.

### Questions for Reflection or Discussion

1. Smith (2008) has suggested that counsellors from privileged backgrounds may struggle particularly with social justice work with the poor. Reflecting on your class background, current access, identification, and consciousness, how prepared are you to make this commitment? Name two practical steps you could take this month to become better prepared.
2. In what ways might your other loci of identity (e.g., gender, ethnicity and race, sexual identity and orientations, and health status) provide either challenges or strengths in being able to understand or empathize with class-related experiences?
3. Think of a time in your life when you experienced a personal conflict with one or more people. Reflecting again on some of the typical class cultural values and experiences discussed in this chapter, can you reimagine the scenario as possibly having been influenced by class?

## Learning Activities

### *Popular Culture and Stereotypes of Poor White People*

The 1972 movie *Deliverance* popularized a negative stereotype of poor White rural people. A good recent example of continuing this stereotype is found in the first season of the HBO hit series, *Orange is the New Black*, in which a middle class White woman finds herself doing jail time. Although positive or mixed portrayals of many kinds of character abound (e.g., Black women, Chicanas, lesbians, a transgender person, even men of various types), the only characters who are consistently portrayed as bad and disgusting seem to be a woman nicknamed Pennsatucky and her crew, who are White, Christian, and poor. Pennsatucky embodies many negative stereotypes of poor Whites: she has bad teeth, nasty and ill-informed attitudes, lacks education, uses poor grammar, and has an Appalachian accent (from one of the poorest regions in North America). See Betsy Leondar-Wright's (2013) post, *Orange is the Newest Redneck Bashing*, on the *Classism Exposed* blog.

Stereotypes of poor Whites are often based on some general negative trait or behaviour, such as racial prejudice or sexual impropriety. White people who lack social class privilege are often made scapegoats, shouldering the blame for *all* White people. In the coming days and weeks, I challenge you to wear your class-bias detective hat whenever you are watching television shows, movies, reality shows, YouTube clips, or late-night talk shows. Pay attention to the jokes professional people make regarding news stories and public personalities. Do a journal entry every evening for a week, identify any recent media example, and then write a few paragraphs on why you think it shows social class bias. Try to generate a more class-aware and class-fair retelling of the incident or of the people portrayed.

## ***Complex, Fluid, and Contextualized Identity***

Recall the elements that converge in a given moment to create one's *Class Identity*: *class background* (the context of your upbringing), current *class access* (to either dominant or nondominant classes), *class identification* (personalization of norms from marginalized and/or dominant classes), and *class consciousness* (your personal awareness of class and classism) (Sears, 2015).

Do some journaling about your own social class identity. What differences are there in your identification between categories? For example, although most university students are from middle class backgrounds, their class access is typically lower because of financial challenges and reduced income. Or, if you are a first-generation university student from a working class or poor background, you may be experiencing pressure towards a more middle class identification. How might other aspects of your identity (e.g., gender, sexual or gender orientation, and ethnic cultural identities) interrelate with your experience of social class? How do other dominant or nondominant identities inform your class experiences and understandings?

## ***Contrasting Dominant and Nondominant Worldviews***

Print a copy of Sears' (2015) *Contrasting Class Values* chart. For each of the values, place a check in the column of your typical or strongest preference, either N or D. Take your time, and try to be honest, reflecting on experiences in different settings and contexts. You will probably notice an emerging pattern, a general preference for one of the columns, but most of us carry a mixture of values and tendencies. Reflect on how differences in ways of thinking, perceiving, relating, and communicating might come into play between yourself and others in your personal life and between yourself and clients.

### **Resources for Further Exploration**

- *Class Action: Building Bridges Across the Class Divide*. Information and resources on social class and classism for people from all social classes. Includes reading lists, questionnaires on class background and identity, cross-class relationship information, and so on.
- *Working Class Perspectives: Commentary on Working Class Culture, Education, and Politics*. Originally sponsored by the Centre for Working Class Studies at Youngstown State University (CSCS). Guest bloggers include academics, journalists, and social commentators from the UK, USA, Australia, and elsewhere on topics such as social class and media, social class and education, the working class and the economy, and so on.
- *Working Class Studies Association*: Newly revamped website will include information, grants, and calls for submissions for the annual conference, a twice-yearly newsletter, and an electronic journal.

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# Chapter 4

## Fragmented Faith and the Rediscovery of God: A Feminist Perspective



Judy Chew

### Introduction

The case study in this chapter examines the intersection of multiple identities by applying concepts from culture-infused counselling (CIC; Collins & Arthur, 2010a, 2010b) and the revised CIC framework outlined in Chap. 2. A composite case study of Jason has been created to protect client identities. My thesis is that culture-infused and socially just counselling is essential in working with all men to enhance the counsellor's advocacy for human rights while respecting a male client's worldview. Psychotherapy with male clients examines how patriarchy and sexism confer privilege on men. Narrow gender roles constrain males and females, impact their physical and psychological health, and influence other social identities (American Psychological Association, 2007; Enns, 1993; Kiselica & Englar-Carlson, 2010). Much of the extant literature on the psychology of men and masculinity has emphasized the negative effects of sexism and patriarchy (Brooks, 2010; Englar-Carlson & Kiselica, 2013; Mahalik, Good, Tager, Levant, & Mackowiak, 2012). Western norms of traditional masculinity emphasize emotional control, risk-taking, winning, status seeking, self-reliance, domination of women, and disdain for homosexuality (Mahalik et al., 2003). More specifically, conformity to traditional masculine gender norms can exacerbate men's experience of mental health concerns such as depression and decrease their help-seeking behaviours (Seidler, Dawes, Rice, Oliffe, & Dhillon, 2016). Men who endorse greater self-reliance and emotional control may experience more negative attitudes towards help-seeking behaviours (Parnell & Hammer, 2018) and a tendency to self-stigmatize (Wasylikiw & Clairo, 2018). It is noteworthy that many men are cautious about disclosing vulnerability to those closest to them but may be inclined to open up to a mental health professional (Ogrodniczuk, Oliffe, & Black, 2017).

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© Springer Nature Switzerland AG 2018

N. Arthur (ed.), *Counselling in Cultural Contexts*, International and Cultural Psychology, [https://doi.org/10.1007/978-3-030-00090-5\\_4](https://doi.org/10.1007/978-3-030-00090-5_4)

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Although men have power conferred on them, few men perceive themselves as attaining the status of an idealized man (Brooks, 2010) that the debilitating effects of patriarchal sexism on men are now a social justice concern (O’Neill, 2012). Scholars have also identified the limitations of a pathology focus in counselling men, focusing instead on the strengths found in traditional masculine gender roles and behaviours (Kiselica & Englar-Carlson, 2010; Mahalik et al., 2012; Kiselica, 2011), which requires an emic (cultural-specific) stance. Furthermore, a monologic view of masculinity as pathology is insufficient because “healthy and adaptive masculinity is variable and both culturally and contextually dependent” (Seidler et al., 2016, p. 115). A comprehensive understanding of a male client requires an examination of his “unique positionality inclusive of all potential sociocultural forces influencing his well-being, the treatment he receives, and how he experiences it” (Mahalik et al., 2012, p. 600). Attention is given to the exploration of the plurality of masculinities and the role of socialization in socially constructing the experience of masculinity for a man (Seidler et al., 2016).

The case study captures my clinical work over 12 sessions. I critically analyse the positioning of my counsellor role, given my own cultural identities. Theoretical models and practice principles illustrate the collaboration between the client and myself. I integrate a feminist perspective into CIC counselling, given its goodness-of-fit, and I emphasize the following themes: social justice, counsellor self-awareness of culture and client cultural identities, client empowerment, social context in conceptualizing pathology and solutions, and systems-level change, within a postmodern and social constructivist context that honours multiple realities. At the end of the chapter, questions for discussion, personal reflections, and short learning activities promote understanding of the revised CIC framework (see Chap. 2).

## Establishing the Foundation

### *Counsellor Cultural Identities and Social Locations*

The word *infuse* derives from the Latin “infundere”, meaning to “pour in” (Infuse, 2006, Origin of Infuse). Competent CIC requires awareness of my own *poured in* cultural identities and social locations. Brown (2008) defines social identifiers as “components of identity constructed in the context of social, interpersonal, and relational realities” (p. 24). I have been a psychologist in a university counselling centre for over two decades, where I have gained formal knowledge and honed clinical skills to work with diverse populations through a multicultural lens. Client work has increased my knowledge and enhanced my self-awareness, respect for my clients, and therapeutic effectiveness.

The therapist’s ability to engage in self-reflection and attunement to the client is an integral part of the evolving therapeutic relationship and contributes to a collaboratively constructed case formulation (Tufekcioglu & Muran, 2015). The need for therapists to engage in self-reflection is noted in a variety of ethical codes and standards of practice (APA, 2017; Canadian Psychological Association, 2017; Feminist



Therapy Institute [FTI], 2000). Moral responsibility requires commitment to culturally responsive and socially just counselling practices. This is possible when we examine how our values, attitudes, experiences, and social contexts influence clinical interpretations, choices, and recommendations. We must avoid discrimination, which means holding negative or prejudicial attitudes towards age, disability (acquired and/or developmental), ethnicity, gender, gender identity, language, marital status, national ancestry, political affiliation, race, religion, sexual orientation, and socioeconomic status. Self-reflection is crucial to identify how a female therapist might allow gender to influence work with a male client (Brook, 2010; Mahalik et al., 2012). Counsellors must also recognize their values and biases with regard to matters such as religion or spirituality (Plante, 2014). Both of these areas are pertinent to this case study.

Examining my own social locations and multiple identities minimizes the risk of intentional or unintentional cultural oppression. I am a first-generation bicultural Canadian woman, born to parents who came from Mainland China. I learned about my parents' experiences of racism and classism through observation and by listening to their experiences. Brown (2008) notes that social locations represent the places of social network where people are interpersonally located and which occur within certain historical periods that may be demarcated by trauma, colonization, or other oppressions. I recognize the impact of my parents' traumatic experiences upon my life, but I also take into account their experience of justice and reconciliation. From my parents, I absorbed the values of filial piety, preserving cultural traditions, and protecting family honour. From the wider culture, I learned that privilege, power, and status are often a function of ethnicity (white/Caucasian), vocation (lawyers, doctors), and education (university level). I was socialized to pursue higher education in order to gain the privilege and power not available to my parents. I was raised in a spirituality that featured a swirling mix of Chinese folk superstition, ancestral worship, folk medicine, and Christian practice. As a person of Chinese ethnicity in Canada, I am bicultural. I grew up within a collective cultural context, but I now live an individualistic lifestyle, and I am feminist. I do not subscribe to the term *minority*—as I concur with Brown (2008) that it connotes being “less than” (p. 26). As a beneficiary of both cultures, my intersecting identities are complex and fluid.

Careful reflection on my acquired and current values—especially regarding privilege, power, and spirituality—helps shape my commitment to cultural competence, social justice, and sensitivity in client work with men.

## The Intake Session

### *In the Room with Jason: Betraying Self, Others, or God?*

From the intake form, I learn that Jason is a 25-year-old male of Irish Chinese heritage enrolled in the Faculty of Law. Personal, career, and academic concerns are noted. He presents as cautious and anxious. I find myself wondering if Jason is



attending this session by choice. I wonder how our differences in gender, ethnicity, and age might be impacting him. I introduce myself and provide information about my education, professional background, and work experience in a university counselling setting. I approach the intake session through the lens of feminist therapy.

### **Introduction to Feminist Therapy**

Feminist therapy is rooted in feminist philosophy, political theory, psychological theory, and practice (FTI, 2000). Feminism recognizes that all human beings are equal and respects individual differences. It also recognizes that personal experiences and contexts reflect the influences of institutionalized values and societal attitudes. Brown (2010) notes that marginalized individuals, who are silenced by virtue of their colour, ethnicity, ability, sexual orientation, and other social locations are “sources of the greatest wisdom” (p. 2), are capable of finding solutions to the issues in their lives, and are invested in change. Social and political change is viewed as a fundamental means by which equality is achieved. To support such change, feminist analysis is integrated into therapy to eradicate sexism, classism, racism, and homophobia. Feminist therapists also monitor how their own values and biases influence the therapeutic process. They strive to minimize power differentials in the client/therapist relationship.

### **Principles of Feminist Therapy**

There is consensus in the literature on four principles of feminist therapy (e.g. Brown, 2010; Worell & Remer, 2003). First, feminist therapists seek to understand each client within their sociocultural context: attention is given to the client social locations of age, sexual orientation, and gender. Sources of privilege and marginalization arising from these social locations are identified. Effort is made to understand how presenting concerns are shaped by these social locations.

The second principle is that the personal is political. The main source of a client’s problem is more social and political than it is personal. Feminist therapy identifies the impact of heterosexism, racism, and sexism in people’s lives. Problems are viewed as strategies for coping with an unhealthy context, and advocacy for social change is emphasized.

The primacy of egalitarian relationships is the third principle. Feminist therapists minimize power differentials where possible. Egalitarian relationships foster client empowerment, minimize the recurrence of disproportionate power for the client, and demystify the counselling process.

The fourth principle recognizes the value of a woman-centred perspective. This principle makes reference to women specifically and cautions against adherence to an androcentric view of a *good* woman. Feminist therapy with different masculinities examines gender stereotypes and addresses scripts that inhibit men’s health.

I address informed consent by inviting Jason to ask questions for clarification. He asks how requests for file information are handled in the event that the counselling centre receives inquiries about him. When I review the limits to confidentiality with Jason, he expresses concern about confidentiality breaches. When I assure him that no information is communicated to others without his written consent, he is relieved. Jason states that there are matters to discuss, but not in this session. He alludes to past counselling and the lack of fit. I acknowledge his courage.

A community-based physician has referred Jason to address his depressive symptoms. His doctor suggested counselling and medication, but Jason does not believe in medication. Jason then identifies academic/career indecision and financial concerns. Being aware of his cautiousness, I ask what else might be helpful for me to know. Jason talks about graduation but being unsure about law. After years of estrangement, his parents are paying his tuition and lodging with the proviso that he enters a career in law. I validate and normalize his experiences and explore his goals for counselling. Jason states that his main goal is making it back to counselling. He informs me that he will outline his goals once he is ready. Suicide is not an option, but a part of him has died. With his permission, we discuss what/who sustains him during this time. Jason's affect brightens as he describes a close friend, exercising and working at a law firm.

Jason then requests to work with me, given his preference for a seasoned female counsellor. He apologizes for being difficult. I tell him that I trust his choices and that he is the expert of his life. I ask for his feedback, and he is cautiously hopeful.

### *Critical Reflections*

One of the premises of the revised CIC framework is the need to cultivate a socially just working alliance. This requires mutual empathy, respect, trust, and a collaborative spirit. A socially just alliance bridges the counsellor and client's culture and social locations, making transformative experiences possible. In my introduction, I provided information about myself to model openness and transparency. I informed Jason of my educational and professional background and shared that I am Canadian-born Chinese. With light-heartedness, Jason commented that given the work ethic in my cultural heritage and educational achievements, I would understand his Protestant work ethic for school and career. We were drawn to discuss his family's value of achievement and the criteria established for being a successful male. Jason alluded to the power and control that his father wields over him. My goal is to establish a genuine and empathetic therapeutic relationship. I communicate unconditional positive regard through an attentive, non-judgemental stance, which affirms Jason's perspectives and choices. I frame his caution as a healthy protective strategy. I use psychoeducation to reassure him about confidentiality and promote his confidence in informed consent.

### **Psychoeducation**

Psychoeducation helps the client understand the therapy process. It includes information about the purpose of counselling, concerns that may be addressed, as well as confidentiality and its limits. Psychoeducation promotes informed consent. From a feminist perspective, it supports client initiative and personal power. For example, clients can engage in a power analysis by understanding the different forms of power, how power is exerted, and societal messages that affect the use of power (Worell & Remer, 2003). Therapists can also introduce clients to relevant concepts for understanding the role of dominant cultural norms in shaping personal experiences (Brown, 2008). The use of psychoeducation in feminist therapy minimizes power differentials in the counselling relationship and promotes client resilience (Bograd, 2014; Enns & Williams, 2012).

A socially just working alliance requires that I understand how intersecting identities inform Jason's decisions. I want to understand his caution and any internalized stigma about counselling. As the therapeutic alliance deepens, injustices that impact his well-being may be explored. Continued assessment is warranted.

### ***Personal Reflections***

Throughout the intake session, I take care to *do no harm*, whether through commission (what I say or ask) or omission (what I do not say or ask). Jason's caution is valid but unclear. What is still unknown creates some anxiety for me. It helps me to respect his pace, which is a means of empowerment. I am mindful of the limitations of brief counselling that guide my practice at the centre. I hope that my cultural competencies and ability to work with diverse men can deepen the therapeutic alliance.

## **Session 2**

### ***Moving Forwards: A Step of Faith***

I ask Jason if he has any questions or comments arising from our previous session. I indicate that circumstances can change between meetings, which may include small steps of positive change. Jason says he is feeling better just knowing that he got through the first session. He acknowledges anxiety in exposing his personal life to me, as I am a stranger. His face flushes as he admits embarrassment in coming for

counselling and wonders if it will help. Using a person-centred approach, I attempt to create a culturally sensitive space by normalizing his embarrassment and affirming his courage. Jason tells me his concerns will come out eventually. I inform him that there is a cultural stigma for men who go for counselling and link this perception to some typical male gender socialization messages. Jason is receptive and seems relieved.

Jason knows I need more information but remains hesitant. I am aware that a socially just working alliance requires me to skilfully explore Jason's barriers. Adopting a feminist, collaborative stance, I told him to take his time. I offer to elaborate on my counselling approach. I invite Jason to say more about his preference for working with a female counsellor. He says he has issues with men in authority that "run deep".

### *Critical Reflections*

My approach reflects a belief that counselling men is informed by the client's multiple identities. I told Jason that men can experience vulnerability in counselling, but this can also diminish over time. Jason's eyes glisten as he admits relief. His nonverbal and verbal responses illustrate the power of transformative relationships and mutual cultural empathy.

I acknowledge our coming together as strangers and normalize the time needed for Jason to open up. This strengthens the working alliance and affirms Jason as a cultural knowledge source. We collaborate to identify his goals and options. Consistent with a feminist perspective, I create a respectful place where I can learn about his perspectives and experiences growing up and becoming a man. He describes how his religious and career choices have resulted in profound regret. I immediately recognize my values (e.g. my belief in the potential for conservative churches to do harm) and restrain myself from bias, in order to maximize responsible caring. We discuss how Jason has demonstrated an ability to make responsible choices. I encourage him to lead our conversation as he articulates his uncertainties. I invite Jason to describe how his past impacts his hopes for the present and future. I create space for Jason's thoughts, questions, and evaluations of our session.

Informed consent involves an ongoing process of psychoeducation, so I share relevant theoretical approaches to address Jason's goals. I underscore the importance of a feminist, strength-based, constructivist perspective, and I introduce cognitive behaviour strategies such as examining self-talk. I strive to embody the value of an egalitarian working relationship that respects diversity. I recognize there are many ways to live well.

We address Jason's desire for adequate sleep, as this would help him cope with stressors. Through the assessment of this concern, Jason decides to track his thoughts and feelings. He is intrigued about examining his self-talk by journal writing.

## Sessions 3 Through 5

### *Let Not My Enemies Triumph Over Me*

Jason is anxious being in counselling; he also admits to being nervous anticipating the end of counselling. He apologizes for being hesitant. We discuss manageable goals to work on. I assure him that extended sessions can bridge the transfer to another counsellor. Jason reports success in clearing his mind to promote sleep. He identifies dreams of caring for a neglected puppy and being guided by a light. For Jason, the dreams signal positive choices. I acknowledge the resourcefulness of his dreams. To deepen a culturally responsive and socially just working alliance, we revisit the risks and benefits of counselling. Jason engages emotionally as he shares his insights.

Jason identifies his goals: gaining confidence about career choice, finding peace through faith, and setting limits with his family. He views depression and sleeplessness in context, which include betrayals by his family, partner, and church. I acknowledge his religious faith experiences and assure him of my respect for various religious and spiritual traditions. Jason is satisfied with our conversation. He appreciates that I am a pluralist and that I will not judge him or give unsolicited advice.

Jason then describes his bicultural background with an Irish father and Chinese mother. He views his upbringing as “idyllic”, given the family’s financial and material resources. Jason was a popular, athletic teenager, who attended elite boarding schools and excelled in school. He contrasts this with a “turbulent” family life. He is not close to his parents or siblings. Jason attributes this to his father’s violent behaviour. He tearfully describes the security and life direction he found through church as a teenager. The church helped him to cope with family life. His family, on the other hand, hoped that he would outgrow church.

Jason and I talk about his responsibility in caring for his family. He wants them to see the value of faith through his efforts and is demoralized by their opposition and religious intolerance. After completing an engineering degree, Jason entered bible school to become a minister. His parents cut off financial support, and Jason was asked to leave the family home. They later refused to attend his wedding. Jason says his marriage was doomed from the start. His wife came from a troubled home; shared suffering held their relationship together. When the church learned of their marital struggles and his partner’s threats of separation, Jason was suspended from church duties. Church policy forbids any member in a position of authority to continue serving until certain requirements are met, and the church board deems the couple to be fit before God. Sarah left the marriage citing her disinterest in having further discussions with Jason on how to preserve their relationship or to meet the church’s expectations of her. Several months after his suspension, she initiated divorce proceedings. The church deemed him morally unfit and withdrew support. Jason feels abandoned by his Christian *family*. Meanwhile, his parents are offering him a place to stay, because he is in law school. They want Jason to recognize reli-

gion for what they believe it is: a resource for the helpless. Jason says he is at crossroads with his parents, church, and law career. He wants to make meaningful decisions.

As Jason gains comfort in our session, he offers more details about his concerns and goals. He identifies his need to gain confidence in making his own decisions in terms of his career path. Although he has thrived in law school, he continues to experience sadness and loss about the end of his 2-year marriage to Sarah and his dream of being in the ministry. His return to live in his parents' home has been a time of tension and isolation. He also hopes to better understand his past religious affiliation and his marriage in order to make sense of his losses. Jason is cautiously hopeful that these goals will enable him to experience a healthier, more peaceful life path overall.

Our sessions are heartfelt. Jason is transparent about his disillusionment and recognizes our mutual respect. We explore the socialization messages from his family and culture on masculinity, religion, success, and career. Jason engages in a gender role analysis and power analysis of received messages from his family and culture as well as from his church upbringing. He recognizes his father's legacy of Irish historical trauma and its role in shaping men to be tough, achievement-oriented providers. Jason's mother grew up in a family seeped in the stories of the head tax legacy of misfortune. We discuss the irony of how his parents were able to break the chains of the past by imposing on him the very same values of toughness, disdain for emotions of sadness, and being fiercely competitive.

Jason discusses church policies that weakened the power of its members, including him. He disagrees with the church's view on the subordination of women. Jason describes the ways in which he supported Sarah's participation in church activities and roles that reflected her interests and discouraged duties of obligation. He feels these ideas still did not grant Sarah the privacy and freedom she needed. The church board ultimately concluded that Jason was incapable of being the head of the household. Furthermore, the board regarded Sarah as acting in disobedience towards God and the man she married. In terms of divorce, he tearfully describes his ongoing love for Sarah. He expresses his angst that there is no room for a divorced man to be in a position of authority in his church. Jason spoke of how he assured Sarah that he would far rather preserve their marriage and let go of his ministry career. She did not want the marriage to continue. Both the congregation and the church board view divorce as a sin against God. Through our conversations, Jason gains awareness of his negative internalization of stereotypes and his sense of shame. He acknowledges his own self-deprecation. Until now, he has regarded himself as a failure in the eyes of God, church, and family.

Embedded in Jason's narrative is the theme of betrayal. He had confided in church officials about his family issues. His trust in the church gave him strength at first, and he longs to restore his trust in God. I respectfully acknowledge the complexities of Jason's experiences. I share my interest in further understanding his history of spiritual and religious growth. He views his spiritual journey as integral to who he is today. I provide an explanation of spiritual assessment and the potential risks and benefits.

### **Assessing Client Spirituality**

Spiritual assessment is based on the premise that people are drawn to a relationship with the sacred. *Sacred* refers to any aspect of life that the individual imbues with “divine character and significance” (Pargament & Krumrei, 2009, p. 94). The assessment explores the role of spirituality in the resourcefulness, life events, and problems of a client’s life. Pargament and Krumrei (2009) advocate for an atmosphere of respect, openness, and informed consent. Counsellors must understand the importance of spirituality in a client’s life and what contributes to this investment. Clients participate in counselling at various points in their spiritual journey. Some question their spiritual beliefs; other clients are sustained by them. Counsellors need to explore each client’s spirituality and how it relates to that client’s social context. A comprehensive assessment enables the counsellor to understand what is salient to clients and how spirituality is translated into their daily life.

Clients can be asked if they view themselves as spiritual or religious and to elaborate on their perspective. A deeper understanding of client spirituality can be gained through exploration of past spirituality (how spirituality was expressed), present spirituality (the reasons for being involved in spirituality), expressions and experiences of spirituality (what is supportive or threatening to spirituality), spiritual efficacy (the positive and/or negative impact of spirituality), spiritual environment (the sources of support for spirituality), and future spirituality (the link between spirituality and hopes/life goals) (Pargament & Krumrei, 2009). Counselling enables Jason to make sense of his feelings of betrayal by church and family. As session 5 ends, we begin to discuss his resourcefulness in taking a stand against his parents’ judgements of him and in his pursuit of the ministry in the absence of their support. He also advocated for the equality of men and women in the church, even though this put him out of favour with the church. Our discussion and assessment reflect the narrative of a responsible man who has a heart for equality and justice.

### ***Critical Reflections***

Sociocultural sensitivity is crucial to effective counselling. Microlevel collaboration between counsellor and client is essential in identifying change goals and steps. Effective collaboration requires mutual empathy, which I embody through conversations of respect and active listening that foster client openness to cultural inquiry

and discussion of social locations. Throughout the process, I position the client as the expert. Instead of beginning with the statement that I am a feminist therapist, I invite Jason to participate in a discussion on the tenets and values of this perspective. I use common language to ensure his understanding. We discuss how these descriptions are foundations of feminist therapy. Jason values the attention to men's mental health and religious diversity reflected in a feminist perspective.

A strength-based approach is an integral part of the CIC framework. This approach recognizes the centrality of the client's self-understanding and the client as the locus of responsibility in establishing preferred outcomes and goals. Assessing the relationship between culture and social locations articulated by clients can expose social injustices and barriers such as bias, oppression, and stereotypes. To further our understanding of the identities brought forwards by Jason, the terms *target* (nondominant) groups and dominant groups are considered. Dominant groups include social groups that are "currently defined as the norm within a given culture"; target, or nondominant, groups refer to social groups subjected (historically and/or currently) to maltreatment, discrimination, or bias (Brown, 2008, p. 26). An individual's group status is subject to change over time and includes a dynamic intersection of target and dominant group status (L. S. Brown, personal communication, May 22, 2015).

In our Canadian context, Jason's affiliation with dominant groups that are the cultural norm includes his upbringing in an economic upper class, which gave him access to educational opportunities. Being able-bodied and fitting conventional standards of attractiveness allowed him to excel in academic and athletic pursuits, which contributed to his status as a popular, bicultural teenager. Being a young, educated, married, heterosexual man affirmed his place within dominant groups. In recent years, Jason's social identities have also exposed him to judgement and marginalization. These complex shifts in his life explain his presenting issues in counselling. Jason's allegiance to church is a source of painful rejection by his parents. Yet within this conservative church, Jason was suspended for his marital struggles and later dismissed for getting divorced. He is now hesitant to make his Christian identity known to his classmates/peers and is fearful of having his divorced identity exposed by church-affiliated individuals.

Counsellors who adopt CIC explore client social locations and multiple identities to understand how these enhance that client's risk of trauma. Jason's presenting concerns are related to marginalization experiences within his conservative religious affiliation. He is judged and shamed for being divorced but also judged by family and peers for being Christian. His protective strategy is to hide these identities. Stuck between his family's mandate for traditional male success and the conservative church criteria for ministry, Jason sees this crossroad as a place to claim authority over his life for himself.



### Components of Power Analysis

Worell and Remer (2003) describe power as “the ability to access personal and environmental resources to effect personal and/or external change” (p. 78). The appropriate use of power is determined by its availability, the acknowledgement of different kinds of power, choices made in accessing it, and the manner in which the power is exerted. Power analysis raises client awareness of the sources of power differentials between dominant and subordinate groups (e.g. between adults and children, men and women, and high and low socioeconomic classes). Power analysis enables clients to take steps to shape the interpersonal and institutional systems in their lives.

Power analysis involves six steps (Worell & Remer, 2003). First, the client and therapist examine different definitions of power and select the most suitable. Second, clients gain knowledge of the kinds of power that exist—for example, somatic power, interpersonal/social-contextual power, spiritual/existential power, and intrapersonal power (Brown, 2010). Third, clients determine the kinds of power they are able to access. Fourth, clients learn about how power can be exerted. Fifth, clients identify how their use of power may contain internalized societal messages. This requires the client to note the costs, benefits, and risks of changing power strategies. The sixth and final step involves clients tapping alternative sources of power and power strategies.

Jason’s power analysis (Worell & Remer, 2003) broadens his awareness of how his father and the church officials imposed power. He identifies role power (child/parent and church member/official) and strategies of disempowerment (e.g. rejection, judgement). We then examine healthy power in the context of family relationships and church beliefs and practices. Taking a feminist stance, Jason identifies his present strategies of healthy power. I explain Brown’s (2010) idea of power being continuous, in order to encourage Jason to explore, tap, and implement new sources of power.

Social locations and identities can be sources of empowerment in the face of trauma (Brown, 2008). At first, Jason’s religious teachings provided a fresh perspective on healthy masculinity; in church, he learned to trust the care of others, to share emotions, and to find hope for the future. I invite Jason to identify ways his traditional socialization as a boy and man is also embedded with strengths (Blundo, 2010; Kiselica & Englar-Carlson, 2010). Through our discussion and deconstruction of these themes, he identifies strengths in his capacity to care deeply for others and to be a self-reliant and responsible provider who pursues humanitarian service. Jason also begins to reflect more on his relationship with Sarah. He initiates discussion on his way of relating in the marriage. He describes the powerful sense of connection and care they shared as they supported each other through their respective family-of-origin issues. Jason speaks fondly of Sarah’s generous spirit and how they were both welcomed into the church. In his view, he became torn between his desire to be in the roles of provider and defender for Sarah and the requirements of the

church for him to assert power over her to enforce their rules. Through this discussion, Jason expresses his sadness and loss as he arrives at a greater understanding of Sarah's need to live freely. This could not take place within the church context. Sarah told him they were going through similar struggles, and she did not have what would be needed emotionally and spiritually to help them both; it was too much for her to bear. Not only does Jason begin to see Sarah's need to live freely and with integrity, but he also arrives at a deeper understanding of his own need to experience the same. The standards and requirements of the church did not afford room for him to thrive. In some ways, he sees how it cost him the relationship. Through a different lens, Jason is able to speak from his heart and acknowledge the validity of living apart from Sarah. Divorce may pave the way for each of them to experience freedom. As we conclude our fifth session, affirming his strengths in the midst of adversity buoys him.

### *Personal Reflections*

I have learned from past counselling experiences that the word *feminist* can be a barrier, given its mainstream connotations as pro-women, antimen, and antireligion. For these reasons, I carefully explain the feminist perspective as an empowerment model that applies to everyone. Constructive collaboration with Jason also requires that I acknowledge my value differences. I am sensitive to people's experiences of trauma, betrayal, and judgement within some religious contexts. To remain respectful and attentive to multiple meanings, I strive to understand Jason's experiences comprehensively. We are then able to identify his spiritual resources as he recreates spiritual meaning. He neither wants to dismiss religion nor to return to unhealthy beliefs.

Assuming a constructivist stance, I encourage him to examine his beliefs. I explain the ideas of facilitative and constraining beliefs (Wright & Bell, 2009). Facilitative beliefs broaden options for solutions to problems; constraining beliefs reinforce problems and limit options. Jason tells me these conflicting messages from others are the reason why he is at a crossroad where he must make his own decisions. He acknowledges how the messages from his family upbringing, as well as from his religious teachings, emphasized the value of adhering to authority figures such as his father and church officials. Jason describes the confusion, diminished confidence, and frustration that have resulted from having to inform these sources about the difficult details of his personal life. The collaborative and client-driven nature of our counselling relationship has created space for him to find his own path. He contrasts this experience to two counsellors in the past who suggested solutions: one recommended a Unitarian church; the other suggested he access a university chaplain. He says he has had enough advice.

The task of social justice requires me to recognize barriers that I may inadvertently create for clients. I strive to honour multiple meanings, expand my cultural awareness, and identify how others navigate multiple and intersecting identities. I acknowledge how my biases and values impact my work with both religious clients

and men. Emphasis on gender for me no longer means giving singular attention to promoting women's mental health, which was part of my past training. Instead, it means obtaining the required knowledge and skills to assist men who struggle with the painful effects of traditional masculinity while still honouring feminist-centred values such as informed consent. It means suspending the belief that everything about traditional masculinity is wrong. Ethical practice in diversity no longer permits disinterest or quiet dismissal of religious themes (Plante, 2014). Unexamined counsellor discomfort and judgement can inhibit client change. The process of spiritual change in clients can be fostered by horizontal relatedness; this involves external supportive contexts where interactions are non-judgemental and the individual feels understood as well as connected (Russo-Netzer, 2017). In my work with Jason, I work alongside him in his search for wellness.

## Sessions 6 Through 10

### *Opening the Heart*

Our sessions to date enabled me to understand the different forms of loss and trauma Jason experienced. I learned about the complexities of his faith. The church first offered him a refuge from a violent home life but later rejected him. Jason identifies the counselling experience as a new refuge to reconcile his struggles. He now thrives in school, work, and self-reflection. He spends positive times with his ex-wife and speaks about their divorce becoming mutually beneficial over time.

Amidst the gains, our current session is also marked by guilt and worthlessness as Jason reflects on past decisions. His notebook contains derogatory self-talk; he also speaks of his need to let go and to forgive himself. We take time to explore forgiveness and the image of a forgiven self. I invite Jason to consider self-compassion. Obtaining his consent, we explore self-kindness from his understanding of scripture. Jason admits to how he felt God took the side of the church. Jason internalized judgements about him and assumed these were from God. Then he says, "Those church judgements were not from God". We are silent. His epiphany is simple yet profound. God is not the church.

#### **Self-Compassion**

Self-compassion is the practice of regarding ourselves with the care and kindness we would express to a friend (Neff, 2011). According to Neff (2011), depression, anxiety, and insecurity emerge from self-criticism and negative self-judgement. Self-compassion requires us to acknowledge our suffering, imperfections, and failures as a part of the human condition. This is difficult in our Western culture, which emphasizes achievement, independence, and invulnerability. To counter these cultural mandates, self-kindness requires recognition of our common humanity and mindfulness. Self-compassion leads to emotional resilience and enhanced motivation.

We focus on the theme of self-compassion and Jason's journey to reconnect with the God who brought him solace in the past. From a feminist empowerment perspective, I invite Jason to identify how he has been strengthened to move forwards. I discuss handouts from Neff's (2011) work on self-compassion with him. We collaborate on cultivating skills in mindfulness. Jason now wants to respect his pain, rather than judge it. We revisit our discussions about facilitative beliefs. For homework, Jason will explore Neff's website on self-compassion and list compassionate beliefs he wants to incorporate. I remind him that he is the expert in his own life and has the authority to make choices.

As Jason distances from self-criticism, he exudes confidence. He acknowledges how the church helped in his time of need and situates these positive contributions in context. In the church community, Jason was affirmed for his leadership qualities and his desire to help others, and he does not want to dismiss these experiences. Jason also expresses his sense of loss of church community and support, and we discuss how he made decisions based on what he knew at the time and on the opinions of church leaders. The end of his marriage was something that required Jason to consider an array of complex emotions and experiences in his decision-making process. We talk about the timeliness of acknowledging his humanness and his renewed faith in a compassionate God. I invite Jason to affirm his new understanding of God from scripture and his own kind approach to others as a ministry student. He decides to write a letter to his forgiven self. From a position of strength, we discuss how he might plan to engage in self-advocacy for fairness and justice in the event he encounters his parents or people from his former church community.

### **Feminist Empowerment Model of Forgiveness**

McKay, Hill, Freedman, and Enright (2007) outline a model that integrates forgiveness theory with the criteria for a feminist model of psychotherapy: (a) gender balance in recognizing differences that arise from male and female socialization, not valuing one sex over the other, and minimizing stereotypes; (b) lifespan oriented, acknowledging the individual's past experiences within their sociohistorical context; (c) flexible and multicultural in attending to the individual's cultural values and needs of diverse client groups; and (d) interactionist, recognizing the interplay of the individual's psychological defences and the context of the violation or wrongdoing (Worell & Remer, 2003).

McKay et al. (2007) outlined four phases in feminist forgiveness therapy. The *uncovering* phase involves exploration of the client's experience of injustice, multiple social locations, and how these shape psychological responses. Consideration is given to anger or shame, and a distinction is made between internal symptoms and external pathology. Thoughts and feelings about events and shifts in view of self and others are explored. Power differentials between the client and the offender are identified to promote an awareness of oppression and inequality in the experience.

(continued)

In the *decision* phase, old coping strategies are identified and validated, forgiveness as an alternative means of coping is discussed, gender role socialization messages are explored, and new strategies that enhance the client's empowerment are noted. The client examines socialization messages about forgiveness, gains clarity on misunderstandings of forgiveness, and distinguishes between forgiveness and reconciliation. The decision to forgive, or not to forgive, the offender is made in an informed manner. If the client chooses to forgive, attention is given to goals and strategies that promote change.

The *work* phase involves continued collaboration with the client to reframe the wrongdoing and consider the offender's humanity. There is an examination of the offender's personal development, socialization, vulnerabilities, and context. Compassion towards the offender is considered while ensuring the client distinguishes between reframing the offender's behaviour and excusing the behaviour.

The fourth phase is the *meaning-making* phase. The counsellor engages with the client to identify the meaning in the client's suffering and to explore self-nurturing strategies. Efforts are made to understand the suffering through the lens of the client's gender role beliefs and social contexts. Emphasis is placed on generating an external support system. In addition, new goals are identified, changes to social roles are considered, and client strengths and resources are recognized.

Jason says he owes it to himself to be compassionate. He states that he would do the same for others. To him, this is the face of God. Jason's decision to engage in positive spiritual coping is reflected in his renewed sense of connection with God through private prayer. This relational dynamic involves an interactive, communicative relationship with God that "catalyzes growth following a major offense" (Van Tongeren et al., 2018). Drawing from a feminist approach, I invite Jason to describe a meaningful life and the implications of choosing a new path. We affirm his move from relying on external authority to relying on his own preferences and desires.

Jason is tearful when describing an unplanned meeting with a church leader, Richard, who had been a fatherly figure. Jason was invited to return to the church but under certain conditions. Jason tells Richard that his dismissal from the church and public denouncement were unacceptable. He informs Richard that God is compassionate and nonjudging. The men tearfully shake hands and part ways. Jason expresses regret that a formative relationship has ended. At the same time, he exudes strength, and he has begun to think of forgiving the church officials. His perspective is that they are only human. I offer key points of the feminist empowerment model

of forgiveness, and Jason asks to read more in order to develop his opinion. He wants closure and is drawn to *reframing* his family and church leadership experiences within a larger context of influences.

As time passes, Jason reports renewed energy. We debrief his letter of forgiveness. Jason expresses interest in speaking about his family. He positions himself as caring and cordial and adopts a light-hearted attitude to ensure his emotional safety. His decision to continue with law has emerged as a personal choice.

### *Critical Reflections*

I assert that CIC with its principles of mutual empathy and constructive collaboration promotes transformative experiences. This is reflected in the depth of dialogue around Jason's experiences with the church, his marriage, and his family. At the mesolevel, we collaborate on strategies for self-assertion and advocacy.

A feminist collaborative approach is interwoven with a constructive perspective. I promote Jason's authority in his meaning-making journey. The following open-ended questions enabled Jason's unique experiences to unfold:

- *How did you make sense of the church official's decisions at the time?*
- *How do you understand them now as you reflect on the experience?*
- *In what ways did the sense of loss and betrayal impact the continuity of your life plans and hopes?*
- *If you were to situate yourself in the future, say a year from now, how do you hope to have made sense of this?*

Our discussions offer a careful balance of sense-making and benefit-finding (Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010; Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008). Jason reiterates his renewed belief in a fatherly, benevolent God rather than a vindictive figure which in turn affirms his restored mental health and sense of well-being (Tung, Ruffing, Paine, Jankowski, & Sandage, 2018).

Fostering culturally responsive and socially just change requires the counsellor to invite the client to evaluate the purpose and outcomes of theories and interventions that are used. This reflexive practice ensures that the goals of counselling are reviewed and modified. Informed consent throughout is vital. With Jason's growing self-confidence, it is crucial to discuss the potential risks and benefits of self-advocacy. Jason's active role in evaluating each session allows for collaboration on next steps.

Culturally responsive interventions require us to deconstruct the meaning of power. Through the use of a power analysis, we address our working relationship. I can encourage Jason's efficacy in making choices and in disagreeing with me. Our work here is largely at the microlevel of intervention. The creation of a counselling atmosphere that is safe and affirming is critical to Jason's active engagement.

Each client represents a complex range of sociocultural locations that both influence and are influenced by the course of counselling. Comprehensive exploration

and cultural sensitivity are required continuously. A culture-infused and socially just approach to client social locations requires the counsellor to give attention to the client's change processes. As our counselling sessions deepen, Jason describes his shift from being a marginalized, divorced, Christian man to someone who belongs in the world—spiritually, relationally, and academically.

I conclude that CIC practice requires acknowledgement that what is personal is also political and what is professional is political. Ethical professional practice in counselling men, within this perspective, demands an integration of theory and best practices. Collaboration often will involve difficult conversations that situate the individual in socially unjust, or oppressive, contexts. Through gentle inquiry, open-ended questions, psychoeducation, and respectful growth-promoting interventions, counsellors empower clients to seek justice and to give voice to their needs. A social justice perspective equips counsellors to integrate human rights with a respect for their clients' differences and choices. Working with a male client also compels me to engage in social justice at the macro level. I enhance my professional practice by staying current in scholarly work on different masculinities, religions, and spiritualities. I adapt theoretical frameworks to reflect culturally responsive and socially just practices. Macro-level activity also includes sharing knowledge and skills in training contexts and at professional conferences.

### ***Personal Reflections***

In working with Jason, I reflected on the gender socialization messages and religious/spiritual influences that shaped my values. Continual self-examination alerted me to potential *blind spots*, assumptions, biases, and preferences. I am viscerally upset hearing stories of religious practices (or views) that perpetuate abuse or oppression. Had I been premature in judging Jason's church experiences, I would have counselled in a socially unjust manner. Hearing Jason describe hurried and unhelpful advice from previous counsellors alerted me to recognize, once again, that the client is the expert on their own life.

### **Sessions 11 Through 12: Termination**

#### ***Birthright Rediscovered: The Ethics of Abundance***

We come to our final sessions, and I invite Jason to provide feedback. He notes how impoverished he was at intake and feared disclosing his pain. He is now appreciative of our conversations and my compassion as he “walked through the dark valleys”. We discuss his gains. Self-compassion, forgiveness, healthy boundaries, and self-respect are his highlights. He says he is ready to take a break from counselling. He

exhibits a mature understanding of what it means for him to be a healthy man. He is confident in his choices, even if they go against cultural or family expectations.

Jason also describes a renewed faith in God. Part of him wants to belong to a Christian community someday. He is auditing a world religions course to appreciate other traditions. From time to time, Jason slips into different Protestant churches to reflect, to pray, and to see what there is to learn. He muses about practising law, but his future might also include a combination of law and ministry. He would like to be an advocate for spiritual or religious justice or family law. Jason asks if he can return to counselling sometime later to touch base. I tell him he would be welcome.

### ***Critical Reflections***

In situations where the counsellor holds different values from the client, it is critical to recognize and respect the client as expert in their own life. A culture-infused and socially just perspective honours multiple perspectives and realities in discerning satisfactory progress and appropriate termination for a client. Competent CIC honours the client's autonomy and basic human rights. It also engages the client in formative and summative evaluations.

Jason's vocabulary reflects progress; he now wants to pursue his goals outside of the counselling context. He expresses confidence in his choices, and can describe warning signs that would alert him to times when he is struggling, and he identifies the resources he would access if he needs help.

### ***Personal Reflections***

As Jason expresses readiness to take a break from counselling, I am aware of my protective stance and that I will miss our conversations. If I have learned anything, it is that Jason is more than capable of moving forwards on his own.

### **Summary**

My counselling work with Jason reflects the application of key concepts of CIC and the promotion of socially just change processes. My work with Jason taught me about the complexities involved in working with religious men in transition. From my sessions with him, I learned to listen to what he needed to say. Many of his experiences were given voice for the first time. Then we fused our sources of knowledge with honesty, integrity, and compassion to promote his well-being.



**Questions for Reflection or Discussion**

1. Huston Smith, scholar and author of the classic text, *The World’s Religions*, was an explorer of the world’s religions. He said, “What I do is try and show people how they can get something of value personally from religion, which is why I concentrate on its positive side” (Smith, 2009, p. xxii). What practical steps would you take to demonstrate respect for clients whose religion or spirituality is fundamentally different from yours?
2. What are the potentially positive and negative implications for working with diverse client populations for counsellors who subscribe to the phrase, “I’m spiritual, but not religious”?
3. Review the case study. What five best practices stand out to you as promoting a culturally responsive and socially just working alliance with men whose cultural identities or social locations differ from yours?
4. Read three current scholarly articles on counselling religious or spiritual clients. What might you identify from these sources as best practices for your counselling work?
5. A culturally responsive and socially just working alliance with clients requires collaboration to implement and co-evaluate interventions, at the micro and mesolevels. Select one or two common models of counselling. What are their strengths and limitations? Identify some ways to adapt these theoretical models to reflect culturally responsive practices with men in religious or spiritual transition.

**Learning Activities**

1. As you reflect upon Jason’s presenting concerns (family disapproval, dismissal by church officials, and ambivalence regarding career choices), make a list of the values, preferences, and biases that are salient for you, given your socialization messages and social locations.
2. Read each of the words below. Write down three words that come to your mind. What do your responses communicate about your values? What are the implications for counselling clients from diverse religious/spiritual backgrounds?

• Religion	• Prayer	• God	• Agnostic
• Temple	• Sacred text	• Spirituality	• Church
• Atheist	• Heaven	• Sin	• Faith
• Mosque	• Nature	• Meditation	• Reincarnation
• Angels	• Occult	• Mysticism	• New Age

3. To promote personal understanding of your past spiritual or religious story, discuss in pairs the following questions adapted from Pargament and Krumrei (2009):
  - How did your immediate or extended family express spirituality when you were young?

- How did you first discover or learn about spirituality or religion?
  - When you were younger, how did you understand spirituality or religion?
  - How did you express your spirituality or religion?
  - What are the significant markers of your spiritual journey thus far?
4. There are different kinds of power (e.g. physical, legal, positional, resource, institutional, normative, and referent) (Worell & Remer, 2003). The following self-reflection questions are adapted from Worell and Remer (2003) to help you explore your views and experiences of power:
- What is your definition of healthy power?
  - Growing up, how was power divided or shared in your environments?
  - Who had power in your family?
  - What kinds of power do you experience based on your gender?
  - What are the implications of power in the therapy room, based on your gender, age, ethnicity, or educational status?
  - What are some ways for you to promote appropriate power for male clients?

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# Chapter 5

## Culturally Responsive and Socially Just Engagement: An Emergent and Ongoing Process in Counselling Women



Ann Laverty and Mirjam Knapik

### Introduction

We were both delighted and hesitant as we considered the possibility of writing this chapter. We were delighted because we both appreciate collaborative projects, and this endeavour would give us the opportunity to learn more and explore together our experiences as counsellors in postsecondary institutions. We were hesitant as we recognized that *putting legs* on a complex conceptual model was both important and daunting.

As we considered how we respond to diversity as counsellors, we began by identifying experiences and identities that seemed relevant to what we hoped to do in this chapter. We share these here, because we hope you will speculate freely on how they impact our work. We are heterosexual, female, Caucasian, in our mid-50s, Ph.D.-educated, and mothers of children who attended postsecondary institutions. We both work as psychologists in postsecondary counselling centres. We identify as committed to our work and also share a keen appreciation of the many unearned privileges in our lives. We draw on constructivist and feminist approaches to help us reflect on these privileges and their impact on our worldviews.

Ann immigrated to Canada from the United States in 1985 when she was 25 years old, and Mirjam immigrated to Canada from the Netherlands in 1968 when she was 9 years old. Mirjam was raised in a Catholic family; she has experienced what it feels like to begin to question assumptions and beliefs as a young person and how family dynamics can impact this process. Ann was raised in a Protestant family

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where, as an emerging adult, she was encouraged to question and to choose for herself what to believe. We drew upon these identities, social locations, and personal/professional experiences in writing this chapter.

Despite our recognition of the qualities noted above, we are aware that we do not possess any final insights or authoritative voices for women, immigrants, mothers, counsellors, or questioning adults. We merely highlight these elements, because all of these could be influencing our responses in the case example we present in this chapter. We invite you to consider for yourself how our sociocultural location and cultural identities might have impacted how we worked with our imagined client, Sangina.

## Centrality of Self-Awareness

Our thesis is that counselling women happens within a context of unfolding counsellor and client cultural self-awareness to ensure culturally responsive and socially just engagement throughout the counselling process. Counselling is essentially a relational practice. Having the chance to show new counsellors this unfolding process, even in a limited way, was exciting. We remember the mystery of the *how* that was left after we had learned the theory and ethics. What does it even mean when your practicum supervisor tells you to “trust the process”?! Our hope is to open a window to something that is messy, making links to what we are taught about how counselling works and showing *one* version of the *many* ways this could look in actual practice. Counselling is guided by theory and ethics, but knowledge of theory and ethics alone will not build relationships, enable collaborative and respectful practice, heighten sensitivity to cultural diversity, or be effective for our clients.

## Orientation and Challenges

As we considered how to write this chapter, we were challenged by three observations. First, we recognized illustrating a model in practical terms would most helpfully be done through a video of a session. With a video, we might be able to freeze-frame the action and say, “Look at how, in this turn at talk, the counsellor took up what the client said and treated the proposed meaning as culture specific” or “Look here at the way the client hesitated and said, ‘sort of’, and the counsellor acknowledged her incomplete understanding and initiated a repair”. Those of you familiar with social constructionist therapies and discourse analysis may recognize this perspective on therapeutic conversations as a kind of improvised dance that can be analysed to show how something like shared understanding is accomplished, turn by turn (Strong, 2006). When we slow the dance down, we can see some of the ways culturally responsive counselling might be accomplished. We share the view that “conversation develops according to what speakers bring to it and in what each

speaker responds to as ‘conversation worthy’” (Strong, 2006, p. 14). Although we do not offer a discursive analysis of an actual session, we wanted to do more than simply talk about our vision of culturally responsive and socially just engagement.

Second, we recognized salient cultural elements can emerge or become less salient over the entire time of working with a client. What at first glance might seem salient may become irrelevant as the conversation unfolds. Alternately, salient cultural elements emerge as we bump up against underlying assumptions that we only notice we were holding when they are challenged by the story we hear. Perhaps we realize something, because we experience a break in the flow of the conversation when we notice something we’ve said visibly jars our client. We therefore also wanted to show the emergent nature of what is salient and reflect on times we bump up against our ignorance, use language the client rejects, ask for clarification, or repair the disconnection that can result from these moments.

The third challenge was to show how culture-infused counselling is recognizable, even when we have different ways of practicing. Despite our previously identified shared experiences and identities, the process of writing alerted us to our diversity as authors. As we started to cowrite this chapter, we observed our diversity as practitioners, just as we might in the back-and-forth of talk with our clients. We thought making this visible would also be helpful to our readers.

### *Addressing the Challenges*

To approximate the option of a video, we drew on our experiences of past counselling conversations and created transcripts of a fictionalized counsellor and client working within a postsecondary context. We tried to show how salient cultural elements emerge over time by presenting excerpts from four sessions. To make our own diversity visible, we took turns animating the voice of our counsellor, Jane, and our client, Sangina (Ann, Sessions 1 and 3; Mirjam, Sessions 2 and 4). For the sessions the other wrote, we share our reflections and alternate approach. Through this format we hope to provide samples of what culturally responsive and socially just engagement with young women might look like in the back-and-forth of talk over time. We hope this format underscores that our turns at talk are not meant to model that there is a *right* way to respond but simply to offer some possibilities.

The chapter is organized as follows. We intersperse discussions of our key arguments with abbreviated counselling session excerpts in two columns. In the column on the left, the italicized text gives the transcript of the counselling conversation. In regular type, we give the conversation’s context. In the column on the right, we explicitly link the actions to competencies, theoretical orientations, and/or key concepts associated with the original culture-infused counselling model (CIC; Collins & Arthur, 2010a, 2010b) and the revised CIC framework elaborated in Chap. 2. The author of each session offers post-session reflections, and we reflect on each other’s sessions in the text boxes following each post-session reflection.

## Scenario

We offer some beginning information about our client, the counsellor, and the presenting concern. However, like the process we are trying to highlight, we don't know all the relevant information as we begin. So this brief introduction will hopefully make you, the reader, more curious.

- Sangina is 20 years old and in her second year of an undergraduate program in engineering. She lives with her parents and two younger siblings. Sangina and her parents immigrated to Canada from Afghanistan when Sangina was 3 years old.
- Jane, the counsellor, is a composite of the authors described above.

### *Counsellor Pre-session Reflection*

Jane reflects: I believe I bring my personal/professional histories and experiences into the counselling process. As such, my reflections begin as I anticipate meeting Sangina. Without necessarily naming an explicit list, I feel curious about how my cultural identities and assumptions will intersect with hers and affect our work together. Although this process begins with my reflections, I know my discoveries will be ongoing as counselling unfolds, and my understanding of Sangina and her concerns emerges.

I am also curious about how Sangina will experience me and the counselling process. I believe a variety of sociocultural locations will intersect and impact our relationship, and we will need to explore these with cultural sensitivity and collaborative engagement. As I counsel students, I am also aware of sociocultural realities unique to our shared location within a postsecondary institution. Although Sangina and I both reside within this shared location, significant differences exist in our roles, power, and privilege. I am mindful of these initial reflections as I walk out to meet Sangina, introduce myself as Jane, and invite her to come to my office.

## Session 1

Within the four domains of the revised CIC framework outlined in Chap. 2, I draw upon feminist therapy (Brown, 2010) to guide the counselling process.

Sangina walks silently beside me. I initiate casual conversation to begin creating a connection with her. I offer her a choice of chairs upon entering, rather than telling her where to sit, and offer to hang up her coat.	How I interact with Sangina as we meet and move to my office demonstrates my attempt to initiate an egalitarian working relationship. This means I would like to collaborate on goals, agendas for the session, and interventions.
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<p>As I sit down, I notice her quietly wiping a tear. I sit quietly for a moment and her tears subside. Jane: <i>Would you like a glass of water? Take your time; there is no rush.</i></p>	<p>I intentionally decide not to draw attention to her tears but to allow them to be simply present for now. I sense some hesitancy or shyness in Sangina and want to create an atmosphere where she does not feel pushed to talk immediately. In reviewing general information on her form, I attempt to find a way to begin allowing some breathing room for her and the process.</p>
<p>Sangina: <i>Sure, thank you.</i> As Sangina relaxes into her chair, I review with her general information on her demographic form and note she has come in today for help with educational concerns. With this information confirmed, I begin to address informed consent. Jane: <i>I have some initial information to share with you before talking about your concerns. Please feel free to ask questions at any time—this will take just a few minutes.</i></p>	<p>The application of ethical principles and decision-making is essential to counselling practice. I approach this conversation with transparency, inviting Sangina to question and clarify to ensure she understands these issues.</p>
<p>We discuss the informed consent for services form, including topics of confidentiality; limits, risks, and benefits of counselling; rights and responsibilities of client and counsellor; as well as other required information. Jane: <i>I want to make sure we have answered questions you might have about this information before we begin.</i> Sangina: <i>No, it's fine. It makes sense.</i> I invite Sangina to share why she came in today. She tells me she is not enjoying engineering and is uncertain this is the right program for her. As we talk, Sangina begins to cry again. Jane: <i>I notice you are crying as you think about your situation. I'm curious if you have a sense of what your tears are about.</i></p>	<p>I demonstrate respect and curiosity by listening attentively and acknowledge the tears to help communicate that it's okay to express emotions in the session.</p>
<p>Sangina: <i>It's just been really hard. I was so excited to start university, but I just don't like engineering. But I've done a year already and don't want to waste it. My parents would have a fit.</i></p>	<p>As with any student I counsel, I am curious about what having “a fit” might mean in this context. It has ranged from a frown, to verbal disagreement, to physical punishment. Sangina is wearing the scarf, or <i>hajib</i>, typically worn by Muslim women. I wonder fleetingly if, like some young Muslim women with whom I have worked, Sangina's parents tend towards an authoritative style of parenting. I also recognize I need to hold these experiences very lightly to avoid assumptions about her cultural identity and sociocultural location. I don't yet know what is relevant.</p>

<p>Jane: <i>So there are a couple of things going on. I am hearing concerns about your program as well as about your parent's reactions if you change.</i></p> <p>Sangina: <i>Both issues are related. I need to do well in school, but I don't think engineering is right for me. However, changing my program is not an option, because my parents are counting on me to finish engineering so I can get a good job.</i></p> <p>We begin to explore her school experience. She explains she is really enjoying her sociology class as she is learning about herself as well as social issues. Talking about sociology, she becomes more animated and engaged.</p> <p>Jane: <i>You know, Sangina, I've noticed that your energy picks up as you talk about sociology. It's a bit different from when you were talking about engineering. You seem passionate and engaged in what you are learning in this course.</i></p>	<p>In attending to her energy, what is said and not said, I am working to continue to build trust, safety, and respect as hallmarks of our relationship. I want her to know I am paying attention and her concern is important to me.</p>
<p>Sangina: <i>Yeah, I really love learning about issues that really matter to me and that help me understand myself and the world around me. It's always kind of fascinated me to feel Canadian and different too, and I finally got to put that into words in my class. That is what interests me.</i></p> <p>Jane: <i>Interests are often important to consider when making career decisions.</i></p>	<p>I begin to try to draw career development theory into our conversation and am aware that these need to be critiqued and adapted to client cultural identities and sociocultural locations (Arthur &amp; Collins, 2011; Leong &amp; Flores, 2015). As I listen, I realize Sangina's decision-making includes herself, her family, and her extended community. These might outweigh my tendency to apply career theory that suggests she <i>just do what she finds interesting</i>.</p>
<p>Sangina: <i>But my interests don't really matter. I have to stay in engineering, because my mother has been telling everyone in our community how proud she is of my future. She would be so upset and worried. I just can't do that to her. And I hate not knowing. I'm just nervous all the time.</i></p> <p>Jane: <i>Living with uncertainty about career decisions is common and can be a tough place to be.</i></p> <p>Sangina: <i>I cannot discuss my uncertainty with my mother, because it would just cause more conflict between us and that would upset my Dad.</i></p>	<p>I realize my plan to normalize her uncertainty is a misstep and not where we need to go. She is telling me her family and sociocultural context are important to her dilemma and distress, so I join her in focusing on the role of her family relationships.</p>
<p>Jane: <i>Your family is an important part of this for you, and you say you can't talk to your mom. It sounds like your father is also connected in some way.</i></p> <p>Sangina: <i>I told my Dad I was thinking about switching to sociology, and he said I should think carefully and not just upset my mom for nothing. I really don't want to hurt my mom or make her life more difficult, but it's tough when I can't talk to anyone about this stuff.</i></p>	<p>I am curious about her repeated description of her mother. However, I'm only starting to connect with Sangina and, from a feminist perspective, don't want to position myself as the expert who will determine what constitutes relevant information. So I park my questions for now and do a recap of the complexity of what I've heard.</p>

<p>Jane: <i>It sounds like you're asking yourself some big questions, not only about your career but also about your beliefs. And all of this is connected with your family and your desire not to hurt them with your choices.</i></p> <p>Sangina: <i>It's all connected.</i></p> <p>Jane: <i>You know, I'm really starting to understand that your family and community are important in your decision-making. I sense you want to make a decision that is both right for you and respectful of their needs and values, even if it is frustrating right now.</i></p> <p><i>I realize we are near the end of our time together. But before we end, I just want to check and see if you would like to return for another appointment.</i></p>	<p>I don't assume she will want to book another appointment, as this is her decision at the end of each session. I am respectful of her and do not want to misplace my power by making decisions on her behalf or assuming what is in her best interest. Inviting her to determine this choice demonstrates feminist principles of sharing power and helping the client identify how she can mobilize her personal power.</p>
<p>Sangina: <i>Yes, I'd like to come back to talk some more. You know, coming to university has opened my eyes to seeing things differently. I wasn't all that sheltered growing up, but I really just accepted what others told me was good. Taking different classes here, like sociology, started me thinking differently about myself. Like I never thought about not wearing my hijab before, and now I can't get that out of my head either. I want to wear it, because I believe in it, not just because of what other people think I should do. And I'm not sure about how to reconsider this tradition and not hurt my family. So, I'd like to talk about that with you as well.</i></p>	<p>Clients bring multiple and intersecting cultural identities and sociocultural locations to the counselling process. I am aware of some visible and invisible cultural identities present yet also am aware more will unfold. Her comment about the hijab surprises me, and I will need to honour a shift to deeper explorations in future sessions.</p>
<p>Jane: <i>For sure. I will make a note of that, so we remember to make time to talk about that issue. I'm wondering how you are feeling after our conversation today and what you might take with you for further reflection.</i></p> <p>Sangina: <i>It does help to talk so I am feeling a bit lighter. But I am still not certain how to solve the problems I am facing. I'm not sure if there is anything else I can do, but I think I'd like to come back to see you again.</i></p>	<p>Counsellors collaborate with clients to create a working alliance to guide the counselling process. As our initial session comes to an end, I strengthen an egalitarian working relationship by using transparency, sharing power, and inviting her questions to help demystify myself and the counselling process.</p>
<p>We discuss briefly what she does to relax when faced with challenging situations. I encourage her to take time to do these activities, until we meet next time. I also share, briefly, information about my professional background and my approach to counselling. I invite her to ask questions and to be an active participant in determining both the process and the outcome of counselling. Sangina requests to book a subsequent appointment for 10 days hence.</p>	

### ***Counsellor Post-session Reflection***

I reflect on our cultural identities and social locations that have unfolded. Although Sangina and I both immigrated to Canada, I cannot assume that our experiences are the same. I am aware our ages and ethnicity differ, yet I do not fully understand the meaning of these differences. I am curious about the role of religion in her life, and I tentatively assume it might be more significant than religion in my life. The importance of family and extended community seems central, and I am curious to know how she makes sense of this within her own life story. My experience of family is held within the confines of my immediate family, and concerns about the larger community are not central to everyday life and decisions.

I am also curious about how Western theories of career counselling might interface with the realities of her life. I will discuss this at our interprofessional case consultation group that includes physicians, spiritual leaders, and counsellors who work in our centre. I hope they might help further my reflective process and ensure the theory I am using to guide my practice is critiqued and modified to meet Sangina's worldview and needs.

#### **Other Curiosities and Possible Turns**

(Remember these are the reflections of the other author.)

I appreciated Jane's casual approach that, in a study of international students, was indicated as a preference (Willis-O'Connor, Landine, & Domene, 2016). I do not give my clients a choice of chair. Due to the arrangement of windows in my office, as well as my preference for a chair that is ergonomically friendly to me, there is an assigned seating. I realize I sometimes explain the rationale when I see some hesitancy in chair choosing, and this seems to be enough to let us settle into the space. The mention of her father's caution (rather than rejection) left me curious about how he might be a resource for her in this situation. As well, I do not work in a team with spiritual leaders and don't find a lack because of this. I will talk to clients about spiritual leaders who are influential in their lives to explore both problems and potentials of this. I tend to refer students back to their spiritual leaders if it seems appropriate to their questions and concerns.

## Session 2

<p>Sangina smiles more openly when we make eye contact in the waiting room. When we sit down, I check in with her about her thoughts after our last meeting: <i>What stood out?</i> I tell her it is important that she feels free to say also what did not work for her, and I explain the rationale of there being no one right way to do counselling except us figuring out together what works for her. I remind her to feel free to say if we seem to have gotten off track. She agrees to let me know</p>	<p>I will not presume this settles the matter of giving feedback freely. There is a level of politeness and positive presentation on both sides that might be trumping the more difficult things to say with power dynamics related to my institutional position, age, and profession possibly in play. So I'll continue to check in about whether our conversations are in line with her goals</p>
<p>She says she has been thinking about her mother's reaction to a change in her program. She indicates she tried to drop a hint to her mother about feeling like she couldn't finish but that her mother said it would get better with time. Sangina says she is actually feeling worse, because she feels bad for her mother, but she just can't do what is expected  <i>Jane: So expectations, your care for your mother, and your own wishes are all jumbled together here</i>  <i>Sangina: I see how hard my mother works, but she also worries too much. It seems that sometimes trying to prevent some imagined disaster for her children is all she thinks about</i>  <i>Jane: A disaster...</i>  <i>Sangina: She just gets so scared for me. She says it's her job as a mother (chuckles)</i>  <i>Jane: Does that ring true to you, that this is one way that she is being a good mother to you?</i></p>	<p>I choose to focus on the second part of what she says, and treat this as a possible opening for gender role analysis, where we explore how her experiences are informed by her gender (Worell &amp; Remer, 2003). I take the perspective that mothering is learned in a social context that provides meanings about what is and is not a parent's responsibility, and I am curious if, and how, these possibly varied understandings are playing out in Sangina's relationship with her mother. From a social constructionist perspective, "who we have been and who we can be would not exist outside of our relationships with other people" (Combs &amp; Freedman, 2016, p. 213) This choice is guided by my social constructionist theoretical orientation, which suggests that the deconstruction of meanings may offer opportunities for preferred and more helpful understandings (Freedman &amp; Combs, 1996). However, I could just as well have focused on how her mother just gets so scared for her and asked more about this</p>

<p>Sangina: <i>I don't know. I suppose so</i>  Jane: <i>It strikes me that what we learn makes a good mother can look different, depending where in the world we learned it. Is that important to consider in your situation?</i>  Sangina: <i>Yeah, I suppose it would have been different in Afghanistan. But my parents are pretty good about some stuff. They are not talking about an arranged marriage, for example, like for some girls I know</i>  Jane: <i>You appreciate that about your parents</i>  Sangina: <i>I think they had it pretty rough in Canada the first few years. I don't have any memories of that myself, and my parents don't talk about it. My mom is very smart, and me getting an education is big for her</i>  Jane: <i>If we had your mother and father in the room right now and I asked them what their role is in your educational decisions, what do you think they would say?</i></p>	<p>Nondominant cultural worldviews about familial obligations often can misalign with Western individualist worldviews about women and relationships. Rather than presuming it is appropriate to focus on her making independent decisions, as part of her emerging adult status, I explore her perception of parental roles and her response to this</p>
<p>Sangina: <i>They should help me find something that is in line with our faith, like helping people</i>  Jane: <i>How does this fit for you?</i>  Sangina: <i>In the Muslim faith, it is an important value, but I think I could help people through my sociology degree. I'd just like to feel free to explore possibilities. This girl I know did a gap year, and she got some work experience she said was really helpful. But I'm not allowed to work, so I can't get experience to know what I'm good at or what is important. Like my aunt says, you should wear the hijab because you believe in doing this yourself, not just because you are told you have to. I might actually want to wear it, but how will I know? I do know I'm interested in sociology</i></p>	<p>As she is talking, I have a flash of awareness that I could be another potentially oppressive voice in her life. The subjectivity of my worldview and cultural identity emerges here, as I bump up against this image of the adults that surround her. By naming this possibility, I am shifting the focus to, and honouring, the knowledge she is developing for herself. Feminist-informed practice means collaborating to support Sangina to observe what is informing her choices and experiencing her right to decide how to move forward</p>
<p>Jane: <i>There are many different perspectives that you seem to be sorting through: your friends, parents, aunt. It strikes me that I said last time that interests were an important factor to consider, yet now it seems like there is the potential that I might become just another person on that list, when what I think you are saying is that you want to know for yourself</i>  <i>Would it be important, as we explore this career change you're considering, to talk about what you have already learned so far from navigating both Canadian and Afghan cultures, and now exploring your faith?</i>  Sangina: <i>I suppose....</i></p>	<p>Sangina's agreement is only tentative here, but I don't check in with her about this. I'm treating her faint consent as reflecting uncertainty about what this would look like. So I give it a try. I'll continue to look for signs of alignment and initiate a repair if needed</p>

<p>Sangina shares some of her experiences at school and with friends, and I listen for ways she has managed this that she may not have recognized and acknowledged in a way that would allow her to draw on these strengths for her current challenge</p> <p>Jane: <i>I get a sense of your curiosity as a child and also a watchfulness in you; these may have led you to observe people carefully and to try to figure out how they are making sense of things. I'm wondering how that ability might help you now to figure out how to change your program and find ways to work through the distress you anticipate from your parents. Could we talk about that?</i></p>	<p>I'm curious about how exploring identity narratives such as this one might bring forth meanings and personal qualities that will serve as a resource for Sangina's current challenge. Feminist counselling is collaborating to support Sangina to experience personal knowledge as a powerful and legitimate resource. This also reflects narrative therapy's notion that bringing forth and thickening untold or thinly told narratives may present the client with new options (Combs &amp; Freedman, 2012). As well, explicit attention to cultural elements was shown to enhance credibility, satisfaction, and disclosure (Day-Vines, Booker Ammah, Steen, &amp; Arnold, 2018)</p>
<p>Sangina: <i>That's true. I've always been watchful. I think this is why I'm so aware of my mother's fears. And I watch for my professors' reactions too. I try to figure out how to avoid conflict, but I also don't want to be just a pushover</i></p> <p>Jane: <i>We are running out of time today, and we can explore this more next session if it seems relevant. It sounds like there are still many things to understand about your situation</i></p>	<p>I'm aware that, with my incomplete understanding, I would do well to check in next time to co-construct the goals for the session and to hold lightly my own theories about what is going on so as not to have these dominate the conversation</p>
<p>Sangina: <i>Yeah. It's complicated.</i> (chuckling) <i>I'm not sure being watchful is always helpful</i></p> <p>We review what stood out for her in the conversation today, and we discuss her next steps. We agree to an appointment in 2 weeks</p>	

### ***Counsellor Post-session Reflection***

We have started to explore the relationship, for Sangina, between her culture of origin, her social location as a Canadian university student, and the challenges she faces in choosing an educational and career path. I've been curious about the options available to Sangina, including those she might not yet see, both in terms of her own strengths and values, as well as potential sources of support within her own family or community. I focused on culture and career decisions but recognize that sometimes I get enamoured with a theme, see a possible opening for something helpful, and pursue it at the expense of other relevant factors. There are complexities about her family of origin, the Afghan and Canadian cultures, and family history that remain unexplored.

Aware of my ignorance, and because I happen to have a moment, I do a quick Google search, "Immigration Afghanistan to Canada", and include the year that Sangina and her parents would have left Afghanistan. This gives me the gist of the particularly violent historical and social context within which her family applied for immigration. A link brings up images from the news: pickup trucks, armed men, and veiled women being transported to their execution.

Different threads of thought emerge: I wonder about Sangina's description of her mother's fearful reaction. I reflect on how this time in my own life was a period where I was very focused on being a mom to my preschool children and also recall a recent book club discussion on *Reading Lolita in Tehran* (Nafisi, 2003). I think about my own immigration experience and how my interest in transition and resilience contributed to my taking this theme up in the conversation. I realize that there are many more times when I've merely been aware of my lack of knowledge about possibly relevant context and history and did no such searching. As with other clients, I need, ultimately, to look to Sangina to share what is most relevant to her story and goals for counselling.

### Other Curiosities and Possible Turns

Early on in Session 2, Sangina talks about her mother's worry of imagined disasters for her children. I might have taken this opening to explore the meaning of disaster to Sangina and how she experiences this in her relationship with her mother.

When Sangina talked about the importance of helping others as part of her faith, I realized a limit in my knowledge about the basics of Islam.

As she continued to talk about issues of a gap year, wearing the hijab, working, her aunt, and sociology, I was left a bit perplexed as to which thread to pick up. Was this a time to talk about the hijab, as a topic left over from our last session, or do I try to gently guide our conversation to allow all of these issues to remain on the table for now?

## Session 3

<p>Sangina tells me her anxiety is worse, and she cannot sleep. We discuss the reason—a group project in sociology where her assigned group is surveying students on campus about safe sex and distributing condoms as part of a harm reduction initiative</p>	<p>Sangina is caught in a web of complexities that interface with her sociocultural location within her family, her faith community, and her student life. I am thinking the impact of these external factors may be contributing to her anxiety and insomnia</p>
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<p>Last week she was working at their designated booth. Dr. Jafari, a science professor who is also from her Muslim community, was walking by and chastised her about her involvement in the event. Subsequently, he called her parents to discuss her activities on campus. Following a heated discussion with her parents, she agreed to talk with Dr. Berg, her sociology professor, to ask to be assigned to a different group project</p> <p><i>Jane: Sangina, I am feeling a mixture of emotions as I listen to you, but I don't want to make assumptions about what this means for you. I am aware our cultural backgrounds and life contexts are different. I want to understand what these events mean for you as a young Muslim woman</i></p>	<p>Feminist counsellors invite mutual empathy as they acknowledge the impact of the client's story on them. In this moment, I am feeling overwhelmed with the differences in our own life experiences as I try to help us respectfully navigate the complexities she faces</p>
<p><i>Sangina: Dr. Jafari is a prominent member in our community, with more conservative views than others, including my parents. When he came to the booth, I felt ashamed. I didn't think he would call my parents, but I should have realized the possible consequences it might have on my family. But I remembered us talking last time about exploring possibilities, and I thought this project would be a great way to do just that—didn't think this might happen!</i></p> <p><i>Jane: There are many complexities here, and I am realizing with you that this is not a straightforward process. I am concerned for you and your parents, as you try to find a possible way forward</i></p>	<p>I question my responsibility here. Although I didn't know about this group project before today, I wonder how our previous conversations might have emboldened Sangina to take this step</p>
<p><i>Sangina: It helps to know you care about me and you understand it is not just about me—that I have to also think about my family in all of this. It is so complicated when I can't just do what is right for me, without these other things to think about</i></p> <p><i>Jane: It is important to me that you know I care and that I am here to help you figure out what is best for you</i></p>	<p>Sangina's nod to us being on the right track helps to validate our direction, and I think the use of mutual empathy might have helped deepen our working relationship</p>
<p><i>Sangina: Of course I know premarital sex is forbidden in my faith, but I don't believe talking about safe sex is the same as having sex! I know my community is already talking about me, and my parents both agree with them on this one. They are disappointed in my choice. Even though I don't agree with their position and want to do what my friends are doing, I had no choice but to talk with Dr. Berg</i></p>	<p>Counsellors consider client-intersecting cultural identities in balance with social justice and human rights issues. In listening to Sangina talk about her experience with Dr. Jafari and working through her own thoughts and feelings about her parents, I am aware that what I might consider to be barriers may not be barriers to her or to others in her life. How can I best help her navigate this bicultural dilemma?</p>

<p>Sangina talked to Dr. Berg who told her the groups were already established, that pushing her comfort zone would help her learn about sociological research, and that her request was denied. Her choices were to continue with her group or to withdraw from the class. Sangina felt devastated, her anxiety escalated, and the tension at home was palpable when she told her parents</p> <p>Jane: <i>It seems neither of the options Dr. Berg offered was reasonable. How was it for you to have that conversation with her?</i></p>	<p>Clients experience social injustice due to structure of opportunity and systemic barriers including hierarchy, limited decision-making, policies, and procedures. As I listen to Sangina telling me about talking with Dr. Berg, I am aware of sociocultural locations, barriers, and the impact on her mental health</p>
<p>Sangina: <i>To be honest, I was completely surprised. Before this situation, she seemed so approachable, but it feels like she is doing a power over me thing without taking time to think about other options. I am worried and angry. How can I get her to change her mind?</i></p> <p>Jane: <i>First, I want to affirm the strength you showed in advocating for yourself in this situation. Second, in response to your question, I know professors have authority to decide how to teach their classes once a course outline is approved. You have taken the appropriate first step in talking directly with Dr. Berg. Before we get into the details of next steps, I'm wondering if you would be open to trying a power analysis exercise to help us think through this situation</i></p>	<p>As a feminist counsellor, I want to validate the steps Sangina has already taken to support her self-empowerment as we begin to unpack the power dynamics present</p>
<p>I explain power analysis as a way to think through various expressions of power present in relationships and situations. Sangina consents to proceed. We explore her interaction with Dr. Berg by talking about power differentials between professors and students and how power can be exerted in a variety of ways. We also talk about her interaction with Dr. Jafari, including the added complexities of male-female interaction and, in particular, this interaction within the context of their religious community</p> <p>Jane: <i>So, in thinking about wanting to go to the Associate Dean, what issues might be important to consider?</i></p>	<p>Power analysis is a feminist therapy intervention intended to increase awareness of power differentials between people and to empower clients to create change in situations that impact their lives (Brown, 2010; Worell &amp; Remer, 2003)</p>
<p>Sangina: <i>Well, I need to get some more information before I decide. My power is a bit limited here, and Dr. Berg's power to make this change might also be limited by university policy. This power thing is tricky. If I go to the Associate Dean, I am going over her head, and that might cause more problems. I don't really want to cause trouble, but I also don't want to just accept her decision. I think something should be done for me and other students in my situation</i></p> <p>Jane: <i>Well, one option might be for me to gather some information from the Associate Dean's office. I would not disclose particulars of your situation, but I could find out how situations like this have been handled in the past. I am sure you are not the first student to request a change in how course requirements are met</i></p>	<p>Counsellors will advocate for clients, particularly when barriers to social justice are present. When I explain this option to Sangina, I also want to normalize this as a fair option</p>

Sangina: *I am a still a bit worried about how that might go—but if you get some information first, I might feel more comfortable in talking with her again*

Jane: *You are not alone in figuring this out. I have done this before to help students. I will call you before our next appointment, once I have more information. Now, before we end, I'd like to talk a bit about ways to manage your anxiety*

Sangina: *Well, I'm already feeling better, but that would be a good idea with midterm exams coming up. And you know, all of this has really got me thinking more about taking that gap year to figure out where I am going. As tough as this situation has been, I'm even more excited about sociology!*

I learn Dr. Berg is a newer faculty member who might not realize some flexibility can be negotiated to complete the requirement in a different way. I tell Sangina this news, and she decides to talk again with her. She asks if I could talk with Dr. Berg, if she has any questions. I agree, and Sangina signs a consent form for me to consult, if needed

Counsellors will promote client empowerment in self-advocacy including making transparent the potential risks and benefits of these actions. I was pleased with Sangina's demonstrated readiness to advocate for herself and believe the power analysis exercise helped her think through possible outcomes

### ***Post-session Reflection***

Life never happens in a straight line nor does the counselling process. Sangina's immediate worry about her assignment invited us to set aside our previous agenda for Session 3. I realized her mental health concerns would not have been ameliorated by simply teaching strategies to manage her anxiety and improve her sleep. We needed to address systems-level change and used the power analysis exercise to empower her self-advocacy. I also explained that my role could be to raise questions and advocate around barriers present within institutional/organizational policy and structures. I hoped the moment of mutual empathy early in the session helped demonstrate our growing collaborative working alliance as counselling unfolds and my efforts to work to support her respectfully within her cultural context.

#### **Other Curiosities and Possible Turns**

I appreciated how you explained what a power analysis was and indicated Sangina gave consent to proceed. I like how it illustrates consent as an ongoing process.

One other possible turn that came up for me was explicitly checking in regarding any concerns she might have about a counsellor talking to the Associate Dean, even without revealing her name. Sometimes I've questioned my ability to protect client identities, even with a general inquiry. Previous talk amongst faculty may reveal what is motivating the *general* inquiry and who is involved.

## Session 4

<p>Sangina smiles in recognition as I walk into the waiting room. I sense an intensity about her and get the sense that she has been readying herself for our conversation. I ask about what seems important for her to share with me in terms of updates or changes. She notes that what she arranged with Dr. Berg is working out fine and that she shared this situation and its resolution with her parents. They seemed surprised and pleased by the accommodation</p> <p>Jane: <i>You seem very focused today. Like you have a plan</i></p> <p>Sangina: <i>I'm not sure where to begin. It all seems so jumbled together</i></p> <p>Jane: <i>I'm wondering if we can do something like we did when we met the second time and kind of put it all out there and then see what you want to pick up first</i></p> <p>I gesture to the floor between us when I say this, as if we could actually physically spread the concerns out on the floor and look at them together</p>	<p>This is a nod to the fact that not everything can be contained or represented within the text of a transcript. Like chair arrangements, our postures, motions, and facial expressions can also suggest meaning and relations of power. In this instance, my sense is that, as we look together at what is <i>spread on the floor between us</i>, we are positioned for more collaborative work. Whether Sangina experiences this as such will likely be evident by what happens next. This is not some technique I pull out to <i>do things to Sangina</i> with a specific end in mind</p>
<p>Sangina: (Looking at the floor) <i>Okay, I've been thinking about my parents' positive reaction to the change in the assignment, and this makes me wonder about other possibilities, like them agreeing to me getting some work experience. Also, I've been getting too stuck on thinking about the decision to not wear a hijab. Now I've been thinking about how to help other Muslim students who are being asked to do assignments against their faith. My mother said she was proud of me for that. Then she seemed to zone out again this week. I think she had, like, a panic attack. It seems she knows it is okay that things might be changing a bit, but something in her takes over like its life or death or something. I'm worried about her. Also, I've been trying to use the strategies we discussed for anxiety, and I wondered if these would help my mom. Part of me just wants to finish engineering for her. It's hard to see her panic that way.</i> (There is a pause and she takes a deep breath)</p> <p>Jane: <i>Okay. Wow. That is a lot you've been sorting through. I noticed you took a deep breath when you put all that down</i></p> <p>Sangina: (Chuckles) <i>It's no wonder I kind of feel like I'm buzzing. Makes me think about the abdominal breathing we talked about last time. I did listen to that podcast</i></p> <p>Jane: <i>Great. We can make some time to check in more about the strategies and how well they are working if you like. But for now, when you look at it all, what seems most important to pick up?</i></p>	<p>Collaborative, culturally sensitive counselling does not mean just following clients wherever they go. There are so many possible shifts in a conversation as we pick up on or set aside topics. It is also important to follow up on changes and homework so this would not have been wrong as such. I think my role is to track and support a meaningful conversation that moves the client towards her goals. Checking in over time about how that is going is important</p>

<p>Sangina: <i>Well some of them seem like I could put them aside for now. Like the hijab. It's not like I need to decide today or this week</i></p> <p>Jane: <i>Is there one thing that seems most pressing to pick up for our conversation today?</i></p> <p>Sangina: <i>I want to understand my mom, and I want to not hurt her more. It's frustrating when she gets so worried about me; I know she loves me, but her fears just seem over the top. I talked to my Dad, and he says things were bad before we moved to Canada but that I should leave it alone and just be respectful and pray. So I think it would be respectful to stay in engineering for now, even though I hate it</i></p> <p>Jane: <i>You are very concerned for your mom. Up to now, how have you made sense of her reactions?</i></p>	<p>Dominant worldviews tend to emphasize autonomy and individuality, and this can conflict with nondominant worldviews as part of sociocultural location. I could explore her concern for her mother in terms of <i>healthy boundaries</i> (as if this is not a culture-bound notion) between parent and child and problematize a daughter adjusting her long-range life choices to protect her mother from distress. One student shared with me that, in the past, they did not return to counselling, because they felt as if the goals developed in counselling required them to be disloyal to their family</p>
<p>Sangina: <i>Well, at first I was just frustrated, because I figured she was being rigid and just overprotective. Then I wondered if it was about status. There can be a lot of gossip in our community, and it counts to be able to say, "My daughter is getting an engineering degree". But she is not really like that. So one time after she lost it, I asked my Dad if she was okay. That is when he said there were things I did not know about, that I shouldn't ask, and to pray and be respectful. I figured the things I did not know about might be why they moved to Canada. I googled about what was going on at the time in Afghanistan, and I can't even imagine it. But I can't discuss it with my parents, because I'm worried it would make it worse to talk about it</i></p> <p>Jane: <i>You've given lots of thought to this, and it sounds like you're thinking there is a good chance your mother experienced very distressing things that may be affecting how she acts now. You want to understand what is going on for her. Of course, we could not talk about her here and claim to understand her; she would be the expert there. But it also seems very important for you to figure out how to factor in your concerns about her, as you make choices for yourself</i></p>	<p>Counsellors engage in conversations with clients to address concerns regarding stigma and utilization of mental health services as well as the benefits of holistic support and well-being. I am sensitive here to Sangina's goal of wanting to understand her mother. I consider the possibility that she is witnessing signs of posttraumatic stress. I am mindful of the power of medical discourses of <i>disorders</i> that I am entertaining here, especially in the absence of the person being described. I am aware I am in a sensitive territory in terms of the systems of knowledge that I draw from, which may have limited (or oppressive) meaning to others. However, Sangina has identified her concerns for her mother's health as an important consideration for her goals. For now, I will avoid diagnostic terms and keep Sangina's goal in mind</p>

<p>Sangina: <i>It's big</i>  Jane: <i>So far you've speculated about what would be best for your mother. But I'm wondering if it would be valuable to consider how you might know if changing your program would actually have the impact you fear</i>  Sangina: <i>I'm not sure how I would do that if I can't talk about it with her</i>  Jane: <i>You've understood it is a sensitive topic, but I'm not sure exactly how that would look. Out of the two of us here, you're the one with more knowledge about your parents, your culture, and your community. I'm wondering if there might be more ways than you see now to come to understand your mother and to make your own choices in light of that</i>  Sangina: <i>Yes. I guess it would be good to know if changing my program is really something that would harm her</i>  Jane: <i>So, can we treat this as kind of a thought experiment that acknowledges we don't know the whole story? I want to make sure that I am mindful of your mother's absence and to say outright that this is to explore options and not to say there is one right way to go forward. Does that work for you? (Sangina nods). Can we also talk about this as your mother's fearful reactions? Does that describe it the way you see it?</i></p>	<p>Checking in about use of language can support the maintenance of a collaborative working alliance. Using agreed-upon descriptive language is also respectful of different, and possibly unshared, cultural systems of meaning</p>
<p>Sangina: <i>That seems fair</i>  Jane: <i>One thing I'm wondering. Do you think this is also a concern for your mother? What you see as her overly fearful reactions?</i>  Sangina: <i>I think so. I can't imagine it wouldn't be</i>  Jane: <i>Do you know if she has gotten any help with her fear in the past?</i>  Sangina: <i>Not really. I don't think so. Maybe. You mean like a counsellor?</i>  Jane: <i>Well, counsellors would be one possibility. If an adult in your community wanted to seek help for something like this, what do you think would be the options?</i></p>	<p>I presume here that she is the legitimate source of cultural knowledge and that her knowledge will be a resource for us to move towards a shared understanding about her options</p>
<p>We explore opportunities and barriers, as Sangina understands them, for her mother to find relief from her fears. We explore what helped Sangina to decide to try counselling, and she notes the importance of confidentiality. I invite her to speculate, if her mother did seek the support of a professional, what would be important for her. I then introduce the possibility of providing her with possible resources for her mother that she could share with her, should a conversation with her ever go in that direction. Sangina thinks this might be an option</p>	<p>Mental health stigma and systemic barriers can contribute to nonengagement or underutilization of counselling services. Much research and many new treatment protocols have emerged since Sangina's family has come to Canada. I do not know the attitudes of Sangina's family towards seeking the help of mental health professionals, but Statistics Canada reports, "Immigrants were less likely than people born in Canada to report using professional services, but no differences were apparent for contact with informal sources" (Findlay &amp; Sunderland, 2014, para. 24)</p>

<p>I have a resource folder on my computer that includes information about services for diverse needs and client backgrounds (i.e. government social services information in languages other than English or French that are readily available online). I use this in the session to create a list for Sangina that she can take away as a hard copy</p> <p>Jane: <i>One thing that strikes me as we are talking about this is how there is a similar theme here for you and your mother. That it is very important not to be forced into something. So I'm wondering if there is something in between not talking about your mother's fearful reaction at all and talking with her about your concerns. Would we be working towards your goal for today if we considered how a respectful and caring conversation about your concerns for your mother might sound?</i></p> <p>Sangina: <i>Okay. I just don't know where to begin</i></p> <p>Jane: <i>Might it be helpful to try this out in a kind of role play?</i></p> <p>Sangina: <i>That might be a bit weird. Could I be my mom, because I'm not sure what I would say?</i></p> <p>Jane: <i>That works for me. So this is still playing with ideas, right? I'm not saying I know the right way, but you might get some more ideas about how you could actually talk about your concerns</i></p>	<p>I want to acknowledge the subjectivity of my worldview here about how communication is best done and want her to feel free to reject these proposed skills</p>
<p>We engage in a role play where I use some specific strategies such as soft start-ups, clarifying intentions, indicating hoped for outcomes, and other communication strategies. We later unpack those strategies that seemed to fit for Sangina</p> <p>Jane: <i>Our time is up in about 10 minutes, and I just want to take us back to your goal for the session</i></p> <p>Sangina: <i>Well, I guess I don't really understand my mother better, but I might have a way to get there. I guess it is not really the way our family does things. It is more trying to be kind, I guess, but there is a lot of guessing about what others need. So I'll think about it more for sure. Not sure right now</i></p> <p>Jane: <i>Okay, fair enough. We can follow up on what we might have missed next time. I also wanted to check in with you about the strategies you said you were using. Did you want to follow up with me about those?</i></p> <p>Sangina: <i>That would be good</i></p> <p>We spend some time reviewing what worked and tweaking or revising options for what did not work. I walk with her to the front desk and leave her to make a follow-up appointment with our admin person</p>	<p>Sangina is ultimately the one who identifies the approach that will work for her. The presentation and unpacking of communication strategies removes the mystery and becomes knowledge that she can apply, if not in this context, then in other situations</p>



## ***Post-session Reflection***

I wonder about my efforts to create a possible bridge for Sangina's mother to access mental health services: In so doing, have I already cast some possible meaning on her behaviour, about which I have only second-hand knowledge? However, collaboratively and culturally sensitive I've tried to practice, I have still had a role in influencing the course of the conversation and, therefore, on the possible ways Sangina might make sense of her experience with her mother. I think about how I've brought forth a dominant discourse that can be alternately both oppressive and liberating. There is much to debate here.

I have proposed culturally bound communication practices and versions of parent-child relationships, and what that brings forth may or may not fit for Sangina. Her less than enthusiastic reflections at the end of the session tell me that I may or may not have been on track with Sangina today. I also want to acknowledge my own hope that Sangina will find a way to engage her parents in a conversation that will give her more choices for her own life. However, much I will support Sangina's decision about how to proceed, I feel less aligned with the option of her staying in a program and career for which she does not feel suited.

### **Other Curiosities and Possible Turns**

I appreciate Jane's decision in this session to wait patiently for Sangina to decide where to focus attention today. I might have leapt at her reference to the hijab decision when it arose yet again, but Jane's patience helped to avoid a misstep when Sangina decided to set this aside for now and take another direction.

I also was touched by Sangina's attentiveness to her relationship with her mother and became curious if gender socialization in her culture promotes women as the caretakers of relationship, as is often the case in North America. As well, I wondered more broadly about the expectations of parent-child relationships and the role of gender within Sangina's culture.

## **Conclusion**

Counselling women happens within a context of unfolding counsellor and client cultural self-awareness. Sustained attention to small turns in conversation where we see counsellor and client identities, assumptions, and values, as well as larger systemic influences, is necessary for culturally responsive and socially just practices. Culture is not static in terms of what we believe and know. It also includes our own and our clients' shifts in identities over time. Remaining attentive requires a position of openness and a valuing of these potential shifts while also drawing on our present knowledge and awareness of what we believe *is the case* at this point in time. This requires us to be willing to live with the fact that we don't always have



the answers; we will sometimes get it wrong; there will be times when we need to backtrack, adjust our understanding, and repair the alliance.

Neither of us has lived in a world where wearing or not wearing the hijab is relevant to our career decisions. We have not lived in families who escaped from a war zone. Neither of us has the experience of being an ethnic minority. Yet, Sangina brought these worlds into our office. Our challenge was to draw on our experiences and knowledge, to be open and curious about her world, and to help sort out what was relevant and important, as we together figured out what would help her decide her preferences and next steps. In the process, we did not always get it right. We hope we have illustrated that using the revised CIC framework outlined in Chap. 2 to guide our practice is not about being correct but about approaching the client with cultural humility and being awake to the complex challenges and possibilities in Sangina's worlds.

As students, we remember the pressure to get it right and to deliver perfect interventions that lead to successful outcomes. It was as if there was a blank book we would fill over the course of our education that would at some point be full of everything we needed to know to be an effective counsellor. At the completion of this compendium, we would know we had arrived and would no longer feel uncertain or anxious about the different worlds that would enter our offices in a day. We hope through making transparent our imperfect and unfolding process in this chapter, we have illustrated why no such book is possible. This is part of the challenge and the privilege of the work that we do. We wish to thank all the Sanginas who have walked into our offices and contributed to our, albeit incomplete, understanding.

### Questions for Reflection or Discussion

- Think back on a time when you were in a situation where you were a minority in some aspect of your identity. For example, perhaps you have been in a social situation where you suddenly became conscious of your ethnicity, gender, or sexual orientation. What did you learn from this experience? If you have not experienced this, how might you create (or imagine) this kind of learning experience for yourself?
- In writing this chapter, we became aware of our positions of power as we created an amalgamation of some of the young Muslim female postsecondary students we have counselled. We realized we were giving voice to a person of our own making and could be seen to be speaking for this group and perhaps losing their authentic voices in the process. What are your thoughts on our decision to create Sangina and write her dialogue?
- If you identify as a feminist, what experiences have led you to claim this identity? If you do not identify as feminist, what are your objections to this as an identity category? Do you support socially just practices, and, if so, what philosophical stance supports that position?

- In our case example, we highlighted how, in actual practice, we attempt to share power with our clients. Discuss a time when you thought your actions, and their results, reflected this value. How did you *accomplish* shared power, and what told you there was a successful sharing of power?
- As you read our case example, at what point did you experience an emotional reaction? What do you think contributed to your emotional reaction, in terms of your values and/or personal experiences? When you have an emotional reaction in an actual session, how do you tend to respond? How would you like to respond?
- From your perspective, have we met our goal of culturally sensitive and socially just practices? What have we overlooked? In what moments do you think we could have done things differently and better achieved that goal? What does your critique say about your theoretical orientation and/or your personal and professional values?

### Learning Activities

1. How did you pronounce Sangina's name? Describe how you manage uncertainty about the correct pronunciation of a client's name or the instance where you think you know how to say it and you realize, by their response, that you have mispronounced it?
2. The relevance of Sangina's identity as a Muslim, as a woman, as a daughter, and as a postsecondary student emerged throughout the interaction. There are many verbal and nonverbal ways in which we display and perform various aspects of our identity. For example, using the terms partner, husband, or wife to refer to our significant others may lead people to make conclusions about one component of our identity. Over the course of 1 day, present yourself to the world in your dress, actions, and words in a more gender-neutral way. Reflect on your assumptions about the performance of gender. Reflect on both how this felt for you and how you saw others react to a less-gendered self-presentation.
3. **Check Your Knowledge**
  - What is the correct way to refer to someone from Afghanistan?
  - How do you pronounce the word *hijab*?
  - What is the correct way to pronounce *Imam*, and what role might the person with this title have in your Muslim clients' lives?
  - What are some considerations of usual conventional greetings that female counsellors may need to alter to show respect to male Muslim clients?

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# Chapter 6

## The Weight of the World in Her Hands



Shelly Russell-Mayhew

### Introduction

I stare at the images of a mother in Northwestern Africa force-feeding over 18 liters of goat milk a day to her daughter to *plump her up* to make her more appealing for marriage (<https://www.youtube.com/watch?v=QJtJcRqV4GI>), and I think, “What is wrong with the world?” Then I remember the mother in New York who put her 7-year-old daughter on a diet and went on to describe her success in fighting her daughter’s hunger in her top-selling book (Weiss, 2013), and I think, “What is wrong with the world?” I watch a mother look straight at me as she holds her child who is dying of starvation. Whether the backdrop is a hospital where her child is being treated for anorexia nervosa or a barren landscape in which insects fill the camera shot while a voice-over announcer requests my donation, I think, “What is wrong with the world?” The spectrum of weight issues is complex and resides at the core of our humanity. How we feed our children and our own relationships with food and our bodies are fundamental to how we live. However, the solution to the brutal force-feeding taking place in Africa is not to *educate* mothers about the dangers of this practice, just as the solution to the problem of putting kids on diets is not to *educate* mothers about the dangers of dieting. We need a fundamental change in our collective understanding of weight-related issues; it is much more complex than just how we feed our children or ourselves. Transformation is needed in terms of how we conceptualize weight-related issues. We need to frame these issues in larger contexts to capture the complexity of challenges our world faces in relation to food, weight, health, and inequity.

I am a white, heterosexual, middle-class woman of English, Irish, Scottish, and Scandinavian decent. I acknowledge the privilege and power of my social location.

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I am a registered psychologist and a professor who specializes in the area of weight-related issues. The primary objective of my research program is to lead and transform prevention research about weight-related issues such as body image (i.e., perceptions, attitudes, and experiences about the body); disordered eating (i.e., unhealthy methods of weight change); weight-related disorders (e.g., obesity and eating disorders); and professional conversations and interactions about weight (e.g., weight bias). My own deeply personal and sometimes troubled relationship with my own body has influenced and fueled my professional experiences working with women with eating disorders and obesity.

### **Weight-Related Concepts**

*Eating disorders* are mental illnesses characterized by disordered eating behaviors (e.g., extreme dieting, bingeing, vomiting) and problematic preoccupations with food, weight, and shape. According to definitions set out in the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (American Psychiatric Association, 2013), eating disorders include anorexia nervosa, bulimia nervosa, and binge eating disorder.

*Obesity* refers to having an excess of body fat, typically measured by body mass index (BMI, weight in kilograms divided by height in meters squared). An adult with a BMI above 30 kg/m<sup>2</sup> is classified as obese (World Health Organization, 2015).

*Weight-related issues* is an umbrella term used to capture a spectrum of concerns and behaviors related to weight, eating and body size such as obesity, eating disorders, and subclinical variants (e.g., overweight, body image dissatisfaction).

*Weight bias* refers to negative attitudes, beliefs, assumptions, and judgments toward individuals because of their weight (Washington, 2011).

*Weightism* refers to discrimination against people based on their weight.

Issues with weight and body size are a manifestation of gender-based inequities with deep-rooted causes and consequences in multiple domains of society. Both obesity and eating disorders show social patterning along axes of gender and class and, therefore, represent one manifestation of social inequity. In this chapter, I will examine the construct of social justice as a lens for weight-related issues, and in particular, I will question whether a social justice lens can provide a means of raising the profile of the broader social, economic, and political factors that contribute to the spectrum of weight issues seen in our counselling offices. Social justice not only concerns the equitable distribution of resources across gender and socioeconomic structures but also concerns the broader macroview of how social positions are interconnected. *Culture-Infused Counselling* (CIC; Collins & Arthur, 2010a, 2010b) and the revised CIC framework outlined in Chap. 2 offer a lens from which to address social inequities through culturally responsive and socially just change

processes. The four domains of the revised CIC framework (see Chap. 2) are applied in the case study below.

### **Weight, Gender, and Social Justice**

- Fat as a feminist issue is not a new concept (Fikkan & Rothblum, 2012); it has been debated for over 30 years.
- Women are subject to greater media-based social pressure to be thin than men (Blowers, Loxton, Grady-Flessner, Occhipinti, & Dawe, 2003; Sypeck, Gray, & Ahrens, 2004).
- Women are more likely than men to be judged on physical appearance (Ciciurkaite & Perry, 2018; Johnson, Podratz, Dipboye, & Gibbons, 2010).
- Weight issues, such as weight bias, are prevalent in various sectors (e.g., health care, education, employment, mass media, and public health campaigns), and women are at greater risk of experiencing weight stigma and discrimination than men (Puhl, Andreyeva, & Brownell, 2008).
- In short, weight is a social justice issue in which gender is a key axis of stratification.

## **Description of Client Scenario**

Amy is a white woman in her mid-40s who identifies as heterosexual. She lives just over the poverty line. She is a survivor of bullying in her family of origin, and from her grade school peers, because she grew up in a large body. She has just lost a significant amount of weight, and she now spends a lot of her time and energy focused on not eating and staying *sexy*.

Amy presents alone with concerns that her 12-year-old daughter is overweight. She is a single mother struggling to parent her daughter. She does not want her daughter to be preoccupied with her body size or shape, but she also does not want her daughter to be obese. She has financial, parenting, eating, and relationship stress. She is often harassed about her body by a male colleague at work.

## **Analysis of Case Study**

### ***Salience of, and Reflection on, Client and Counsellor Cultural Identities and Social Locations***

In the first session, I focus primarily on building rapport with Amy and creating a space in which she can express her concerns without judgment. After the session, I reflect on how applying the lens of social justice enhances my perception of Amy's situation. Amy's cultural identities meet at an intersection of gender, age, and

socioeconomic status (social class). Of particular interest, from my worldview, is the relationship of personal culture to health, well-being, and the sociopolitical influences that impinge on the health of women and girls. A social justice lens requires me to consider differential access to resources, structural imbalances, and decision-making power (Young, 2011), as well as, in this case, how *weight* restricts a woman's capacity for personal, health, social, academic, and vocational development.

As I think about Amy, I reflect on her cultural identity and social location. I am conscious that there is more than weight at play. This case requires an intersectional analysis, because weight bias or weightism is linked to the experience of oppression based on other identities such as gender, race, and class (Himmelstein, Puhl, & Quinn, 2017; Pause, 2014). The experiences of people who live in large bodies cannot be understood by focusing only on how each person *deviates* from normal in terms of size; rather, each must be contextualized as one of a diverse group of individuals who are marginalized in multiple ways (Pause, 2014). Fat is only a part of people who live in large bodies; we must treat them as whole people (Dykewoman, 2014). The challenge I face with Amy is how to draw attention to the norms created by sociocultural constructions about fat without claiming to speak for all people in large bodies. In the next session, I invite Amy to share with me her experiences as a woman in a large body and contrast those with her experiences now. Over the next few sessions, we explore art as a venue for this discussion, by tracing the outline of her body and associating colors and images with particular areas of her body. We also play with this body outline taking up more and less space to understand what is core and unchanging and what is variable in her experiences of living in different sized bodies. Over time, we come to better understand how she is embodied in the larger cultural discourses about fat, thin, male, female, rich, poor, educated, uneducated, and so on. All of these labels find an expression through her body.

### ***Gender Role Socialization and Stereotypes***

In my conversations and work with Amy, I recognize some of the themes related to gender role socialization and weight that often emerge in my professional work with women. The process by which girls and women learn and demonstrate female stereotypes is influenced by a long history of gender bias. The idea that a female is ornamental (valued primarily for how she looks) and a male is instrumental (valued primarily for what he does) is still commonly endorsed. The female body has long been vulnerable to judgment, debate, observation, and ridicule. In the current context of the *obesity epidemic* and *fat mania* (McPhail, 2009), women who live in large bodies are even more vulnerable to unwanted attention and/or excessive preoccupation about how they look.

I introduce Amy to the idea that we all pick up particular stories about ourselves and about our relationship to the world as we journey through life. We choose a

recent incident at work, and I walk with Amy through the process of identifying different voices in her head, isolating those voices from one another, and then looking at where each of them comes from. Through this gender role analysis exercise, Amy becomes more aware of how she has been socialized to understand that her best commodity is her body. When, as a child, her body was seen as *inadequate* in terms of the accepted standard of size and beauty, she experienced bullying even from those people in her life she loved the most. She still hears their voices echoing in her own self-talk. This harassment continues in her workplace, where she receives continual unwanted comments on her body size and weight loss from a male colleague. Together, Amy and I work on self-talk and strengthening alternative voices. The alternatives we create together take into account the social discourses that perpetuate gender inequity and weight bias. They also take into account the feelings and bodily experiences that often accompany the beliefs women hold about their bodies. We deconstruct the origins of these thoughts and feelings and consider how her current decisions and actions reflect (or do not reflect) what she values most. At one point, we discuss alternatives for formal and informal action at work, including writing a letter to her employer, involving human resources to aid with the workplace safety concerns more generally, and filing an official complaint about her safety at work.

### **Weight-Related Oppression**

*Bullying* is a unique form of interpersonal aggression that involves the use of power within interpersonal relationships in an aggressive, intentionally harmful, and repetitive manner (Craig et al., 2009; Olweus, 2010).

*Workplace violence* includes any act in which a person is abused, threatened, intimidated, or assaulted in his or her place of employment (Canadian Centre for Occupational Health and Safety, 2015).

### ***Internalized Weight Bias***

*Internalized weight bias* is the belief that the stigma individuals experience as a result of being overweight or obese is deserved (Puhl et al., 2007). It is not surprising that internalized weight bias is common among women and girls (Hilbert et al., 2014), given that no one is immune to a context that abhors fatness and privileges thinness. As a result, many girls and women who experience weight bias and discrimination believe that they deserve such treatment and/or treat themselves with similar disrespect and hatred. However, the solution to the problem of weightism is not about supporting women to change their bodies to approximate an impossible social ideal. Neither is it about changing how we perceive or value women's bodies (although this might be an intermediate step). We need structural changes to address the inequities that create the context for these unhealthy practices. Amy and I talk about ways to stop the generational



cycle of body hatred. We role-play during sessions, and Amy practices giving voice to messages that counter the culture of fat hatred and self-recrimination. I also encourage Amy to write a letter to her teenage body; Amy decides to share portions of this letter with her daughter as a demonstration of self-advocacy and self-acceptance.

## **Culturally Responsive and Socially Just Working Alliance**

### ***Feminist Counselling Lens: Body Politics***

Mainstream counselling is not only silent about body size as a way to marginalize people but also can reinforce the dominant discourses that privilege the thin and fit (Nutter, Russell-Mayhew, Arthur, & Ellard, 2018a). Russell, Cameron, Socha, and McNinch (2013) note that this reinforcement is not exclusive to counselling. In other areas, like environmental education, people tend to be divided into two groups: *male/strong/able* or *other*. To best serve clients of all shapes and sizes, we need to understand the body, particularly the female body, as a site of both privilege and oppression. In my office, I make sure to create spaces that are inviting to women of all body sizes and shapes. For example, in my office, the chairs do not have armrests (so as not to discourage or prevent anyone from sitting in the chair comfortably), and I have a couch as an additional seating option; in addition, all my furniture is quite cushioned (to offer comfort to those who may need padding to sit comfortably for an hour). The art pieces and personal touches in my office depict women of all sizes, engaging in all sorts of activities and aspects of life. In practical and intentional ways, I try to create a space where women of all shapes and sizes feel comfortable and welcome (e.g., no fashion magazines, no diet foods, and no jargon in the space).

Amy, like many other clients, comes to counselling with a stated desire for self-oppression through dieting, exercise, or other forms of body regulation and discipline in order to *fit in* to mainstream culture. This type of internalized weight bias needs to be brought to the forefront of counselling interactions as a political oppression, so as to disrupt the oppressive dominant obesity discourses. Dominant obesity discourses impact people of all sizes, and being aware of the potential to perpetuate oppression is important for all of us, not just those living in large bodies. Amy came to me with a concern about her daughter and weight. By establishing a strong working alliance, I was able to invite Amy to explore issues that perpetuate the temptation to manipulate female bodies without engaging in discussions about weight change at all. If we are committed to social justice, we need to eliminate from our office any microaggressions that would reinforce the oppression that people in large bodies experience on a daily basis (in this case, discussions about weight loss).

### **Hidden in Plain Sight: Counsellor Self-Reflection on the Working Alliance**

Science plays a role in the marginalization of fat people (Yoshizawa, 2012). There is no sustainable treatment for weight loss, and weight cycling and preoccupation are known to have negative physical and psychological side effects (Blinder, Cumella, & Sanathara, 2006). Weight loss will not necessarily make us healthier or happier; however, these facts get lost in the war on weight.

I hide in plain sight my own *collateral damage*, as I struggle with my own body preoccupation. Intellectually, I understand that my body materializes in time, places, and conditions that are beyond my control (Yoshizawa, 2012), but my body wears the scars of my personal and lifelong struggle with weight. I struggle with my socialization to the values that oppress my own embodiment, and at the same time, I advocate for freedom from body shame and weight bias for my clients.

There are a couple of times when listening to Amy that I feel this familiar twist in my gut and recognize that I can still be triggered into my own pain. It is my responsibility as a counsellor to address this cultural countertransference in service of my client. Given my own experiences, I have cultural empathy with Amy as she struggles to “do what is best” for her daughter. After our sessions together, I reflect on the irony that at times I feel like I could be a better counsellor (woman, professional, person) if only I lost a little weight. Amy triggers a lifetime of embodiment issues for me, and it is only through deep reflection that I am able to use this cultural empathy in service of Amy and the other women I encounter in my professional role.

## **Culturally Responsive and Socially Just Change Processes**

### ***Microlevel Intervention: Power Analysis***

‘My therapist tells me not to talk about my weight and that my body is fine. But my doctor keeps weighing me and says that I need to lose weight,’ Ms. Schaefer said. (New York Times, October 10, 2013)

In feminist counselling, a power analysis is a strategy that can increase awareness of power differentials and empower clients to change situations, both systemically and individually. Between the medical model of obesity and the moral imperatives in mainstream obesity discourses, the pressure to be thin is intense, and *fat talk* is commonplace (Greenhalgh, 2012). The body, particularly the female body, is currency (Greenhalgh, 2012). According to Greenhalgh (2012), “fat is the mark of shame, a character stigma so discrediting that fat people are often treated as not quite human” (p. 474). It is no wonder that Amy is concerned for her daughter. She wants to find ways to protect her daughter from the pain of experiencing fat stigma

and shame, from the cycles of body preoccupation and manipulation that she, herself, has experienced. With a power analysis, these two goals are not mutually exclusive.

Ignoring the role of biopolitics in the obesity epidemic (i.e., big food and other corporate entities encouraging the surveillance of the individual body in the name of “health”) perpetuates the diminished lives of clients, whose time is dominated by disordered bodily practices in a vain effort to overcome daily injustices. Together, we explore the various rituals that Amy practices with her body (e.g., not eating after 7 pm, counting calories, restricting her eating, ignoring her appetite, covering her body in loose clothing to rebuff attention from her male colleague at work). Gradually, she positions these rituals as attempts to overcome her own internalized weight bias and to avoid becoming a target of discrimination at her workplace.

The biomedical model situates large bodies as not only unattractive but also as abnormal and *diseased*. It elevates professionals and researchers (e.g., doctors, psychologists, counsellors, dieticians) to being the experts on women’s bodies, experts who have the solutions (e.g., diet, exercise, surgery) to control and change the female body to better fit what is culturally normative – all in the name of *health* (Nutter et al., 2016). By focusing on weight loss or weight management with Amy and her daughter in the counselling office, I risk repeating this same pattern and exploiting our power differential to mirror our cultural discrimination against persons in large bodies. This notion is new to Amy at the beginning of our relationship. She has always considered her body to be the problem, and consequently, manipulating her body (or her daughter’s) was the only logical solution.

Women are “colonized by the fear of fat” (Greenhalgh, 2012, p. 484), and their lives are dominated by efforts to manipulate their body size. Whether this manifests in an eating disorder or a BMI classification of obesity, the result is that time, energy, resources, and money are invested in a counterproductive task, and women are rendered of no value if they do not meet the mainstream standard of beauty. “Social gender norms ... serve as external control” (Lavaque-Manty, 2001, p. 164) of women’s bodies. The focus on a woman’s body as a cue for how to treat her and as a reflection of her value or worth perpetuates a spiral of negative individual embodiment and ignores the social system that reinforces and encourages impossible and meaningless goals.

### ***Mesolevel Intervention: Family Counselling and Advocacy***

This case begs for family counselling. However, there is potential to perpetuate the gendered inequity violations that the daughter and mother experience. Traditionally, in this scenario, the daughter would be the *identified patient* whom the family somehow needs to reorganize around so that she *changes her body to better fit* cultural expectations. Given the weight bias that a child in a large body is likely to experience, it is tempting to do just that and all with the best of intentions for the daughter.

But what if...? What if family counselling meant empowering Amy and her daughter to love their bodies just as they are? What if Amy is empowered to love her daughter for who she is and to not buy into the social standard that says what she looks like is her daughter's most important feature? What if Amy, her daughter, and I engage in a developmentally appropriate power analysis that looks at the position of women in our culture with the goal of offering the daughter a *choice* about how she wants to be in relation to her body? What if the focus is not on body weight but on embodiment? What if the focus is on the experience of women in, and of, their bodies, not on appearance as judged by some external standard (e.g., by men in the workplace, doctors in the health system, teachers at school)? What if the *right* thing to do is not the *obvious* thing to do? What if the *right* thing to do is not the *easy* thing to do?

Amy comes to understand herself better and begins to experience her body as more than just an image or an object. It is through Amy healing her relationship with her own body that we are able to better understand her concerns for her daughter. Using the *what's it all about activity* (see below), Amy and her daughter are able to discuss what is important to them as individuals and as a family. Through this exploration of values, we are able to critically analyze whether actions, decisions, behaviors, and allocations of time and money are spent in the service of living a life driven by their values. As it turns out, being *popular* or *attractive* (by restrictive sociocultural definitions) is not high on the list for either Amy or her daughter. Together, Amy and her daughter decide to allocate money normally spent on some beauty products to a vacation fund. They decide to walk and move together outside to increase their time together for conversation and connection. The easier more obvious path for our work together might have been a nutrition and exercise program for Amy and/or her daughter, but this would not have been an embodiment of what they value.

Careful consideration about how to approach this case is also particularly important because scientific evidence suggests that Amy will gain back the weight she lost (Gaesser, 2009). Therefore, in terms of the sustained well-being for this mother and daughter in family counselling, it would make sense to consider the biomedical evidence about sustained weight loss; the emotional suffering and stigma, both past and present; and the larger systemic factors (i.e., body politics and gender inequity) that influence how we might approach this case.

### **Counsellor Self-Reflection: Embodiment**

What do you do if your daughter comes to you complaining of *feeling fat*? For Amy (and for generations of women before her), the solution to *fat feelings* was to change the body to make it less fat. I wonder if there is another answer and a more lasting solution for her daughter. What if the problem is not her body at all? What if we could empower the next generation of women to be free from the entanglements of an appearance-obsessed culture? What kind of energy could we harness in girls and women who have been unshackled from the tyrannical equation of the *ideal* female body with a woman's worth? In this case, what if the common denominator for Amy and her daughter is embodiment?

### ***Macrolevel Intervention: Social Justice Action***

Weight is not a behavior and should not be a target for behavior modification. Everyone, regardless of body size, can take action to improve health behaviors. For example, healthy eating, physical activity, and adequate rest are important for many reasons, including mental health and well-being. However, when weight is the measured outcome as the only indicator for health, we not only violate assumptions of good science, but also we perpetuate the oppressive practices that marginalize people based on body size. In this case, focusing on weight loss in the counselling office is just another way of reinforcing *the inadequacies of the female body*.

Alternatives to the weight loss model of health are beginning to emerge. Health at Every Size is an evidence-based movement, a social action community that espouses a health perspective that includes honoring the body at every size. The *fat acceptance movement* remains small and controversial, available mostly as a web-based presence through associations such as the National Association to Advance Fat Acceptance. Fat Studies is an emerging interdisciplinary academic movement, and there is a journal for academic discourse called *Fat Studies: An Interdisciplinary Journal of Body Weight and Society*.

My work with Amy reminds me of the role I have to play in altering the systems that reinforce weightism and bring clients into my office in such distress. Writing this chapter is about social action – a macrolevel intervention that I hope will support a shift in our profession. Counselling psychologists have a role to play in stopping the perpetuation of weight bias by creating a safe place to examine critically the structures and discourses that support weightism (Nutter, Russell-Mayhew, Arthur, & Ellard, 2018b). Amy helped remind me that to stand strong with our clients against the violent tide of anti-fat attitudes is one step toward broader systems change.

### **Summary: A Social Deconstruction**

Inequalities in body size deny people, especially women, their legitimate right to education and work. Weight issues are pervasive and highly gendered in nature. Efforts to address weight-related issues and weight bias must incorporate consideration of the underlying systemic processes that create and perpetuate gender inequity (Russell-Mayhew, 2007). Weightism needs to be included as a social justice issue that requires attention and the development of cultural competencies, just like sexism, heterosexism, or ableism.

From a gender inequity point of view, the logic of shaming Amy or her daughter into weight loss is flawed. The spectrum of weight-related issues, and their gendered causes and consequences, are social phenomena, and the solution does not lie within individuals devoid of context. By taking an approach that embraces the social complexity of these issues, there is great opportunity to shift the focus from the individual with the perceived weight-related issue, to the social determinants that

shape the frequency and distribution of these issues across the population. We need to transform our narrow conceptualization of weight-related issues and expand our conceptualization of what it means to be a culturally competent counsellor to include weightism as a social justice issue.

### Questions for Reflection or Discussion

1. To what extent should we, as counsellors, be concerned about *the body*?
2. To what extent should we, as counsellors, be concerned about the client's experience of embodiment?
3. To what extent are bodies genetically determined? To what extent are bodies socially constructed?
4. What does a war on women's bodies produce? In what ways do you see this war enacted in your life? What are the consequences of a continued focus on the female body as a commodity?
5. What is it like for you, as a counsellor, to think about *refusing* a client's request to help her lose weight? Or to help a daughter lose weight? What counselling approaches, skills, and strategies might best support you to do this in a constructive and collaborative way?
6. What are your own experiences with embodiment and how might they influence how you understand Amy and her daughter?

## Learning Activities

### 1. What's It All About Activity

This exercise is for your own reflection on your values but is also appropriate for use with groups or families in counselling or psychoeducation. The purpose is to facilitate discussion about values: What really matters? It is as much about the process of the activity as it is about the outcome. In the case of Amy and her daughter, it is an exercise I invited them to do together in the counselling office.

Place the individual words below on a card. Each card describes an aspect of what you would want for yourself or for your child(ren).

Assertive	Content	Popular
Athletic	Healthy	Successful
Attractive	Independent	Talented
Confident	Intelligent	

Your goal is to end up with only one card that will help you define *what is it all about*?

- Place the 11 cards in front of you.
- Remove the four cards that you would be most willing to give up.
- Then remove three more cards.
- Then remove two more cards.

Now, with only two cards remaining, your final decision is at hand. Remove one more card, and the remaining card will tell you what's it all about.

**Debriefing.** I have done this exercise with thousands of people, and almost always, one of the last two cards remaining is *healthy*. The vast majority of the time it is *the* last card. Often *content* is the second last card. Given the consistency of this finding, it would not be surprising if your last card is also *healthy*.

We all want the same things for ourselves and for our children: health and happiness. The process of getting to that is different for everyone. Often the discussion in groups that take on this learning activity is about the definition of the words. Groups often describe healthy as more than the absence of disease. It is described as a state of physical, mental, emotional, psychological, and spiritual health. Content is sometimes described as equanimity about health – if the word happiness was used instead of content – the final card might be different. The point is that it is important to understand what it is we value and then to reflect on whether how we live our lives matches what we truly value. In the case of Amy and her daughter, my hope in bringing this activity into the counselling room was to facilitate discussion about shared values and to reach consensus about shared actions based on the values uncovered.

## 2. Body Tracing Activities

I often use variations of body tracing activities with my clients. However, for some clients (i.e., those who have experienced trauma or abuse), the act of having their bodies traced on a large piece of paper is not appropriate. In this case, I provide my client with a generic life-size outline of a body to use during the exercise. Collages, art, drawing, symbols, colors, designs, words, quotes, and expressions can all be integrated and placed within, or outside of, the body on the large piece of paper.

Try out your own variation of a body tracing activity on yourself or with a classmate, a friend, or a family member. Be creative and come up with ways to make the activity meaningful for you. Take note of what emerges that you didn't expect. Note: If this activity evokes a strong reaction, I encourage you to seek out appropriate supports.

This type of work can take place over multiple sessions with the first session focused on influences within the body, the second session on influences outside of the body, and the final session on the interplay between the two. Oftentimes, this activity provides an interesting basis for power analysis and surfaces surprises for discussion and exploration.

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# Chapter 7

## Stephen's Story: A Culture-Infused Perspective of Life-Making in Therapeutic Work with Transgender Clients



Andrew Estefan and Robert Roughley

### Introduction

In this chapter, we explore ideas for practice that counsellors can use when working with transgender clients. Drawing upon culture-infused counselling (CIC) (Collins and Arthur, 2010a, 2010b) and the revised CIC framework introduced in Chap. 2, we explore ways counsellors can effectively engage in life-making and self-composition alongside transgender clients. We weave the story of one transgender client, Stephen, throughout this chapter. Stephen is a composite client, derived from the practice experiences of the first author, Andrew, who assumes the voice of the counsellor. Alongside the nuances of working with transgender clients, we explore issues of self-harm and the ways CIC can work to bring counsellor and client together in a therapeutic relationship characterized by a commitment to each know the other and to engage in helpful therapeutic work.

In reflecting on the application of the revised CIC framework (see Chap. 2), we emphasize the importance of sustaining sensitivity to the role that culture plays in shaping client and therapist identities. We also explore how cultural awareness of self informs the therapeutic relationship. Used concurrently, these approaches help sustain a practice in which client and therapist can work together in sustaining meaningful and forward-looking ways. Our writing in this chapter developed alongside reflections on a case study of working with Stephen, who identifies as being a female-to-male (FTM) transgender person. We, Andrew and Robert (Rob), use the pronoun, *we*, for times when we are jointly reflecting on the case study; the first

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person is used when Andrew functions as the counsellor working directly with Stephen. First, we turn to Andrew's first-person narrative of meeting and working with Stephen, which provides context and grounding for the ideas and concepts discussed later in the chapter.

## **Just Let Me “Be”: Stephen**

I remember my first impression of Stephen. I thought he looked like a young man I had seen on television recently. He reminded me of the faces of friends from the early 1990s, and he could easily have passed for a member the ubiquitous boy band *du jour*. Stephen was 21 years old when we met. He came from a working class, White family who had enthusiastically supported him to attend university. He was the first in his family to receive a postsecondary education. He was studying for a Bachelor of Behavioural Science and maintaining a strong grade point average. Stephen had named himself transgender by the time he was 16. He was academically successful at school but struggled with friendships. He was the victim of bullying as a result of his appearance. Other girls, and to some extent boys, labelled him “butch” or “lesbo”, and he experienced considerable rejection from, and ostracization by, his peers. Despite this, Stephen stayed in touch with Carla, a childhood friend whom he described as always “just letting me be”.

Stephen began to self-harm during his school years. He cut himself and also scratched his skin with fingernails and knives. He spoke of making cuts with razor blades to his breasts, his stomach, and his arms and wrists. For Stephen, the cutting helped to release tension as well as to focus his mind as he reflected on how much he disliked the appearance of his (then) female body. Stephen's skin scratching served a different purpose, and he used it when he felt greater amounts of self-loathing. Scratching was uncomfortable and left his skin sore, and this soreness was, for Stephen, a kind of self-punishment. Stephen's self-harm reached its highest level during his final year of high school and his first year of university. While it never led to hospital admission, he disclosed his self-harm to different people, including a school teacher and a community counsellor.

It was during Stephen's first year at university that he started his social transition and began to live more obviously as a young man. Although he described many people as “surprisingly” supportive, there were also difficult moments of direct confrontations and less threatening, but still awkward and uncomfortable, conversations. Stephen knew a small number of other trans people, some of whom he felt more connected to than others. When we met, Stephen was using self-harm to control and release some of the tensions he felt. He was anxious to work on his self-harm because he said that, although it helped reduce his stress, it did not “feel the same” as when he first started it. When we first met, Stephen was coming up to his appointment to begin hormone replacement therapy.

## The Social and Therapeutic Landscape for Transgender Clients

Although it may seem obvious, it bears being clear from the outset: Being transgender is not easy. When I reflect on this first encounter with Stephen, I am reminded of the variety of social, sociological, and psychological factors that coalesce around notions of transgender identity and practice, rendering it complex and uncertain terrain. With this in mind, Rob and I did not set out to write a chapter that helps counsellors understand Stephen as the abject or pathological other. Beginning with a view of the client being in deficit serves to position transgender clients as disordered, or somehow in need of being acted upon by a professional with particular insights into a person's "other" experience. From the outset, we did not presume to claim the authority to speak on behalf of Stephen or other transgender clients or those who self-harm. Instead, we reflected upon our own practice, upon the convergences and divergences in our experiences with clients through a culture-infused lens.

### A Reflective Pause

We notice in our practice that our senses of self, our histories, and our experiences position us to stand alongside the people with whom we work in ways that foreground advocacy and, insofar as is achievable, client voice. We have both experienced being on the outside of social conventions and norms, and we have both experienced being, in some way, marginalized. In these circumstances, supportive others can be difficult to distinguish from the many others who are entirely riskier and more unsafe.

Andrew, for example, remembers a story of a friend, Cameron (Cam), whom he knew during his late teenage years. Cam needed to talk about his sexuality and sought the help of a college counsellor. This resulted in Cam being "outed" among his friends and family in a way that he could not control. As a result, his family sought further counselling for Cam. Although the intent for the counselling was supportive rather than "curative"—Cam's parents were unreserved in their love and support—the counselling eroded rather than strengthened and sustained Cam's capacity to make sense of himself and his feelings. Cam described his experiences to Andrew. Reflecting now on these memories of Cam, Andrew recognizes how attending to classifications, diagnoses, problems, and pathologies, although helpful for some, can further marginalize those for whom the so-called *problems* are social, cultural, and institutional.

## *Defining the Scope and Terms Used in This Chapter*

The landscapes of gender identity and self-harm both feature competing perspectives on, and definitions of, behaviours and identities. To understand Stephen, it is important to consider the particular intersectionality of his identities and lived experiences. Our focus in this chapter is on the unique intersection of lived experiences arising from both transgender identity and engagement in self-harm, rather than on a separate exploration of each identity and its related counselling practices. As such, we establish definitions here only briefly, before moving into a discussion that describes individual experience and counsellor practice, with the intention of evoking thought about approaches that are useful in practice and in the development of culturally sensitive working alliances.

## *Evoking Transgender Experience and Identity*

In Stephen's story, we hear echoes of many other clients who have been marginalized and oppressed, because their transgender identity and practice disrupts long-held, yet scientifically inaccurate, assumptions about binary distinctions between man and woman, male and female, and masculine and feminine. Stephen's description of the bullying he experienced highlights attempts by his peers to force him into a box with which they could more easily identify. Departing from these traditional binaries opens up spaces for identification with, and expression of, a multitude of different gendered positions between male and female; however, a review of various gender identities is beyond the scope of this chapter. Instead, we define key terms to specifically support our forthcoming discussion and discuss briefly some contemporary issues experienced by those who identify as transgender.

Transgender has been described as an umbrella term (Hunt, 2014; Riley, Wong, & Sitharthan, 2011) that describes various experiences of gender difference, from degrees of gender variance to transsexual and genderqueer identities. The emergence of transgender discourse and identities marks a change from social and biological categorization of gendered experiences to a focus on how a person's feelings provide the basis for how they might name their gender identity (Pearce, Steinberg, & Moon, 2018). In this chapter, we use the term transgender or *trans* to convey a range of experiences and identities without the intent to marginalize those who identify with an alternative term. Transgender people describe themselves in different ways, including trans, transman, transwoman, male, female, genderqueer, or a combination of these (Hunt, 2014). Some trans people identify with a single gender and use gendered pronouns like she and he. Others identify as gender-fluid and do not express themselves in terms of single gender identity, sometimes using personal pronouns such as "them" and "they". With this in mind, let's return to Andrew's first encounter with Stephen.

When I first met Stephen, we spoke about the reasons he was seeking professional help. As well as wanting to work on self-harm, he needed to “process” some of his experiences related to transitioning. He interpreted some of what happened to him positively; other experiences were more troublesome and problematic. Stephen was aware that people often had difficulty relating to him. He interpreted some of this difficulty as hostility and rejection and some of it as confusion. Stephen lived in a world where people routinely made assumptions about him and acted upon those assumptions in advance of getting to know him.

In our early meetings, I was aware of my potential to recreate some of the difficulties Stephen had experienced with rejecting or invalidating characters in his story. For me, this realization created two tensions: (a) I wanted our relationship to create spaces for Stephen to reflect and to experiment with ideas about himself and others and (b) I was concerned about the effect a poor experience with me would have on his ongoing self-harm. It seemed, then, important to begin from a position of curiosity, rather than one of knowing, about his experiences and his process of sense-making. This narrative type of curiosity is different from the traditional therapist orientation, and it calls for different engagement than the type of curiosity that seeks to assess, classify, and administer to a pathological other.

I remember my early work with Stephen being characterized by openness and wonder about his life. I never asked Stephen directly whether he preferred a masculine pronoun. At that time, I did not want the question to feel as though his transition was confusing or complicating for me. Instead, I began conversations about how people in his life engaged with him. In these conversations, Stephen told powerful stories of himself as a *transman*—a term that he used from the outset of our time together—in the midst of changes, some happening more quickly than others. During these times, we also spoke about his self-harm. As we worked together to externalize self-harm and bring it alongside other tensions and complexities in his life, I took up the language he used to describe himself.

Descriptions of self always occur in a social and cultural context. It is important to remember that transgender experience is not simply an individualistic phenomenon, embedded within a body that fits poorly with a person's sense of self. Like most members of any society, trans people are deeply socially and culturally embedded, and their experiences are shaped and constrained by their sociocultural landscape. Canadian society is diverse, but diversity presents communities with an interesting dialectic of cultural enrichment and confrontation. Caught in this way, it can be difficult for people to make sense of difference. In this context, people often rely on familiar, known frames of reference to make binary determinations (e.g., good or bad, desirable or undesirable, appealing or threatening, moral or deviant) about differences that they encounter. Trans identity is a challenge to dominant heterosexist and heteronormative cultural constructs of what it means to be a “good” man or woman, embedded within variously shaped relationships, families, and communities.

Even though Stephen had confidence in his identity as a transman, he knew this identity meant he was not walking an easy path. I reflected with Stephen about how stories of self are also stories of others, home, community, society, politics, and so

on. I invited him to think about his important stories about others, about what his home was like, what it meant to him, and about his community, as a way to explore his sense of how he was socioculturally located.

Trans clients' experiences are shaped by dominant cultural frames that privilege heterosexuality and, contingently, also privilege stable and binary expressions of gender. Although Stephen's transgender identity and experience are not issues of sexual orientation, he could not escape the constraints of heteronormativity. For example, Stephen recalled times when he had been asked questions like: "Are you a man or a woman?" and, "Now you're having a sex change, does that mean you are gay?" Although questions like these may have been well-meaning or simply curious, they did not help Stephen to describe himself to others, nor did these questions help him feel closer to, or better known, by those who inquired. As a result, Stephen felt like he remained a conundrum to many in his social circle.

As we reflect together on Andrew's first encounter with Stephen, we recognize many of the repercussions of manifesting cultural identity that do not fit dominant heterosexist and heteronormative cultural narratives, even though Stephen has given us only a glimpse of his experiences. In the text box below, we highlight additional risk factors for transgender persons.

### **Sociocultural and Institutional Risks for Trans People**

Those whose expressions of gender are different from the dominant male/female binary experience considerable risks to their mental health, relationships, socioeconomic status, domestic security, and personal safety. Some specific examples of cultural/systemic oppression in the forms of interpersonal violence and institutionalized oppression are provided below.

- Trans people experience verbal and physical harassment (Whittle, Turner, & Al-Alami, 2007) and assault (Grant, Mottet, Tanis, Herman, Harrison, & Keisling, 2011).
- The murder rates of trans people are extraordinarily high, but also likely under-representative, because not all murders of trans people are reported as hate crimes (Nadal, Skolnik, & Wong, 2012).
- Trans people also experience high rates of sexual abuse and exploitation (Coulter, Blosnich, Bukowski, Herrick, Siconolfi, & Stall, 2015).
- Trans people are more vulnerable to workplace discrimination (Sangganjanavanich, 2009; Sangganjanavanich & Cavazos Jr., 2010), general societal discrimination, and hostility from family and loved ones (Koken, Bimbi, & Parsons, 2009).
- Trans people face barriers to appropriate and necessary healthcare (Smith & Ruiz, 2009), particularly sexual and/or mental health care (Ballan, Romanelli, & Harper, 2011).

## **The Provision of Health and Social Care for Transgender Clients**

To date, mainstream, publicly funded, mental healthcare and supplementary psychological and social care services have been involved in developing and providing services to the transgender population in Canada. Services focus broadly in two areas: (a) providing care that is required and mandated as part of gender transition processes and (b) providing effective and acceptable mental health and social care to people who identify as trans, gender-fluid, or genderqueer. As Andrew became more familiar with Stephen's experiences, he heard stories of systemic barriers, including unhelpful teachers and counsellors. Such stories indicate how unprepared many people in the helping professions are to respond to the disclosures and health-care needs of clients like Stephen.

One significant challenge that counsellors face is a lack of research and information that can guide their practice with trans clients. In the absence of research addressing the particular needs of trans clients, a CIC approach can help counsellors take up a reflective, open, and anti-oppressive orientation to trans clients in ways that facilitate therapeutic work. The work of counsellors is embedded within community and societal constructs and structures, and, by default, counsellors serve as agents of social control; however, they are also potential agents of social change. As I worked with Stephen, my position of curiosity about his experiences was not informed by a categorizing or diagnostic intent, but by a more open orientation to establishing a relationship, one in which I was awake to my potential to act as an oppressor.

A particular form of oppression to which I was sensitive was positioning Stephen as not knowing about how to approach some of the issues that had brought him to counselling. It has been my experience that many people in sexual minorities already possess wise insights and know creative solutions to the issues and complexities that bring them to counselling. What matters is the cultivation of a therapeutic alliance that creates a context for exploration, experimentation, and the important affirmation that comes from having a known ally within the social hierarchy.

As I inquired further into Stephen's story, he shared times where his relationships with health and social care professionals were conflicted. Sometimes the relationships were necessary evils, at other times they were helpful and served their purposes, but few had been satisfying and sustaining for Stephen. A key issue in all therapeutic relationships is trust. Stephen lived among people who were variously supportive, but the system itself, meant to offer physical as well as psychosocial care, could not be fully trusted and was often inherently oppressive.

The treatment landscape for trans clients is complex. Healthcare professionals, such as physicians, nurses, surgeons, occupational therapists, and psychiatrists, are sometimes positioned to hold competing roles. They are, on the one hand, therapeutic and curative; on the other hand, they are also gatekeepers of services and agents of a wider healthcare system that is not always



supportive, affirming, or respectful of trans people. Stephen's attempts at "navigating the system" for his different health needs were stressful and difficult. Stephen told stories of tensions and conflict with professionals whose role it was to help.

Trans clients seek out services for health, mental health, and social care needs that sometimes intersect with their trans identity. It was self-harm that first brought Stephen into contact with helping professionals, and in his case, transgender identity and self-harm were related to each other. Besides physical injury, self-harm posed another problem for Stephen in that it undermined professionals' confidence in his ability to make "good decisions" about self-care and about future surgical changes to his body. In other words, self-harm guided professionals away from knowing Stephen and, instead, moved them towards reacting to his self-harm. This type of reaction from professionals was a risk for further self-harm for Stephen, because it heightened his sense of being out of place and misunderstood and positioned the "experts" to make decisions for him.

This kind of cycle means that trans clients, like Stephen, remain particularly vulnerable because social stressors, victimization, and microaggressions are prevalent and services can be inconsistent and unpredictable. Microaggressions between people construct one or more persons in the transaction as other. Both enactor and recipient may be unaware that microaggression is being used (Nordmarken, 2014); however, its effects are powerful and cumulative. Stephen recalled experiences when people, appearing perplexed, asked him, "What are you really?" and "Does this mean that you like girls now?" Stephen did not interpret the intent behind these questions as mean or hurtful. Rather, it confirmed to him that he was misunderstood.

For Rob and I, Stephen's story speaks powerfully to the need for trans-affirmative practice (Collazo, Austin, & Craig, 2013) that facilitates rather than complicates help-seeking. Given the prevalence of discrimination, misunderstanding, and the limited or inconsistent access to helpful physical, mental health, and social care, it is perhaps not surprising that rates of suicide, self-harm, and other mental health problems like addiction, substance use, depression, and minority stress have been and remain high among LGBTTTQI populations (Grossman & D'Augelli, 2007; Meyer, 1995; Taliaferro, McMorris, Rider, & Eisenberg, 2018; Xavier, Bobbin, Singer, & Budd, 2005). We focus on self-harm as one of Stephen's presenting issues to narrow our discussion and explore the qualities of a helpful, culture-infused therapeutic alliance. We recognize that the conflation of transgender experience and identity with other sexual minority identities (such as lesbian, gay, queer, two spirit, intersex, questioning) is a contested practice. We make the association here because research has tended to group trans and other queer identities together under the umbrella of LGBTTTQI and its variants.

### **Defining and Clarifying Self-Harm**

Self-harm is a complex phenomenon and experience, characterized by the enactment of bodily injury without conscious intent to die (Klonsky, 2009). Although there are different categories of self-harm, it is so-called *superficial self-harm* (Favazza & Rosenthal, 1993) that is most commonly encountered in practice. Superficial self-harm involves acts such as cutting, burning, inserting injurious objects, and skin scrubbing. Despite being referred to as superficial self-harm, considerable physical damage can result from this kind of self-harm.

For most people, the harm is enacted without suicidal intent, and people who engage in superficial self-harm report many reasons for its use.

- Superficial self-harm can act as a means to regulate tension (Royal College of Psychiatrists, 2010) or to punish oneself (Klonsky, 2009).
- It is employed to communicate distress (Morris, Simpson, Sampson, & Beesley, 2014) or to speak when there are no words to convey an experience or emotion (Zlotnick et al., 1996).
- It may also support belonging to a group, for example, among adolescents as a ritual to join a group or to define the group's difference to other peers (Young, Sproeber, Groschwitz, Preiss, & Plener, 2014).
- Despite diverse motivations for self-harm and the general agreement that it is about survival rather than death (Booth, Keogh, Doyle, & Owens, 2014), there is a relationship between self-harm and suicide. People who self-harm are at increased risk of eventual suicide (Chartrand, Bhaskaran, Sareen, Katz, & Bolton, 2015), and suicidal thinking can co-exist with self-harm.

## **Culture, Counselling, Treatment, and Recovery from Self-Harm**

In our work with groups whose experiences can be understood as marginalized, we view counselling as, first and foremost, an affirmative practice. During our work together, I explored with Stephen the various contexts where he experienced himself as more content, settled, effective, and engaged. We wondered together about the characteristics of these places and relationships and how he engaged with these characteristics. It was in these conversations that Stephen began to make distinctions between contexts and relationships that worked for him and those that did not. These were important moments for Stephen, because he began to notice more consciously the social and cultural dynamics that prompted particular responses in him, some of which, in the past, had led him to self-harm. Over time, Stephen started to notice that his sense of disconnection was taking on a different quality in that he started to feel like the awkwardness was not his alone.

In the past, Stephen's self-harm had helped him contain, as well as manage and express, tensions and negative self-evaluations. Although self-harm served as a coping mechanism in this way, it also amplified his isolation and marginalization. Self-harming meant that Stephen could avoid help-seeking. It also meant that when he did disclose his self-harming, his difference was amplified: Very few people understood why he acted upon himself in the ways that he did.

It can be difficult for families and friends of people who self-harm to understand why a person might harm themselves. The lack of understanding in social and familial contexts means that people who self-harm can experience misunderstanding and invalidation, even when others are well-meaning. A pervasive psychoanalytic proposition that influences views on self-harm is that human beings are, generally, driven by a search for pleasure and a desire to live the good life (Davidson, 2001). People who self-harm contradict this view, and harm-driven, destructive, visually striking marks to the body can increase social distance between the person who self-harms and potentially helpful others. Because self-harm is visibly confronting, attention is often drawn to its physical dimensions, and treatment approaches focus on containment of the *risky body* (Bowers, Brennan, Flood, Lipang, & Oladapo, 2006). In this perspective, improvement or recovery is manifested by a reduction in self-harm, as determined by measures of severity and frequency of self-injurious actions. This somewhat behaviourist perspective privileges the physical dimensions of self-harm and tends to obscure the interplay of personal, social, and cultural mediators of the body.

Over time, there has been some development in helpful treatment approaches for self-harm as well as counsellor competence in working with people who self-harm. The early twenty-first century has seen an increase in psychoeducational and other therapeutic modalities for people who self-harm. Currently, cognitive behaviour therapy (Beck, 2011; Hawton et al., 2016) and, more specifically, dialectical behaviour therapy (James, Taylor, Winmill, & Alfoadari, 2008; Linehan, Armstrong, Suarez, Allman, & Heard, 1991) are promising modalities that have the potential to positively contribute to the self-harm treatment landscape (Labelle, Pouliot, & Janelle, 2015).

Despite these advances, the relationships with the health and social care professionals they encounter remain a source of anxiety for clients. As Stephen talked more about his experiences, he told me that healthcare professionals did not recognize, or at least acknowledge, his distress. What they did instead was react to knowledge of his self-harm with suicide assessments and chastisement for making his problems (in this case his own tensions with his gender identity) worse by self-harming. Perhaps the health professionals he met could not make room for his struggle with gender identity nor recognize the reasons he self-harmed. As a result, Stephen felt scrutinized, judged, and contained in an unhelpful way. As with many other people who self-harm, Stephen experienced care as surveillance (Estefan, McAllister, & Rowe, 2003). Hazleton (1999, p. 227) referred to *surveillance care* as "therapeutically ambiguous", emphasizing the complexity of therapeutic work with people who self-harm.

Some people who self-harm have also reported abusive experiences with health-care professionals that retraumatized them (Linehan et al., 2015). Stephen, too, told stories of emotionally abusive care. In one incident, Stephen was physically intimidated by a male physician who invaded his body space, made prolonged and uncomfortable eye contact, and admonished him for taking emergency room time that could result in the death of patients who were “really ill”. Stories from our other clients suggest that overt expressions of criticism and hostility and abusive behaviours towards clients are not uncommon, making therapeutic relationships potentially risky places for people who self-harm.

We contend that abusive practices are due, in part, to the reductionist view of self-harm as a reflection of individual psychopathology. Such a view neglects understanding of the body as a site for the living out of individual, social, and cultural tensions. It further ignores the site of the culturally sensitive alliance or counselling relationship as a meeting place in which helpful work can occur to acknowledge, explore, name, and mitigate distress. As his counsellor, I am aware that Stephen's past experiences place additional responsibility on me to monitor our tentative relationship carefully to build a sense of safety and trust.

In the context of no one *right way* to work therapeutically with people who self-harm, and with the recognition that self-harm is a psychosociocultural phenomenon and experience, it is incumbent upon counsellors to position themselves alongside clients in ways that also recognize our own culturally situated experiences and practices. A significant element of cultural competence is recognition of the place that a clinical phenomenon such as self-harm takes up in the broader field of experience of the client and therapist. Working in this culturally informed way can mitigate the risks for counsellor and client by creating a culturally infused working alliance, in which each member has permission to come to know the other and to negotiate the ways that helpful therapeutic work can occur.

There are two challenges for the culturally informed counsellor working with transgender clients: (a) there is a need to explore and work beyond stories of trouble, deficiency, difficulty, and suffering to reveal something of the strengths and resiliency of trans clients and the richness of transgender experience and (b) counsellors need to find helpful ways of coming together with clients to sustain counselling relationships that contribute to life-making. In my practice with Stephen, we took time to talk about enriching aspects of his experience with his transition. I asked him about things he had learned or could only have known as a result of his transition. These questions helped me to gain insights into Stephen's ongoing composition of himself as a transman. The conversations were also an affirmation for Stephen that, even when things stood still sometimes—particularly in the waiting for consultations, surgeries, and procedures—movement was present, and this movement revealed something of his forward-looking story. We view the CIC approach to practice as an important means of working with transgender clients to co-compose hopeful, celebrated, and honoured stories of experience, identity, and becoming.

## **Building a Culture-Infused Frame for Transgender Experience**

CIC offers specific guiding principles for the working alliance with transgender clients that many other models do not. The culture-infused approach invites counsellors to reflect on their own stories as well as those of the client in ways that allow culture to become a framework through which experience can be understood and, importantly, can be used to sustain the working alliance. Counsellors are attentive to issues of personal culture, privilege, and values (Collins & Arthur, 2010a, 2010b) not only because these have the potential to constrain understanding but also because they can offer insightful ways to think about client experiences and the working alliance.

### *Cultural Awareness of Self*

We both understand ourselves to be products of, contributors to, and embedded within our respective cultures. As culturally embedded practitioners and academics, we are conscious that our identities are sociocultural compositions. I, Andrew, think of myself as occupying many competing and tension-filled spaces. I am an Anglo-Australian immigrant to Canada, a fortysomething, balding, cisgender, gay man, and an academic cautious of intellectualizing experience. I think of myself as someone who values and celebrates difference even though I also notice the disappearance of difference in many social contexts. I grew up in a small country village in England, where everyone was white and everyone knew everyone else's business. In this place, there was no homelessness and virtually no crime, and there was a strong (and sometimes overpowering) sense of community. The privilege of growing up in such a rarefied context was tempered by the experience of being part of one of the poorer working class families in the village.

I, Rob, am a 41-year-old Caucasian, Canadian born, cisgender, gay man. Unlike Andrew, I still have my hair and hope to continue this trend for many years to come. In my work as a mental health practitioner, I work with clients across sexual and identity spectrums. I believe that the personal truly is political and that the journey to self-discovery can occur in counselling relationships built on respect and empathy for lived experiences. I adopt a culture-infused lens in all aspects of my personal and professional identities as counsellor, writer, and educator. For me, individuality is a culture in itself. Having grown up in rural Ontario, I came out as a gay man at age 16. While attending a Catholic high school, I experienced homophobic micro-aggressions and identity mismatches between my sexual orientation and religious identities. Through my own work as a counselling client, I learned the importance of self-compassion in the presence of dominant culture stigma and oppression. Based on my upbringing and education, I identify that I occupy a significant space of privilege. Through this self-awareness, I make a conscious effort to use privilege to empower, not disempower.

The intersections of sexual identity, ethnicity, class, and understandings of self that were developed in our places of origin served to construct identities that are fluid, contested, and even unstable. The importance of this to the counselling relationship should not be understated. When working with transgender clients, cultural self-exploration of intersectional identity opens up the possibility of recognizing where complementary and competing identity narratives shape perspectives on self, other, self in relation to other, as well as on the working alliance. These tensions and complexities in experience and identity can be thought of as *bumping places* (Clandinin et al., 2015). We return again to Andrew's voice and his work with Stephen to illustrate these concepts.

I remember moments in my work with Stephen in which my own story of myself as a young gay man growing up in an oppressive social, but loving familial, context moved alongside his. In these moments, I noticed that my own story as a professional bumped up against institutional stories of professional practice that emphasize the need for awareness of transferences, countertransferences, enmeshment, and boundaries. I knew that I saw something of myself in Stephen, but holding a cultural lens over this realization sharpened the focus on the ways that home, family, community, and society serve to shape and also constrain possibilities for experience. Recognizing that experience is shaped and constrained by cultural context, tensions and complexities in experience can also become generative spaces in which we are called to think about the ways that our stories move alongside each other in competing ways.

### **Exercise: Personal Cultural Identities**

Make a list of the different elements that make up who you are. Think about what you would include: Would your list include class, ethnicity, sexual orientation, or other elements?

When you have made your list, think about the relationships between the different aspects of who you are. Notice how some of them are complementary and others give rise to tensions.

Reflect on how knowledge of these complementary and tension-filled intersections can help facilitate reflective and *reflexive* engagement with clients.

For us, a CIC approach to working with transgender clients extends from reflection on self-as-counsellor to a critical reading of culture as it shapes, informs, and maintains the currency of particular theories and approaches to working with marginalized populations. This cultural determinist view recognizes that counsellors and clients are embedded within their respective cultures in ways that *produce* experience, psychosocial problems and complexities, and counsellor identity and practice, as cultural artefacts. As much as counselling the transgender client attends to individual issues, practice also needs to occur with an eye on cultural frames for experience as well as on the cultural contexts of the counselling relationship.

It has been noted that the CIC model treats culture as ubiquitous (Paré, 2012). With culture very much in the foreground, we now offer more of Stephen's story and think with it alongside issues of culture and practice. In this section, we illustrate and substantiate our central contention that culturally infused therapeutic work is not only life-changing but life-making. That is to say, practice is not simply the gradual amelioration of distressing behaviours and symptoms but rather a dynamic and embedded experience that actively composes self for individual clients and counsellors.

*There was this moment ... oh, about seven or eight months ago, now. I met Finn; he was a lovely Irish guy, transitioning, and we kind of hit it off. We talked a lot about the challenges. I told him how ready I was, but that I had been told to wait to begin testosterone. For a long time now, I've felt like I am walking in a wind-tunnel, you know? Trying so hard to take steps forward, but every step is resistance. I am pushing against something more powerful than me, and it doesn't care how hard I try or how it makes me feel. Finn and I were talking in his apartment late one evening. He got up from the sofa, went to the bathroom, and came back with something in his hand. On the table, he placed a syringe and, next to it, a small capsule. He asked me if I wanted to share. It was testosterone. I know I went red—I always do—and I had to breathe deeply because I felt this wave of something—it was anxiety, gratitude, and I felt high. I knew in that moment I was going to do it. After I had injected myself—oh, and we used different needles and syringes, in case you were wondering—I remember thinking that this was the first time I had broken my skin in a way that was helping me; I was still doing something wrong, but I was helping myself in a different way. I'm not really one to talk a lot about my feelings, especially to people I don't know well, but Finn had shown me this incredible gesture, and I saw something in him that made me take a risk. I told him about the times I had self-harmed, and he didn't flinch or judge me for it. I remember he shrugged his shoulders and smiled. He told me I was one of the best people he knew, and I actually believe that was enough for him. I've never been that important to anyone before. Finn and I have shared this ritual since, and it feels like the closest I have been to another human being.*

### ***Being Wakeful and Attentive to the Culture of the Client***

So-called *gender nonconformity* confronts dominant social anxieties about the degree to which each of us succeeds in our identities as man and woman. In our experience, this generalized concern with how trans people confront gendered identity focuses attention towards the individual body. As such, trans people are misunderstood to stand outside of, and in contrast to, culture, rather than as embedded within it. We notice this in Stephen's story of finding a moment of belonging and recognition from Finn. In a society that looks at bodies, Stephen had never felt important to anyone in the way he had with Finn because Finn was able to look past Stephen's body and see a need that he was able, at least in part, to meet.



Thinking about culture within counselling relationships is important because culture is about both difference and belonging and diversity and inclusivity. Finn, very simply, allowed Stephen to be different but connected. This generative tension in their relationship reveals an important insight into how communities might respond helpfully for a transperson. Difference can be accounted for, rather than erased, through care, responsiveness, inclusion, and acceptance. If people were all the same, what we would have is conformity, not culture.

Despite the many differences that emerge within cultures, people generally experience a need to belong to, or to identify with, the cultures in which they are embedded. For trans clients, this tension can lead to questions about how they fit within families, communities, workplaces, and social settings, among others whose experience of gender means they do not easily fit within the mainstream. Counsellors need to recognize and communicate that there is a “diversity of healthy genders” (Clark, 2017, p. 77) as well as think about and cultivate attentiveness to the places where clients are located. These are important practices because experiences of difference and of place shape the ways that culture is able to be enacted and resisted (Estefan & Roughley, 2013). Living in a major metropolitan city allowed Stephen to act in ways that met cultural expectations. For example, he attended university, worked part-time, socialized with other students, and was studying for a degree that would take him into the helping professions. Stephen participated in many ways that sustain Western cultural norms. Being at university also gave Stephen opportunities to engage in resistance to his sociocultural context. He participated in activist work through his university students’ union, which enabled him to consider the ways he was able to advocate for others and the ways he could continue his activism in his future career. Stephen recognized the irony in his struggle to advocate for himself.

To be wakeful to the complexities and tensions in client culture, counsellors can use the CIC model to help them to stay with, and inquire into, clients’ experiences. Stephen’s accounts of being transgender and his experiences of self-harm are powerful, evocative, and catalytic. His story can be read as one of risk and chaos: By virtue of being transgender, Stephen is at risk for harm from others, and he is of risk to others in that he confronts norms of gendered expression. Similarly, his self-harm made it easy for counsellors to read him as at risk of harm to himself but also risky in the context of a counselling relationship. The trouble with notions of risk is that they begin to quickly shape counselling practice towards approaches that manage risk rather than respond to client experience (Estefan et al., 2003). For us, Stephen does not tell a story of risk; a culture-infused lens, instead, sensitizes us to Stephen’s experience as life-making; we see him actively engaged in making sense of himself within his broader cultural landscape.

In our work, we notice that many clients tell us stories of their experiences. These stories are portals through which counsellors can gain valuable insights into the experiences that bring clients to counselling. Stories can be thought about in many different ways. A culture-infused lens helps us to think about stories as cultural practices. The telling and retelling of stories serve to speak of, and shape, culture just as stories speak of, and shape, self. Stories can reveal insights into the relationships between self and culture. For counsellors, then, stories can become what



Gordon, McKibbin, Vasudevan, and Vinz (2007) referred to as *gathering places*. Regardless of therapeutic orientation or modality, a story offers much to the counselling relationship. Andrew reflects below on the process of storying with Stephen.

As I look back on my work with Stephen, I am aware that, if had I not sought out and encouraged him to tell stories of his experience, I would have lost important insights into how he made sense of his experiences. The richness of the connections he made between who he was, the things that happened to him, and where he imagined his life was going became a useful and important context for understanding how he was positioned within his broader cultural context, how he acted within that context, how it acted upon him, and the ways that he was actively, although not always consciously, repositioning himself. Without Stephen's stories, I would have not had the privilege to know him in the way that I did.

Gathering around a story is an important culturally sensitive practice. Attending to stories, thinking *with* (Morris, 2002) clients' stories, is a culturally sensitive practice that reflects an openness to the other and an openness to the experiences of the client. This openness or wakefulness necessitates care-full listening and attention.

### Questions to Think with Stories

Thinking with stories is about sustaining openness, continuing a stance of curiosity, and creating a space in which client and therapist might entertain multiple revisions of stories of self and experience. Thinking with stories does not seek final answers. The following are examples of questions that can help keep this space open.

- What do I notice in this story? What particularly strikes me?
- What are the moments of recognition and resonance that I experience in this story?
- What changes do I notice in the client when they tell this story?
- How do I understand the broader landscape upon which this story is told?
- Could this story be told in a different time and place or by other people in similar circumstances?
- What would be the similarities and differences in these stories?

By using some of these questions to help think with Stephen's stories, I was able to recognize how Stephen's story of engaging in a potentially harmful act with Finn was also a story about self-care. It became possible to see how meaningful this act was in a broader context where care seemed absent. In telling this story, Stephen was sense-making; he was composing himself and his relationship with Finn against a broader sociocultural context that either would not, or could not, meet his needs. Staying wakeful to experience means that counsellors must be careful not to leap to action, intervention, or theorization of clients' experiences. In a culture-infused approach, explanation cannot preface experience.

### **Appreciative Inquiry: Strategies for Staying Wakeful and Attentive**

- Commit attention to the client and the client's story.
- Defer interpretive or analytical thinking about the client's story.
- Encourage the client to "say more" rather than comment on or offer an interpretation.
- Ask questions that probe for more information without offering explanation or perspective.

### **Ways to Notice a Shift Towards Explanation**

- Questions become less probing and more focused on cause and effect.
- The broader social and cultural aspects of a client's story disappear, leaving the focus on the individual.
- The counsellor's curiosities shift from questions of "who", "what", "when", and "where" to "why" questions that probe for explanatory statements.

Clients' stories are central to our work, which is informed by culture-infused principles. Stories, as life-making, serve to name self within culture, to explain and make sense of experience, and to explore ways to know and speak of self in new and different ways. It is not, then, the purpose of CIC to take away difficult stories or to replace them with *better* stories. Instead, a wakeful, culture-infused approach works with the client to enable difficult or troubling stories to hold a place alongside other stories lived and told within the stream of experience.

Counsellors are in a privileged position to hear, hold, and become a part of a client's story. It is, however, a privilege that involves resistance, tension, and doubt, as well as celebration, reward, and instruction. Despite my own experiences as a gay man, and as someone with many years' experience working with people in complex and difficult circumstances, Stephen's stories acted upon me in ways I did not initially expect. Sustaining wakefulness to his experiences, for example, was difficult at times because I found myself wanting to make life better *for* him. I also remember being aware that, at the time we worked together, things moved very slowly for those waiting for assessments and procedures for transitioning. I remember wondering whether it was best to work with Stephen in a way that helped him to tolerate the healthcare system *holding pattern* that he was in. I wanted to *do* something, although it was outside of my capacity and purview to effect material change in his circumstances because I could not do anything about the long wait times.

As much as wakefulness and attentiveness to story are a deferral of *intervention*, we, Andrew and Rob, do not view the counsellor as passive in the relationship, either. Thinking and engaging *with* clients' stories is an active, curious, and intellectual stance, but it is one of wonder and curiosity rather than certainty. In this way, counsellor and client are engaged in a pragmatic endeavour in which the counsellor helps the client to work out how their story is useful for them, to think about how it fits among their other stories and experiences.

Stephen and I, Andrew, spoke often about the things he had “learned along the way”, and we inquired into the nature of that learning. By maintaining a position of curiosity, I was able to ask him what he had taken away from his difficulties, successes, and the ways that this learning was serving to shape new responses and understanding about himself, his circumstances, and the key figures in his life. In these conversations, Stephen noticed changes in his life that, for him, signified forward momentum. He also recognized where he had hoped things would change but had not yet. For example, he had, for a long time, wanted to have a more open relationship with one of his friends, but this had not happened. We talked about the resonances and contrasts that showed up in Stephen’s stories as a way to think with his experiences, to generate some ideas for trying different approaches to circumstances that had been, up until now, difficult for him.

An interesting shift in some of these conversations was the way that, over time, Stephen spoke with a more external focus. He was able to examine and think about, more fully and critically, the ways that health services, community services, university, his social settings, family, and society generally influenced his thinking about himself.

### *Cultural Sensitivity in Practice with the Client*

To this point, our discussion has been predicated on the idea that counsellors are invested in and understand something about cultural sensitivity in the context of working with trans clients. We have already argued that trans clients experience tensions in relation to culture. So, what are the key cultural considerations that shape our practice with trans clients?

First, we recognize that trans identity is intersectional. Nobody is *just trans*. Working with clients’ stories is one way to reveal, and attend to, intersectional identities. Stephen described himself as a trans man but also as a man who self-harmed. Others knew him as a *self-harmer*, a given label that did not work well for him but which nonetheless influenced his story of himself. Working in a culture-infused way helps to attend to the needs of trans people whose gendered identities may intersect with mental health concerns (Strandjord, Ng, & Rome, 2015), in addition to ethnicity (Sevelius, 2013) and social location (Fletcher, Kislner, & Reback, 2014).

Thinking about intersectionality helps to address a central aspect of CIC. The tensions between individual identity and group identity (Collins & Arthur, 2010a) can be a source of struggle that brings trans people to counselling. Just as a young trans person can experience a sense of poor fit in their social worlds generally (Johnston, 2016), a transperson does not, by default, fit into the *trans community*. As with people in sexual minorities, it is a mistake to assume that other trans people will be sources of support, safety, and affirmation. Stephen found a supportive friend in Finn, but Finn also encouraged risks that may have jeopardized Stephen’s transition. Stephen valued his relationship with Finn, but other trans men who were further along in their transition stood out to him as examples of what he had not yet

been able to accomplish. These men were a source of support and alienation that created tensions for Stephen, tensions that he resolved, at times, with self-harm.

There is evidence to suggest that young trans people face considerable burden in terms of mental health problems (Veale, Watson, Peter, & Saewyc, 2017) and that young female-to-male trans clients, in particular, are more likely to engage in self-harm (Peterson, Matthews, Coppins-Smith, & Conard, 2016; Rimes, Goodship, Ussher, Baker, & West, 2017). Self-harm had been a mainstay for Stephen to regulate and manage distress, but not all trans clients self-harm. Many trans clients are at one stage or another of a transition process, but not all trans clients want or need surgery (Riley et al., 2011). Some trans clients express a stable sense of being one gender or another, and others experience their gender identity as more fluid. Some trans people are struggling with rejection by others, whereas some clients struggle to differentiate from contexts and relationships that otherwise constrain their identity. CIC notices and pays attention to within group differences (Ho, 1995) as a way to understand client context more fully.

### **Pause for Reflection**

Returning to the revised CIC framework outlined in Chap. 2, how do multiple intersecting identities influence transgender oppression?

Trans clients' contexts are often powerfully influenced by heteronormative constructs. The counselling relationship is a valuable context to interrupt and challenge heteronormativity through explicitly trans-affirmative practices. It is our experience that many trans people cannot rely on *good faith* that a counsellor, by virtue of education, training, and code of ethics, is open to hearing about and working with trans people's experiences. Counsellors need to find ways to make clear their commitment to the trans client and their openness to trans experiences. This is a significant endeavour in a CIC model, which seeks to promote access to helpful and effective therapeutic intervention. Marginalizing the needs of trans people within the counselling relationship sustains silence among trans people (Goethals & Schwiebert, 2005). These needs have to be spoken in order for a culture-infused perspective to be enacted.

Counselling trans clients is, then, not enough. Counsellors need to find ways to show we are allied with trans people. Being recognizable as an ally makes possible the counselling relationship. Here are some examples of ally actions that are drawn from our own practice: (a) write to your local newspaper to comment on issues that affect trans people to demonstrate an interest in individual well-being and to contribute to the community and cultural landscape for trans people; (b) participate in consciousness-raising exercises such as attending public events that celebrate trans identity, gender diversity, and so on; and (c) volunteer time to speak to meetings of trans people and volunteers about issues that affect the mental health of trans people. Today, many counsellors have professional websites that can host information and links that are useful for the trans community. These websites tell potential trans

clients this counsellor is open to trans experiences. If you plan to be an advocate for a minority group, finding opportunities to showcase this advocacy is an important way of letting the community know that you are an accessible ally.

**Exercise: Becoming an Ally**

- Ask yourself, “How would clients recognize me as being trans-affirmative?”
- Think of three key things you could do to address this important part of your practice.

**Think about the following question:**

- How do you see yourself as an ally and advocate for clients and other members of transgender communities?

## Reflecting on Practice with Stephen

Many counsellors who work with trans clients will not identify as trans themselves. As well, many counsellors will not have had personal or first-hand experience of the issues presented by trans clients. Andrew, for example, has not self-harmed, but he has worked extensively with many people who do. Neither of us identify as transgender, and both identify as gay. Stephen identified as a bisexual transman. As we reflect on our own, somewhat fluid, insider-outsider status in relation to Stephen, we are drawn back to the ways that engaging with Stephen’s story offers a portal into his world, into his experiences, and provides the place around which we can therapeutically engage him in life-making.

Sustaining a culture-infused lens is central to guiding the counsellor who engages with stories of experience. Although people who experience mental health problems have access to some multicultural services, this is not the same as taking a culture-infused stance. We understand a culture-infused practice to be one that allows the salience and relevance of culture to emerge within the therapeutic relationship rather than in advance of it. In our narrative therapeutic work with clients like Stephen, we consider their experiences, their stories, as starting points for working out together how culture, cultural influences, cultural practices, and cultural identities intersect with their field of experience. Stephen was a transman but also a transman who self-harmed and who still had many hurdles to come associated with his transition. We now reflect on how Andrew worked with Stephen to explore, and make sense of, the complexities associated with these intersecting and changing identities as they are lived on a broad cultural landscape.

I asked Stephen questions to explore the way intersectionality shaped his experiences. At one particular meeting, I asked him to spend the week thinking about what identity meant for him. I prompted for things he saw as intrinsic characteristics and for his self-knowledge, as well as for outside influences that shaped his sense of

who he was. Stephen's deliberations over subsequent sessions revealed a rich and tension-filled intersectional identity. Working with him in this way, moving between the internal and external, served to open up conversations about where these tensions were troublesome and where they were generative. Stephen also started to explore ways to resist, question, and re-story some of the internal and external aspects of his experience. In this way, perhaps he was resisting some of the discursive social frames of deviance and professional discourses of pathology that had, hitherto, been influential in how he thought about himself. Specifically in relation to a culturally infused model of counselling, this work helped mitigate the psychocolonizing power of more traditional approaches to psychological assessment and treatment for people who identify as being in a gender minority.

We are discussing and advocating complex counselling work. CIC means more than using the correct personal pronouns, although this, too, matters. A culture-infused practice is a call to a reflexive and curious stance, which enables counsellor and client to meet in the midst of the cultural landscapes that shapes each of our identities. There is humility and wonder to this kind of practice, which makes possible the telling, retelling, and ultimately the re-living of experience in ways that are sense-making, identity composing, and life-making. Bringing a culture-infused lens to practice makes space for meaningful stories to be told in therapeutic relationships and, importantly, for these stories to be heard, and engaged with, in ways that sustain therapeutic practice.

### **Questions for Reflection or Discussion**

1. How might your current theoretical lens(es) on counselling integrate the revised CIC framework outlined in Chap. 2 in ways that are helpful for working with the experiences of transgender clients?
2. It has been argued that, as counsellors, we can identify with certain aspects of each client that we support. What aspects of Stephen's experience did you identify with most?
3. What strategies might you use in the developing stages of your culturally sensitive working alliance with transgender clients to prevent possible therapeutic ruptures?
4. Multiple oppressions are often discussed by transgender clients in counselling. Based on your personal and professional learning to date, how might you, as a CIC practitioner, support clients who have experienced multiple oppressions?
5. Based on your reading of this chapter and your personal and professional learning to date, what are the next steps in your development of CIC competencies with transgender clients?

### **Learning Activities**

1. It is likely that you have experienced representations of transgender and gender-variant individuals within popular culture and mainstream media. It is essential to note that such depictions are not collective in nature and that, despite the

increased presence of transgender and gender-variant individuals in media, such representations or misrepresentations are often a source of controversy. As a learner, you are invited to access, view, and reflect on one of the following five movies: (a) *The Danish Girl* (2015), (b) *Boys Don't Cry* (1999), (c) *Transamerica* (2005), (d) *Boy Meets Girl* (2014), or (e) *Tomboy* (2011). Please respond to the following questions afterwards:

- With your new knowledge and insights regarding counselling transgender clients, what did you notice about your thoughts, emotions, and values as you watched your chosen film?
  - If a client experiencing the journey of the transgender character in your chosen video was your client, how might you use a CIC approach to support him, her, or them?
  - What aspects of the heteronormative, dominant culture narrative were present in your video of choice? How did the characters navigate their journey despite these social barriers and/or obstacles?
2. In this learning activity, you are invited to engage in some informal ethnographic research. Choose a public space (e.g. coffee shop, airport, or campus hangout) that will allow you to observe individuals with minimal distraction. Give yourself approximately 60 minutes to sit silently and observe the following:
- How are people within this environment expressing gender (i.e. notice mannerisms, dress, language)?
  - How are traditional definitions of gender reinforced within this environment?
  - How are traditional definitions of gender challenged within this environment?
  - What might make this environment more inclusive and celebratory for individuals who identify as transgender?
3. In this activity you are encouraged to develop a personal timeline to document your *engendered* social learning journey, making links to the revised CIC framework in Chap. 2. We remind you, activities such as this can result in diverse feelings, and we invite you to embrace awareness as a fundamental next step in your learning journey. This activity can be completed individually or in pairs. Within a large-group context, reconvene and discuss common themes in a manner that does not require participants to self-disclose or feel unsafe. Questions for individual and small group discussion include:
- At what stage in your life did you become consciously aware of gender?
  - What sources defined or impacted your experience and expression of gender as you moved through your developmental milestones?
  - How do these definitions of gender continue to be reinforced within the cultural mosaic we call Canada?
  - How did you respond when you first noticed others who challenged traditional definitions of gender?
  - What feelings might this experience have elicited within you?



- If you could go back in time, what advice or feedback might you provide to yourself about this experience?
- Identify and describe a time in your life where you personally experienced or witnessed a situation where your or someone else's expression of gender was a mismatch for others. What emotions did this illicit within you as the recipient or witness of this situation? If you could be a social advocate in a similar situation, what might you do similarly or differently should this occur again?

Whether completed individually, in small groups, or in a large discussion group, it is important to link the above reflections to the revised CIC framework outlined in Chap. 2. We encourage you to debrief the learning experience should the need arise.

4. You have been called upon to design and present a 90-min workshop in your workplace or practicum setting on the topic of counselling clients who identify as transgender. What would be essential workshop content? How might you co-establish a learning community of respect and inclusivity?
5. Within your current community, what social, medical, and community services are available for transgender individuals? We invite you to explore websites, to drop in to community sites, and to attend information sessions about these services. In doing so, not only do you become more aware of what currently exists for possible referrals but also you become cognizant of what doesn't exist. You are encouraged to work together and individually to complete a resource sheet (including a brief description of each service, its contact information, and fees) and to share this essential resource with other learners in your community. By doing so, a larger reference document of resources can be accumulated and distributed. It is necessary that you double-check that all information is up-to-date and correct.

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# Chapter 8

## Therapy as Ceremony: Decolonizing and Indigenizing Our Practice



Karlee D. Fellner

### Locating Myself: Relationality

tan'si! I am a nehiyaw-otipemisiwak (Cree/Métis) woman from central Alberta, with Indigenous ancestries extending eastward across Turtle Island,<sup>1</sup> along the paths traveled by my Métis predecessors and European ancestors from Sweden, Norway, Poland, Hungary, Germany, Austria, and the former Czechoslovakia. I grew up in a small town in Alberta with a vague sense of my Indigenous ancestry, tucked beneath my family's dominating narrative of Euro-Canadian farmers. Raised with little connection with my Indigenous cultural practices and language, I have spent the past several years (re)connecting with who I am as a nehiyaw-otipemisiwak woman. This part of my journey began following a project during my master's degree, where community members in Edmonton, Alberta, spoke with me about how conventional Western Eurosettler approaches to counselling are often unhelpful or harmful when applied with Indigenous peoples. Through this project, community members also introduced me to Indigenous ways of knowing, being, and doing and the value of Indigenous protocols and practices in healing and wellness. Taking this work forward into my PhD, I set out to learn how the profession of psychology could better serve Indigenous communities.

I use the term relationality throughout this chapter as an alternative to the term identity, as I consider myself in relation as opposed to an individual independent of all my relations (P. Cole, personal communication, 2011). This opens space for the fluid, contextual, and place-based nature of how I experience myself and am

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<sup>1</sup>Turtle Island refers to the continent of North America. This term is connected with traditional creation stories of specific First Nations groups and is used today by many groups to refer to the continent of North America.

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experienced by others moment to moment. The terms *Western Eurosettler*, *Eurocentric*, and *Euro Western* refer to ways of knowing, being, and doing that are based specifically in colonial worldviews of Western Europe and Eurosettler populations in North America and thus have a tendency to interpret the world in terms of these values and experiences.

In my work, I explore social justice and diversity in the health professions, with a focus on wellness and healing with Indigenous peoples through miyo pimâtisiwin (our original instructions for living a good life) and community-driven, culturally derived approaches to research, education, and practice in applied psychology. As I wrote this chapter, I was completing my doctoral internship at the Indian Health Board of Minneapolis, located on the traditional territories of the Dakota and Anishinaabe peoples, and finishing my dissertation, which looked at how “mental health” services can be shaped to better serve Indigenous people living in urban spaces. I note that *mental health* is a colonial concept, as community work has taught me that many Indigenous peoples conceptualize and experience wellness as holistic, considering spirit-heart-body-mind in relation. Together, my work and personal journey in relation have opened up many pathways to wellness, healing, empowerment, and voice for my relations and myself.

I have had the honor of sitting with a number of Elders, medicine people, community members, and activists, who have shared their teachings and experiences with me, in ways that have helped me better understand who I am in relation and how our people continue to thrive and heal in the face of ongoing oppression and (neo)colonization. Becoming part of the urban Indigenous communities where I’ve lived and connecting with the land, Nehiyawewin (Plains [y] Cree for Cree language), traditional practices and ceremonies, and all my relations, have formed the basis of my understanding of what it means to work with Indigenous peoples in a good way. All my relations are a phrase that acknowledges our relationships with our families; clans; communities; the natural world, including earth, sky, water, and all of the plants and animals that inhabit them; and the spirit world, including the Creator, our ancestors, and the spirits who help us. I’ve also completed a certificate program in Aboriginal Focusing-Oriented Therapy (AFOT; now renamed Indigenous Focusing-Oriented Therapy) and complex trauma (Turcotte & Schiffer, 2014), a theoretical orientation based in Indigenous worldviews and culturally responsive interventions. My relationality—who I am in relation, on micro-, meso-, and macrolevels—is at the heart of this process. This chapter is based on my clinical experience working with Indigenous people in an urban organization; I apply concepts from *Culture-Infused Counselling* (CIC; Collins & Arthur, 2010a, 2010b) and the revised CIC framework outlined in Chap. 2, in the context of the literature and my research and training in counselling with Indigenous peoples.

## **Introduction: Therapy as Ceremony**

From an Indigenous perspective, each counselling session and course of therapy with a client may be considered a ceremony (Turcotte, 2012). Importantly, this framework is not intended to appropriate or minimize our sacred traditional ceremonies. Rather, this term is used to give voice to a culturally responsive approach that acknowledges and honors the sacredness of therapeutic relational space and the healing that occurs between counsellor and client. Therapy as ceremony minimizes the power differential between counsellor and client and offers a decolonizing and Indigenizing lens through which to understand CIC with Indigenous peoples. Decolonizing and Indigenizing our practice with Indigenous peoples are critical; I draw on this foundation to present an overall course of therapy with an Indigenous client.

Each ceremony begins with preparation. I've been taught that preparing for ceremony is at least as important as the ceremony itself. Similarly, proper preparation for our work with Indigenous clients is essential. Once we have prepared, we may step into the sacred space and open the ceremony. Here, we meet our client and work to create a therapeutic environment and healing relationship. We then flow into the heart of the ceremony, the healing and transformation through the work itself. From there, we close the ceremony and move forward with a greater sense of knowing and wellness. We are then able to reflect and share our growth with others. I invite you to join my client, Dominic, and I as we move through therapy as ceremony.

## **Preparing for the Work: Locating, Understanding, and Connecting**

Culturally responsive counselling with Indigenous peoples begins with personal and professional preparation. Given that our current training programs often do not provide sufficient preparation in this area, the onus is on us as practitioners to ensure we do the work necessary to best serve our Indigenous clients (Fellner, 2016). This begins with self-location within the colonial context of Turtle Island and an understanding of this context, including historical events, legacies of those events, and an awareness of ongoing colonization. Indigenous peoples here have experienced over 500 years of genocidal practices and policies that have resulted in complex, collective trauma that may be referred to as historical trauma (Brave Heart, 1998a, 2003), ancestral trauma, intergenerational posttraumatic stress disorder (Duran, 2006; Duran & Duran, 1995), colonial trauma (John, 2004), and the *soul wound* (Duran, 2006; Duran & Duran, 1995). Understanding these processes and experiences is critical in appropriate case conceptualization and treatment planning with Indigenous clients given the role of this context in the

biopsychosocial-spiritual disruptions experienced by Indigenous peoples today. For more information on Indigenous experiences in Canada and colonization, see the 8th Fire Series on CBC ([www.cbc.ca/8thfire/](http://www.cbc.ca/8thfire/)).

We must also cultivate a deeper understanding of our personal locations within the colonial relationship. As people living in a colonized land, we are all a part of this relationship in some way. It is important to learn how colonization continues to work to our benefit, detriment, or some combination of both. Therapists of all ancestral backgrounds must engage in healing work related to colonization to ensure our personal responses do not interfere with the therapeutic process (Duran, 2006; Fellner, 2016; Fellner, John & Cottell, 2016). This begins with understanding, to the best of our knowledge, where our ancestors came from, when, and why. These stories help us locate ourselves and gain insight into the collective and intergenerational influences on who and how we are in relation. As a Métis person, I am often aware of the colonial dynamics living within me—the tensions between Indigenous and settler, the walking in two worlds without fully belonging in either, the intergenerational grief and loss, and the cages I find myself trapped in as a monolingual English speaker functioning in a colonial system—the list goes on. Yet I hold these dynamics lightly, remaining grounded in my awareness that I am wholly Indigenous, not fragmented by blood quantum or other colonial divides, and connected with all of my relations. In this way, my ongoing healing journey is critical in my work with Indigenous peoples.

This learning and self-location is part of our personal decolonizing, an essential part of decolonizing and Indigenousizing our practice overall. Decolonizing may be understood as a “two-prong process” (Battiste, 2012) involving both deconstructing colonial ideologies and their manifestations and reconstructing dominating discourses with counter-stories from the perspectives of colonized Indigenous peoples (Madden, 2016). As therapists, part of deconstructing is understanding psychology’s role in cultural oppression and social control at micro-, meso-, and macrolevels. Through imposing diagnoses and therapeutic interventions that serve dominating Western Eurosettler capitalist concepts of normality (McCormick, 2009), psychotherapy may perpetuate colonialism and assimilation (Hart, 2002; Lavalée & Poole, 2009; McCabe, 2008). Current mental health and diagnostic systems also perpetuate biopsychosocial-spiritual disruptions among Indigenous peoples through pathologizing individuals and communities and promoting programs and therapies that fail to address intergenerational trauma (Brave Heart, 1998a; Duran & Duran, 1995; Peters, 2011).

Thus, as therapists, we must reflect on our own values, attitudes, and beliefs as well as those inherent in the theories and therapeutic strategies we employ. The “therapist’s insistence on imposing a different worldview on the patient can be understood as a form of violence against the patient’s knowledge life-world” (Duran, 2006, p. 9). This epistemic violence contributes to psycholonization within the therapeutic relationship that may retraumatize Indigenous clients and exacerbate their presenting concerns. Thus, this critical reflection and deconstruction are essential.



Reconstructing (Madden & McGregor, 2013) is intertwined with Indigenizing. It centers previously on silenced Indigenous ways of knowing and being, so that local knowledges, traditions, and languages are employed in addressing the interests of particular Indigenous communities. Reconstructing requires not only learning from reputable sources in the Indigenous literature (e.g., Deloria, 2006; Hart, 2002; Lane, Bopp, Bopp, & Brown, 1984; Linklater, 2014; Mehl-Madrona, 2003) but also experiential learning through engaging in community relationships in a respectful, non-obtrusive manner (Wieman, 2009). Understanding some of the values, attitudes, and beliefs common to many Indigenous worldviews is essential in appropriate case conceptualization and treatment planning. Beyond that, it is helpful for therapists to have a basic understanding of some of the worldviews of the client's particular Indigenous nation(s). These perspectives must then be considered within the context of the individual client's unique and fluid worldview, multiple intersecting identities, and experiences. Indigenous peoples vary widely both within and between various groupings and subgroupings due to cultural differences as well as to colonial disruptions in cultural identity and continuity (Lavallee & Poole, 2009). Culturally responsive counselling with Indigenous peoples acknowledges this and recognizes that every therapeutic relationship is cross-cultural.

### **Indigenous Worldviews**

Simpson (2000) outlined seven general principles of Indigenous worldviews that tend to be shared among diverse groups. These principles are helpful in facilitating a basic understanding of Indigenous perspectives and include:

1. Knowledge is holistic, cyclic, and dependent upon relationships and connections with living and nonliving beings and entities.
2. There are many truths, which are dependent on individual experiences.
3. Everything is alive.
4. All things are equal.
5. The land is sacred.
6. The relationship between people and the spiritual world is important.
7. Human beings are the least important in the world.

Indigenizing also involves integrating beneficial Indigenous approaches to healing and wellness in case conceptualization and treatment planning (Lavallee & Poole, 2009; McCabe, 2008). However, it is important to do this in a way that avoids appropriation or misuse of these methods (Trimble, 2010). This may be done through training in Indigenous-based therapies such as Indigenous Focusing-Oriented Therapy (Turcotte & Schiffer, 2014), which offers a decolonizing and Indigenizing approach to practitioners of all backgrounds. It is also important for therapists to have relationships with Indigenous Elders, healers, ceremonialists, and/or cultural knowledge holders (Lavallee & Poole, 2009). These relationships may be established through culturally respectful community engagement that



involves spending time with and getting to know such individuals. It is important to learn about and observe local cultural protocols in these relationships (Fellner, 2016). For example, I have learned to offer tobacco when consulting with Elders, healers, ceremonialists, and cultural knowledge holders from particular plain communities. Through these connections, practitioners can ensure we are doing this work in a good way, and we can refer clients to Elders, healers, ceremonialists, and/or cultural knowledge holders, as appropriate in treatment planning.

### **Indigenous Focusing-Oriented Therapy**

Indigenous Focusing-Oriented Therapy (IFOT), formerly Aboriginal Focusing-Oriented Therapy (AFOT), is a theoretical orientation that is grounded in an understanding of historical, colonial, and intergenerational influences on the Indigenous peoples of Turtle Island (Turcotte & Schiffer, 2014). IFOT adapts and applies the somatic approach of focusing-oriented therapy (FOT; Gendlin, 1982) through an Indigenous worldview, with a focus on addressing complex trauma. IFOT is client-centered, holistic, collective, land-based, and justice-centered (Turcotte & Schiffer, 2014). It moves away from colonial stories and pathologizing conceptualizations toward Indigenous understandings that draw on stories of survivance and healing with all our relations.

Coming from this approach, therapists acknowledge clients in the context of all their relations (e.g., families, clans, communities, the land and natural world, their ancestors, and the spirit world) and thus recognize that presenting concerns do not come from the client as an individual but rather are the expression of collective and intergenerational influences. Presenting symptoms are understood as sources of information and collective wisdom that inform what the client and the client's relations need to heal. Therapists use somatic and land-based interventions, including culture and spirituality, to facilitate transformation. For more information, see the video *Aboriginal Psychotherapy* (Turcotte, 2012).

Preparing for our work with Indigenous clients may be guided through embodying a wise practices lens, which uses Indigenous teachings referred to as the *Seven Grandfather Teachings* or the *Seven Sacred Values* (Wesley-Esquimaux & Snowball, 2010). These traditional teachings include wisdom, respect, honesty, love, courage, humility, and truth. Though preparation is indicated as a first step in our work with Indigenous clients, we must acknowledge that this process is never complete. CIC with Indigenous clients involves ongoing learning and integration. I know that I have much more to learn in this work. No matter how much experience and training I receive, I will always be a learner, and the clients I work with will always be my teachers (S. White Hawk, personal communication, 2015).

## **Creating a Sacred Space: The Therapeutic Relationship Begins**

Following our preparations, we meet our client and move into the therapeutic space. The current case study takes place in Edmonton, Alberta. Having prepared myself for the work, I understand whose land I am on and who I am in relation to this place. Here, I am on the traditional territories of my Cree and Métis ancestors, and I am familiar with some of the protocols and traditions, though, given that I was not raised with these ways, I am just learning.

My client, Dominic, is a 29-year-old First Nations man of mixed Saulteaux and European ancestry, who lives in the urban setting of Edmonton. When Dominic presents to his first session, I offer him water, coffee, or tea because I have learned from my diverse Indigenous mentors that offering refreshments is the convention for being a good host. As we enter the therapy room, I ask Dominic if he would like to smudge. He looks at me and asks, “What’s that?”

Due to the impacts of centuries of colonization, it is not uncommon for Indigenous peoples to be unfamiliar with traditional practices and ceremonies and/or to have internalized negative stereotypes about these practices. In offering the smudge, I do not assume that Dominic will know what it is or that he practices traditional spirituality. Further, I cannot assume that Dominic’s Saulteaux Nation practices smudging, because I am not yet familiar with their specific traditions. Such cultural humility is integral in establishing a respectful relationship informed by our respective social locations and cultural identities/relationalities. Thus, I offer the smudge, because I understand its importance in Cree and other nations’ wellness practices and I am aware that Indigenous culture and spirituality are pivotal in the healing and wellness of Indigenous peoples. It is also part of opening the sacred therapeutic space, where our work will take place.

I answer Dominic’s question with the teachings that I have learned about the smudge. Dominic appears interested by what I share, and, in response to my explanation, he reports that he has never given much thought to culture or spirituality because he “didn’t grow up with it.” Thoughtful, he states, “I’ll pass on the smudging today, but maybe next time.” I respect Dominic’s choice and will check in with him next session. I also know he is aware that the smudge is available to him in our work together if/when he is interested in it.

The agency I work for has a list of intake questions that I am obligated to ask each of my clients at the beginning of our work. Conscious of what I have learned about how Indigenous people may experience direct, probing questions as rude, as well as my own discomfort with what I experience as a top-down, colonial process, I let Dominic know at the beginning of the session that due to organizational procedures, I am going to have to ask him some questions and take notes, which will not be typical of our work together following this session. I also introduce myself as Cree/Métis from the area and give him a sense of the kind of work I do. Locating myself in this way is congruent with the protocols I have been taught and sets the foundation for my relationship with Dominic. This self-location is part of being

authentic and establishing trust, conveying my cultural self-awareness and humility in relation to the cultural similarities and differences between Dominic and me.

I explore Dominic's presenting concerns and demographic information, loosely guided by the questions on the intake questionnaire. Nurturing the therapeutic relationship and learning about Dominic are my primary focus. Dominic is single and is currently working as a lawyer. He is presenting to therapy because he is concerned that he has been drinking too much over the past few months. He says he is drinking about three nights a week with colleagues, whereas he used to drink once every couple months or so. He says drinking is not interfering with his life, but he wants to ensure it doesn't get to that point. Dominic identifies as heterosexual, and he reports occasional attraction to, and intimate experiences with, men. When asked about his connection with his community, Dominic responds, "I'm urban," and states that he has not visited the community his First Nations ancestors are from in Saskatchewan since he was six years old.

Upon further exploration, Dominic reports that his relationship with his mother is "rocky," because she was absent throughout much of his childhood. He says he becomes easily frustrated with her because he "can't understand why she can't get it together." Dominic's parents divorced when he was seven. Dominic's father raised him, primarily, and Dominic continues to have a healthy relationship with him. Dominic shares that his mother is Saulteaux and French, and his father identifies as "Canadian," with Irish, Dutch, and Ukrainian ancestries. Dominic says that his mother was "an alcoholic" when he was growing up, and although now she has been sober for seven years, he finds her "erratic" and "emotional." He reports that his father remarried a "white girl" named Sandy when Dominic was 14, and the two of them had two children, Dominic's only siblings. He says that he has good relationships with his siblings, though they are much younger. He states he likes Sandy, though they have never been close.

As I consider my work with Dominic, it is important that I reflect on some potential similarities and differences in our multiple intersecting identities/relationalities. Both of us have European and First Nations ancestries and did not grow up with traditional culture or spirituality. I also live in an urban environment and currently do not have a connection to a specific rural or reserve community. In this way, we may have some comparable experiences in regard to cultural identity/relationality, internalized oppression, historical trauma, and sense of place. However, I must hold these considerations lightly and be careful not to assume. Our socioeconomic and educational statuses are also alike, given that we are both professionals who have pursued postsecondary education in Euro-Canadian institutions. Further, we are close in age and share similar generational influences.

I also share a sense of sexual fluidity that is parallel to what Dominic is describing, and I have many Indigenous friends, Elders, and colleagues who experience a similar fluidity. These feelings are congruent with what I've learned about many traditional views of gender and sexuality in that "we have elements of both sexes in us" (Highway, 2014, p. 27), and these aspects of our identities/relationalities are fluid. Although Dominic currently presents as identifying more with dominating Euro-Western culture, he seems to have a less colonial sense of sexuality, given that

he is open, comfortable, and not pathologizing himself when sharing this. Whether he's explicitly received these teachings, knows them through heart knowledge or blood memory (see Holmes, 2000), or has experienced another influence is not important. What is important is that I am aware of multiple worldviews and take care to not psycholonize Dominic through imposing colonial conceptualizations of gender or sexuality.

For more information on Indigenous perspectives on gender and sexuality, see the website Native Out and these resources: *Two Spirits* (Nibley & Martin, 2009), *As They Are: Two-Spirit People in the Modern World* (Garrido & Tohme, 2012), and (W)righting Our Relations – Working with and for Two-Spirit Individuals (Pruden, 2016).

Alongside our similarities, I am also aware that I'm in a different place than Dominic in terms of my cultural relationality, as I have been connecting with the land, Cree language, ceremony, and traditional teachings for a few years now. Further, I am Métis and thus have ancestral and collective experiences that differ from my relatives of First Nations and European ancestry. Moving forward with Dominic, I must seek to learn more about Saulteaux culture through community relationships and appropriate literature, as well as exploration with Dominic. I remain mindful that I must not impose my own experience of intergenerational and collective healing through culture onto him, engaging in cultural inquiry and remaining open to his unique journey throughout our work together. I am also aware that as a cisgender female working with a cisgender male, we have different experiences in greater society and within Indigenous communities (McKegney, 2014).

Maintaining awareness of our multiple intersecting identities/relationalities, I contemplate how I understand Dominic's presenting concerns from within my current Cree/Métis worldview and IFOT theoretical orientation. I recognize the particular role alcohol has played in the oppression of Indigenous peoples since contact and the continuing role it plays in our peoples' coping with intergenerational trauma and grief (Brave Heart, 2003; Duran, 2006). I also acknowledge and believe that this is connected to a greater relationship with the spirit of alcohol that may need to be addressed through ceremony (Duran, 2006). These collective influences are important to consider in conceptualizing our work with Indigenous clients (Duran, 2006; Turcotte & Schiffer, 2014). Dominic has identified his mother's prior alcohol use as a problem, and I am curious to know more about some of the historical and colonial influences in Dominic's mother's family that are impacting his relationship with her. I hypothesize that Dominic's difficulties in his relationship with his mother are related to intergenerational disruptions in relationships among Indigenous peoples due to colonization (Fellner et al., 2016; McKegney, 2014). Coming from a CIC approach, I always hold my cultural hypotheses lightly and remain open to the changes that emerge within and between my client and myself through our work together. As I continue to learn more about Dominic, we move into our therapeutic work together.

## Healing and Transformation: The Therapeutic Journey

When Dominic comes in for our second session, I again offer him the smudge. This time he responds, “Sure.” I light the sage and smudge before him, passing it to him when I’m finished. When he’s done, he says, “You know, after our last session I remembered that I smudged a few times when I was young. My grandma used to smudge with me. I think Mom even lit up sage a few times when she was sober. It feels good!” I agree with him and briefly share the story of my first smudge when I was 23 years old, letting him know that I wasn’t raised with my Indigenous culture or spirituality. This self-disclosure is informed both by what I’ve learned in community and my work with Indigenous clients, as well as what the multicultural counselling literature says regarding the importance of self-disclosure in building rapport with Indigenous people (Morrissette, 2008). Dominic’s eyes light up, “Really?! Man, I thought you were a super Native or something with all these medicines and this art around.” We laugh together. Humor is central in many Indigenous cultures and is often an important part of the therapeutic process with Indigenous clients (Garrett, Garrett, Torres-Rivera, Wilbur, & Roberts-Wilbur, 2005; Hart, 2002). I let him know that it has only been in the past few years that I’ve connected with my Indigenous relationality. Smudging together is culturally empowering for both Dominic and myself. This conversation is important in my own congruence with Dominic and in being transparent about my cultural awareness and multiple intersecting identities. It also conveys to him some of my values, attitudes, and beliefs, as I return to the teachings of my Indigenous ancestors.

Dominic sighs, “You know, it’s too bad my mom had to be just another drunken Indian.” I notice my own internal reaction to this statement, as an Indigenous woman with an understanding of the effects of historical trauma—I want to cringe. However, because I am continually engaging in my own healing and learning more about the collective influences on Indigenous peoples, I’m able to stay grounded and notice Dominic’s internalization of this negative stereotype about Indigenous people. He continues, “But then again, Dad’s White girl isn’t much better.” In what Dominic has shared with me in the two sessions, I hear the tension he is experiencing between his European and Indigenous ancestries. I’m aware of the colonial impacts on Indigenous identity, and through the literature and my personal experience, I understand that Indigenous peoples’ wellness is influenced by cultural continuity, pride, and self-worth (Duran, 2006; Lavalley & Poole, 2009; McCormick, 2009). Therefore, I understand these internalized stereotypes to be part of the confusion and difficulty Dominic is experiencing (Lavalley & Poole, 2009). I also consider how this particular stereotype is likely interacting with Dominic’s concern that he is drinking too much.

At this time, it is important for me to engage with Dominic in consciousness-raising and psychoeducation. This is part of a microlevel, socially just, change process and has been shown to be integral in healing historical trauma and unresolved grief with Indigenous peoples (Brave Heart, 1998b). I first validate the hurt Dominic is expressing over his relationship with his mother and then ask him if he has heard

of historical, intergenerational, or collective trauma. “No,” he says curiously. I then explain these concepts to Dominic and describe aspects of the historical trauma response (HTR), letting him know that it “often includes depression, self-destructive behaviour, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication” (Brave Heart, 2003, p. 7). Dominic’s eyes widen as I speak, and he responds, “Are you kidding me? That’s my family!” Dominic’s response conveys that he feels validated and empowered in learning about these collective influences. He then tells me that his grandparents went to residential school. Dominic says he’s not sure what they experienced there, because his grandfather died when he was very young and his grandmother would never speak of her experiences. Given my understanding of the individual, collective, and intergenerational impacts of residential school, I hypothesize that this has heavily influenced Dominic’s mother, her relationship with Dominic, and his current presenting issues.

For more information on Indian residential schools and their effects, see the Truth and Reconciliation Commission findings, reports, and calls to action (<http://www.trc.ca>).

As we continue our work together, we smudge at the beginning of all our sessions. I convey an all my relations approach that includes land and place and a focus on resistance knowledges, resilience, and strength-based narratives (Turcotte & Schiffer, 2014; Wade, 1995). We explore how the land has helped Indigenous children survive despite genocidal policies and disruptions in family systems. Dominic identifies fond childhood memories of playing outside on his grandparents’ farm and how his connection with the land contributed to his wellness. To this day, he drives out near his grandparents’ old farm to eat lunch or sit for a while and always feels a sense of wellness and reassurance as a result. As part of resistance knowledges, resilience, and strengths-based narratives, I introduce Dominic to Vizenor’s (1999) concept of survivance, “an active sense of presence, the continuance of native stories, not a mere reaction, or a survivable name. Native survivance stories are renunciations of dominance, tragedy and victimry” (p. vii). For example, we explore the resistance knowledges many children used to resist oppression and survive residential school, such as stealing and hiding food and continuing to speak to one another in their languages despite severe punishment if they were caught (Wade, 1995). Dominic notes characteristics within his family that speak to some of the resistance knowledges they’ve used to survive and the resilience they have as a result. Dominic is eager and reflective and begins reading at home books I’ve recommended that further his understanding of his personal, family, community, and societal experiences and help him de-pathologize himself, his mother, and his people. He feels empowered with these knowledges and states that he’s experiencing “a growing fire within.”

As we engage in this work, Dominic's personal, historical, and collective traumas are triggered. Given the limitations and potential dangers of mainstream therapies and the conventional *talking cure* with Indigenous clients (Duran, 2006; Morrissette, 2008; Wendt & Gone, 2011), I take a trauma-informed IFOT approach with Dominic (Herman, 1992; Turcotte & Schiffer, 2014). This involves working primarily through the body and spirit, moving away from the colonized story of the trauma, and drawing on Indigenous knowledges in healing (Turcotte, 2012). This includes working with dreams and Indigenous ways of healing (Deloria, 2006; Duran, 2006), moving away from psycholonization, and drawing on decolonizing and Indigenizing processes. Dominic identifies two particularly strong, common sensations: a tightening of his throat and a "heart-wrenching emptiness" in his stomach.

I personally identify with the tightening of the throat, as I myself notice the same sensation when I am triggered by oppression and colonial violence. For me, this is connected with loss of voice and intergenerational grief related to the colonial theft of language, culture, and Indigenous lifeways among my family and ancestors. Given the prominence of this experience in my own journey, singing and drumming have been at the heart of (re)claiming my own voice. This tightening may be a collective sensation and experience that Dominic and I share as Indigenous peoples living in similar contexts. However, I must hold this hypothesis lightly so as not to impose my personal processes on Dominic, remaining open to the uniqueness of his journey. As we focus on the felt sense of this tightness, Dominic identifies that it is intergenerational—it is the silencing of his ancestors. Specifically, he feels his tight throat as his grandmother's silencing. Through this insight, he begins to understand the pain of the torture, abuse, and cultural-spiritual-linguistic suppression imprisoned inside her since residential school. Dominic connects this to the cultural-spiritual-linguistic suppression he has experienced in his life, as well as his own silence around his personal childhood traumas. Although we share similar experiences of collective silencing, both Dominic and I carry unique stories within our respective bloodlines.

Through using IFOT, Dominic identifies the sensations in his stomach as being attached to both historical grief and loss over what has been stolen from his people through colonization and personal grief and detachment from spirit. Collaboratively, we come to understand this emptiness as the place his spirit would otherwise fill. This may be conceptualized as the soul wound (Duran, 2006), which connects with Dominic's increasing draw toward alcohol, supported by the theory that "the craving for alcohol is the equivalent of a spiritual thirst for wholeness" (Duran, 2006, p. 63). Through an Indigenous lens, Dominic and I see that he is developing an increasingly imbalanced relationship with the spirit of alcohol. His internalized stereotypes of "drunken Indians" subside as he comes to this spiritual understanding. As Dominic does his own work, he develops increasing empathy for his mother and progressively understands his relationship with her. As his empathy increases, so does his patience with her. His interactions with her become healthier, and, as a result, she experiences further healing. In turn, her healing advances Dominic's healing. From an Indigenous all my relations perspective, this is part of the collec-



tive healing that takes place: as we heal individually, all of our relations experience that healing (Turcotte, 2012).

Potential cultural influences are a constant consideration in my work with Dominic. Through our work, consultation through community relationships, and some research, I learn that Saulteaux are Anishinaabe and, thus, closely related to Cree. Many of my cultural mentors are Anishinaabe, so I have learned some traditions and teachings that may fit with Dominic's people. I speak openly with Dominic about this as we continue our work and he becomes more interested in culture and spirituality. We also have a conversation about what it means to be urban Indigenous people and "the resilience, creativity, and complexity of the urban Indigenous presence" (Peters & Anderson, 2013, p. 9). Urban life means that we are likely to encounter cultural and spiritual mentors from diverse nations and, thus, may integrate teachings from multiple cultures. This is particularly salient for me as a Métis person, who does not necessarily have a specific land base, so Dominic and I discuss differences given that he has a known home community where he has relatives. I understand that connection with land and place is an important part of Indigenous wellness (Kirmayer, Tait, & Simpson, 2009). However, Dominic says he doesn't feel ready to return to his home community and is more comfortable connecting with the urban community. I respect Dominic's choice, aware that "Indigeneity survives, adapts, and innovates in modern cities" (Peters & Anderson, 2013, p. 2). Thus, while it may be idealized, a direct relationship with a specific ancestral homeland is not a requirement for Indigenous peoples to thrive (Peters & Anderson, 2013).

We begin to work on strengthening Dominic's relationships in the urban Indigenous community. In order to facilitate this, I must have relationships in this community. Community engagement also helps me connect clients with Indigenous support and healing systems and is an important part of my involvement in social justice action in the community. For me, social action involves working together as a community toward social change, challenging existing structures of power, privilege, and oppression. I am, therefore, actively involved in protests and community forums that raise awareness of Indigenous and environmental issues and call for change. As an urban Indigenous person, community relationships and social action are part of my personal wellness and responsibility to community, as well as part of my continued clinical learning and ability to connect with my clients. For example, through community relationships and participation in traditional practices, I will continue to develop spiritual competence, which is critical in my work with Indigenous clients given the role of spirituality in our wellness (McCabe, 2008; McCormick, 2009). All of this contributes to my own healing as an Indigenous person, allowing me to share that healing with the clients I work with. I am also able to let Dominic know of community protests, forums, and ceremonies that he can attend.

Dominic and I discuss the relationship of his increased community involvement and activism to the "growing fire" he describes experiencing. As we have this conversation, Dominic shares a dream with me, "you know, when I started learning about all of this oppression and injustice, I really started feeling angry. Like I'm talking rage. I didn't tell you, but I went home one night after one of our sessions and, stone cold sober, punched a hole in the wall. So embarrassing. But I couldn't



believe what I was learning. Couldn't believe I hadn't learned a thing about it before! Especially with all my education! Well that night I had a real vivid dream. I'm standin' there just outside the city, looking at it from a bit of a distance. I feel disconnected. Empty. All of a sudden, I hear this real loud thunder. And I feel it. The ground and air are shaking. I feel nervous. Then I turn around, and here's hundreds—no, thousands—of bison stampeding toward me. Like a frickin' sea of bison! I'm kinda thinking, 'Oh shit,' but then suddenly I'm running with them. And I notice I'm a bison myself. And we stampede toward the city. I feel whole. What?!! I didn't know what to think when I woke up. I felt real uncomfortable about it, but I knew it was important. Tried to stuff it away, but it kept comin' back. Now I'm really thinkin' about it. After that dream, any time I've felt angry, I've just felt like I'm running with the bison. It's the fire. It doesn't feel dangerous or violent. I'm with community. We're working together," he smiles at me, "and we're gonna take our land back, ehhehh!"

Dominic and I spend some time honoring and discussing the dream, an important part of working with Indigenous clients (Deloria, 2006; Duran, 2006). I also self-disclose about my relationships with dreams and my animal helpers. Collaborating with Dominic and drawing on my spiritual competence through considering my own experiences and teachings, I understand this dream to be significant. It has brought Dominic transformation and guidance, and he will continue to learn from it in various ways moving forward. Because I am just learning and have a long way to go in my own spiritual understandings and development, I connect Dominic with an Elder I know in the community with whom he can spend more time speaking with and learning about the dream. I let him know the protocols I've been taught in how to approach Elders. Dominic says he is very interested and will approach the Elder soon, when the time feels right. Using an all my relations, land-based IFOT approach (Turcotte & Schiffer, 2014), Dominic and I continue to draw on the spirit of the bison throughout the rest of our work together.

As Dominic finds spirituality increasingly salient and helpful in his journey, he states, "You know, I keep feeling a pull toward the drum. But I have no idea where to begin or how to start." Dominic is the second male client in this organization who has expressed this to me. Considering this alongside what I know from my own research and the literature, I realize that the organization I work for should be providing this resource to our clients. Singing and drumming are an important wellness practice for us. I tell Dominic I'm going to see what I can do, and, from there, I begin initiating a drum group at our agency, through consulting Elders in the community, speaking with my supervisor, and looking for community and financial resources to make this happen. This organizational development is a critical part of socially just change processes with Indigenous peoples. Organizational development involves changes to how and what things are done to foster an environment that marginalized clients experience as empowering, an environment that actively challenges oppressive structures and responds to the cultural needs of client populations (Fellner, 2016). In this context, that involves challenging conventional Western Eurosettler *mental health* practices through providing culturally responsive, holistic care that addresses the heart-spirit-body-mind wellness of our clients (Marsden, 2005).

To be culturally responsive and socially just, organizations that serve Indigenous clients must find ways to provide access to traditional cultural, spiritual, and land-based interventions (Fellner, 2016; Marsden, 2005). Taking this further, ceremony can be written into organizational policy to ensure that it is implemented and follows necessary protocols. This mesolevel intervention, based on client needs, has been a large part of my work during my current internship. I have helped coordinate sweat lodges, pipe ceremonies, talking circles, a drum group, traditional medicine growing and making workshops, and IFOT training to enhance culturally responsive psychotherapy, with more culturally based interventions to come.

In my work with Dominic, this organizational development responds to his voice, contributing to his cultural empowerment and counteracting the silencing he has experienced both personally and intergenerationally. These changes contribute to further collective healing within the community and the organization. For me as an Indigenous employee, this contributes to a decolonizing and Indigenizing workplace that I also experience as healing. From an Indigenous relational worldview, I acknowledge the positive impact of my healing experience in the workplace on my work with my clients. These processes are reciprocally nurturing, restoring a circle of healing and wellness.

As Dominic participates in ceremony and engages in culture and spirituality personally, within the organization, and in the wider community, he reports feeling more “full.” He says that he rarely feels that “heart-wrenching emptiness,” although it does come back at times. Dominic continues to notice his throat tightening when he feels oppressed or silenced, but this is now scarce and less severe, as he increasingly learns and embodies his teachings and engages in activism in the community. He is still abstaining from alcohol, and says he finds this “easy,” because he regularly participates in ceremony and is being mentored by Elders and spiritual leaders. Dominic is continuing to work on his relationship with his mother, drawing on the strength of the bison to help him when he feels triggered. His strength and commitment remind me to stay committed and strong in my own growth process. He is a good teacher.

## **Closing: Learning, Reflecting, and Acting**

I look at my watch; it’s half past the hour. This is the fourth consecutive session that Dominic has missed. I decide to take him out of my regular schedule. I smile to myself, because I know that the last time I saw Dominic he was in good spirits and feeling strong. He acknowledged he still had a long way to go, but we discussed “that’s life.” I shared with him an Indigenous understanding of growth and healing as circular rather than linear. We are never finished healing and learning. Life will always bring new challenges our way, and we need to constantly balance and rebalance, process and reprocess, and learn and relearn, drawing on prior teachings to help us.

So this example of ceremony doesn’t have a nice tidy closing, but you never know how ceremony is going to go. Dominic felt finished for now; he didn’t need to

come back. And should he want to see me again one day, he knows where to find me (although, inevitably, I'll see him in the community anyway). I put out an offering to acknowledge the work that we've done together and send prayers out for Dominic and his family. I've learned a lot through my work with Dominic. I reflect on this learning, and I carry these teachings with me. They will become part of the medicine that I bring into my next session with my next client. They will become part of the medicine I bring into the organization I work for and to the social action I engage in. They have become part of my personal medicine bundle.

## Summary and Conclusion

Therapy as ceremony is just one perspective among many that we can draw on to conceptualize decolonizing and Indigenizing our practice with Indigenous clients. Through humbling ourselves, entering the therapeutic process as learners, and establishing a decolonizing therapeutic relationship, we become open to understanding how we can best serve our Indigenous clients. Our preparations help us to create a sacred relational space that has the potential to nurture both our clients' and our own growth and healing. Honoring this process enables it to become part of the medicine bundle that we bring with us into the next ceremony, ultimately contributing to collective growth and healing with our clients on micro-, meso-, and macrolevels.

### Questions for Reflection or Discussion

1. Why is decolonizing and Indigenizing our practice important in our work with Indigenous clients?
2. Identify the theory(ies) and approach(es) of counselling you align with most closely at this point in time. In what ways might these be both helpful and harmful with Indigenous clients? How can you work in a culturally responsive manner from these approaches?
3. Considering your personal self-location, how can you integrate Indigenous approaches to healing and wellness into your practice without appropriating or misusing them?
4. What themes of survivance, in keeping with Vizenor's (1999) explanation of this term presented earlier in this chapter, are present throughout Dominic's personal and ancestral story? How might you draw upon these strengths if you worked with him?
5. How will you strengthen your understanding of Indigenous values, attitudes, and beliefs moving forward? Include practical ways that you will work toward this.
6. List some similarities and differences between the Indigenous conceptualization presented in this chapter and a Euro-Western theoretical conceptualization of Dominic's case. What are the potential implications of these similarities and differences?

## Learning Activities

### 1. Who Are You? Part I

Preparing for our work with Indigenous clients begins with self-location. One way to start this is through a cultural self-assessment (Hays, 2008). Using the ADDRESSING framework, write down the influences salient to you in each of the following categories:

- Age and generational influences
- Developmental disability/disability acquired later in life
- Religion and spiritual orientation
- Ethnic and racial identity
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
- National origin
- Gender

Place an asterisk beside those categories in which you have privilege. For example, if you are between 30 and 60 years of age, put a star next to \*Age and generational influences. If you do not have a disability (i.e., if you are a member of the nondisabled majority), put a star next to \*Developmental disabilities/\*Disabilities acquired later in life. If you grew up in a secular or Christian home, put a star next to \*Religion and spiritual orientation. Continue down the list, starring \*Ethnic and racial identity if you are of European American [or Canadian] heritage, \*Socioeconomic status if you were brought up in a middle- or upper-class family or are currently of middle- or upper-class status, \*Sexual orientation if you are heterosexual, \*Indigenous heritage if you have no Indigenous heritage, \*National origin if you live in the country in which you were born and grew up, and \*Gender if you are male (Hays, 2008, p. 45).

Take some time to reflect on how these areas of privilege and/or oppression impact your values, attitudes, and beliefs and how they might impact your work with Dominic. To help you in this, you may want to fill out the ADDRESSING framework with the information you know about Dominic and consider your multiple intersecting identities. Notice any feelings and reactions you have as you complete the exercise. Contemplate how you can remain mindful of these identities and their implications in your work with Indigenous clients.

### 2. Who Are You? Part II

Expanding on the first activity, draw, paint, write, act out, or otherwise express your ancestral stories. Think of this as a narrative family tree or a journey that helps you understand who you are in relation to your predecessors. To the best of your knowledge, include where your ancestors come from, on both sides of your family, and when and why, when applicable. This may require some research within your family. Online resources are also helpful. As you illustrate your ancestral story, include salient events and experiences in your family. For some (e.g., certain adoptees), learning ancestral stories may be very difficult or impossible. This information is

just as important. Complete the activity to the best of your ability, including any disruptions or disconnections as part of that story.

Reflect on how your ancestral stories influence who you are today. What intergenerational influences exist in your life? How can you learn more about these influences in your life? Have you visited the places your ancestors are from? What is your sense of place in various locations, considering your ancestral stories? Think about how your ancestral stories relate to what you know about Dominic's ancestral stories and the overall importance of this understanding in your work with Indigenous clients. Consider the influences of some of ancestral stories of the Indigenous people(s) on whose land you currently live.

### **3. Where Are You?**

Continuing in self-location, it is essential to understand whose land you are on. Research which traditional First Nation(s) are of the land on which you are currently living. Use the First Nations Maps posted by the Indigenous circle of the Canadian Counselling and Psychotherapy Association as a starting place. If there is more than one nation, choose one, and, using credible resources, investigate the historical experiences of those particular people. For example, were they relocated from their traditional territories to a reserve? What lifeways did they follow before colonization (e.g., nomadic, agricultural, hunter gatherer), and how were these ways impacted by colonization? What wars or massacres did this nation experience, if any? What residential schools were the children of this nation sent to and when? How are the people of this nation living today (e.g., strengths and issues in this community)? Learn what you can about these historical and collective traumas and influences. Consider how these stories impact the people of that place today. Drawing on learning activities 1 and 2, reflect on your own location within the colonial relationship on that land. How does the colonization of this territory benefit and/or harm you, considering your multiple intersecting identities? How can you incorporate this knowledge in your own process of decolonizing? How will this understanding influence your practice with Indigenous clients from that place? Readers are referred to *Unsettling the Settler Within* (Regan, 2010) to assist in this process.

### **4. Engaging, Learning, and Growing**

In decolonizing and Indigenizing our practice, it is important to engage with Indigenous peoples and our cultures, traditions, and practices. Find a way to connect respectfully with the Indigenous community where you live, for example, through community events, an Indigenous student center at your school, or through your local Aboriginal Friendship Centre. This may involve attending a talk, speaking with an Elder, going to a powwow, or participating in a march or protest. Approach the activity embodying the *Seven Grandfather Teachings* of wisdom, respect, honesty, love, courage, humility, and truth as much as possible (Wesley-Esquimaux & Snowball, 2010) and remaining open to learning and growth. Afterward, reflect on what you have learned and its importance in your own decolonizing and Indigenizing process. How will this experience inform your community engagement in the future? How will it inform your practice with Indigenous clients?

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# Chapter 9

## Intersections of Gender and Refugee Experience: Through Azra's Eyes



Ivana Đurašković

### Introduction

My journey began in Sarajevo, Bosnia, in April 1995 when I was just a teenager. Within mere months, everything that I knew ceased to exist. The raging civil war ravaged the country, and my family and I lost everything we had. We lost our material belongings, but more importantly, we lost our family connections, our friends, and our country; simply put, we lost our whole way of life.

At the age of 15, I became an internally displaced refugee. My life changed profoundly as I replaced the comfort of my home with a small room that I shared with my mother and brother. My father stayed behind to protect our home, and we were not reunited until almost 2 years after our departure from Sarajevo. After 4 years of uncertainty and extreme poverty, we applied to seek asylum in Canada. We were approved, and we once again left everything we had to embark on the biggest journey of our lives.

Many years have passed since I left my home. Since then, I have immersed myself in the journeys of many refugees, and concern for refugees and their experiences has become a central theme in my academic and professional careers. Working as a registered psychologist in Calgary has allowed me to contact with individuals from many diverse life experiences. Their complex and unique life narratives continue to challenge all of the corners of my mind. They also remind me never to forget my own experience and encourage me to continue to help refugees to create their preferred lives in Canada. The story of Azra, captured in this chapter, is an amalgamation of my work with refugees. Azra represents all the refugees I have

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worked with and the struggles they have experienced. I hope she will help you to broaden your horizons and that she sparks your curiosity.

Today, the world represents a battlefield between people of diverse nationalistic groups and different political regimes, where the fight is often over access to natural resources. As a result, many women are forced to flee their countries due to the increased persecution, violence, and torture that often attend civil conflicts. Many of these women require counselling to address the psychological impact of their refugee experiences.

Asylum countries all over the world resettle approximately 100,000 refugees each year (United Nations High Commissioner for Refugees, 2016). Of that number, Canada accepts more than 10,000 refugees annually (Citizenship and Immigration Canada, 2016). In light of the most recent migrant crisis, which saw a huge influx into Europe of refugees from Syria, Canada has welcomed almost 30,000 Syrian refugees since late 2015, and others continue to arrive (Chung Yan & Anucha, 2017; Citizenship and Immigration Canada, 2016).

*Refugees* are distinguished from *voluntary immigrants* by the nature of their flight (Anderson, Hamilton, Moore, Loewen, & Frater-Mathieson, 2004). While voluntary immigrants are *pulled* towards the resettlement country for better life opportunities, refugees are *pushed out* of their countries of origin against their will (Kunz, 1973). Contrasting perspectives in the literature challenge a unified definition of *resettlement*. In general, resettlement refers to the processes of acclimatization and early adaptation (Gray & Elliot, 2001). Resettlement has also been defined as the process during which refugees focus on meeting their basic needs, an attempt to use their existing skills to negotiate their new environment, and establish physical and psychological safety (Anonymous, 2016; Bemak & Chung, 2002, 2017). The term encapsulates the negotiation process between refugees and the receiving country, during which refugees become aware of the new environment and learn to locate and utilize the social supports necessary for successful adaptation (Simich, 2003). Within the counselling literature, adaptation in relation to refugees also has multiple meanings. Berry (1997, 2005, 2006) defines *adaptation* as the relatively stable changes that occur in an individual or group in response to demands of both intrapersonal and external environments. Adaptation is a complex and multifaceted process for refugees that changes as the interaction between refugees and receiving countries evolves (Arthur, Merali, & Djuraskovic, 2010). In this chapter, *adaptation* is regarded as the complex and ongoing process that continuously evolves over time and is historically and contextually dependant (Arthur et al., 2010; Navas, Sánchez, Pumares, & Fernández, 2005). *Acculturation* is defined as a cultural change provoked by the clash of two or more autonomous cultural systems (Social Sciences Research Council Summer Seminar on Acculturation, 1954). It has also been described as a form of adaptation during which refugees and immigrants distance themselves from their cultural group and take steps to integrate in the receiving culture (Berry, 2001). *Culture shock* is defined as the process of adjustment and adaptation that individuals experience as a result of cross-cultural transitions, char-

acterized by both physical and psychological responses to stress (Bochner, 2003; Ward, Bochner, & Furnham, 2001).

As Canada welcomes greater numbers of refugees, the importance of recognizing the constraints of traditional counselling approaches is critical to deconstructing barriers to culturally responsive services for refugee women. Within the current landscape of refugee counselling, very little is known about refugee women's counselling needs, as conceptualized from refugee women's own perspectives. To address refugee women's needs effectively, counsellors must begin with a focus on what has been identified in the counselling literature as common therapeutic factors: client factors, counsellor factors, and relationship factors (Miller, Duncan, & Hubble, 1997; Wampold, 2015). Counsellors must be prepared to engage in cultural dialogues with refugee women, to highlight important client factors that lead to therapeutic change, and to build strong working alliances with their clients. Counsellors also need to pay attention to *cultural identity*. *Cultural identity* has been defined as a "dynamic, multidimensional construct that refers to one's identity or sense of self as a member of an ethnic group" (Phinney, 2002, p. 63). Cultural identity has also been described as a process that evolves over time, influenced by individuals, experiences, actions, and choices (Phinney & Ong, 2007). The term *identity reconstruction* is best understood as the process during which refugees undergo a unique and ongoing review of self in relation to multiple contexts (Djuraskovic & Arthur, 2009). Counsellors should be prepared to treat refugee women's experiences as unique and to pay increased attention to the intersection of identities bounded by country, culture, and particularly gender. Additionally, while paying attention to refugee mental health concerns, it is also important to focus on refugee resilience and protective factors (Gkionakis, 2016).

The woman described in this chapter, Azra, was one of the lucky refugees who was granted asylum in Canada. However, immediately upon her arrival, Azra began experiencing multiple challenges related to her pre-, trans-, and post-migration process. After trying unsuccessfully to resolve these on her own, she found her way to my counselling office at the suggestion of her friend. Below is her story, as well as the description of her presenting concerns, and a discussion of her counselling journey as conceptualized through a culture-infused counselling (CIC; Collins & Arthur, 2010a, 2010b) lens and specifically the revised CIC framework outlined in Chap. 2.

## Azra's Story

Azra is a tiny, 45-year-old Bosnian woman, who arrived in Canada as a government-sponsored refugee in 1997. Azra is her family's lone survivor of the civil war in Bosnia. Her mother, father, and brother were arrested by the local police at the beginning of the war and have been missing ever since. They are presumed to be dead. Azra was forced to leave her house by the local authorities and to move to a small

hotel room in a nearby town. She remained there until she was approved for immigration to Canada. She was brutally beaten by soldiers several times during the war. She acquired numerous fractures to her arms, legs, and skull during those beatings. She has never told anyone about her trauma. Although Azra never disclosed it in our sessions, there is a strong possibility that these soldiers also sexually assaulted her.

Recently, Azra has experienced struggles with panic attacks, recurring memories of the beatings she experienced, and mistrust for individuals perceived to be in the position of the authority. She has also developed a unique and culturally embedded storytelling about her trauma. She told her friends that a big green dragon came to her hometown, stole her family members, and locked them in a faraway castle in the mountains. She also told her friends that the dragon's generals would come to beat her at night because they believed she was the keeper of the town's secrets. One of her friends was concerned that Azra might be having a psychotic episode and so urged her to attend counselling.

## Counselling Process

When I started working with Azra, I focused on deconstructing her presenting concerns (Al-Roubaiy, Owen-Pugh, & Wheeler, 2013). Deconstruction helps clients consider alternative narratives related to their problems (Boston, 2005). This approach required me to include CIC competence in all aspects of the therapeutic process. I was aware that Azra and I shared some commonalities in our cultural identities and refugee experiences. For that reason, I was careful not to apply my own lens to her experience of war, loss of family, trauma, nor to her subsequent resettlement in Canada. Before we began the second session, I wanted to fully understand Azra's post-resettlement experiences and the personal, social, and systemic issues she is facing in Canada. I suspected that she sought counselling help as a last resort, but I was curious about her thoughts. As we started our conversation, I noticed that Azra presented as an anxious, guarded, almost hostile individual. I wanted to respect her mixed, but largely negative, feelings about counselling, and I chose to understand these as Azra's attempt to negotiate any preconceived notion about counselling she had. I also wondered what I would have done if I was in her shoes. It seemed quite difficult for Azra to engage in a detailed re-examination of her world views, values, and beliefs related to counselling and to her overall adaptation to Canada. Sometimes, I was frustrated with how Azra told her story because it was too choppy, almost aggressive. Nevertheless, I understood her unfamiliarity with Western counselling concepts, her fear of stigma, and her potential lack of insight into her own psychological struggles. As a counsellor, it helped me to empathize with Azra by asking myself "What would be going on for me if I were in Azra's shoes?" I suspected that Azra's difficulties in talking about her issues were a result of her vulnerability, ambivalence about change, and uncertainty about her future (Kallivayalil, 2013). It was imperative for me to understand Azra's views of

therapy and to understand how they differed from mine. Azra liked that I inquired about her understanding of counselling, and I sensed that her approval of my questions came from her own desire to learn more about this strange way of talking with people called counselling.

CIC requires that I be culturally competent in my work with refugees. Although I already had experience working with refugees when I began working with Azra, I felt somewhat vulnerable myself. Perhaps my vulnerability came from my own refugee experience or realization that, no matter how much I knew about working with refugees, I still had to increase my awareness of my own attitudes while considering Azra's world view. King and Cheung (2017) point out that counsellors need to become critically reflexive and examine their own world views, values, attitudes, power, and privilege. Increasing self-awareness was not an easy process, neither for Azra nor for me, but it resulted in a conscious negotiation of our cultural differences, development of mutual cultural empathy, and incorporation of new meanings into our overall experience (Tribe, 2002). As our sessions progressed, Azra began trusting me more, and she started seeing me as a source of support. To her, I became another woman who could understand her and her life. Telling my stories of counselling, past experiences of being a refugee, and experiences of being a woman in Canada initiated Azra's storytelling. I was always careful not to interrupt Azra's narrative, to listen, and to inquire carefully about her experiences. Azra, in turn, taught me about a remote Bosnian village and how different village culture was from what I experienced when I lived in the Bosnian capital, Sarajevo. I was surprised at how little I knew about Bosnia outside of my own little box and at how the political situation affected each Bosnian differently, based on geographical, cognitive, and personal differences.

As we conversed about our cultures and Azra's issues, it became apparent that she was feeling a bit more comfortable in my office and that the counselling process was a constructive endeavour that promoted positive changes and favourable adaptation outcomes. To Azra, our conversations were "a mirror into the real world", as she would often say. I truly believe that, as we got to know each other, we began observing each other through a holistic culture-infused lens. In other words, we were not only a counsellor-client team but also Bosnian women, international refugees, and human beings. We had found common denominators for our therapeutic relationship.

My work with Azra required me to consider a counselling approach that would allow me to take both her individual needs and her collective worldview and values into account. Often, our conversations involved difficult examinations of our complex psychological, historical, social, and cultural contexts. I remained cognizant I was the counsellor, and I had to choose carefully how best to approach our conversations. That meant being open to sharing my own experiences, but not being too generous with them. I must be honest and say that there were times when Azra challenged my personal world views. Yet, I continued conversing with her because our disagreements and challenges became a vehicle to help Azra negotiate novel conditions in new environments and to remain open to new cultural learnings.

I especially paid attention to Azra's and my *cultural sensitivity*. *Cultural sensitivity* is defined as a process of "employing one's knowledge, consideration, understanding, respect, and tailoring after realizing awareness of self and others and encountering a diverse group or individual. Cultural sensitivity results in effective interventions, and satisfaction" (Foronda, 2008, p. 210). Knowing that she could speak up in our sessions gave Azra new motivation for change. Her feedback to me was often related to how safe and supported she felt and to how she was noticing that therapy was positively influencing her attitudes towards life (Lee, 2013) and improving her acculturative abilities.

In the next section, I offer several more detailed examples of how I worked with Azra and how I connected my work to CIC (Collins & Arthur, 2010a, 2010b) and the revised CIC framework outlined in Chap. 2. I would like to note that, although there are general ways in which counsellors can approach their work with refugees, it is important to remember that each individual encounter is unique, and therefore, requires a personalized counselling approach.

### ***Domains I and II: Salience and Critical Analysis of Client and Counsellor Cultural Identities and Social Locations***

During our first session, Azra was visibly nervous. She was shifting in her chair frequently, and she was not able to maintain eye contact with me. I explained informed consent to her and, after she agreed to counselling, I focused on developing a good rapport and helping her to feel more comfortable. The following is an excerpt from our conversation:

Ivana: *Welcome, Azra. How can I best support you today?*

Azra: *Hello . . . hmmm . . . I don't really know. I don't really want to be here. I am only here because I promised my friend I would come.*

Ivana: *Oh ok . . . I am curious . . . what made your friend ask you to come to counselling?*

Azra: *Well . . . I have been having bad memories of a big village dragon and having big anxiety . . . anyway, I don't want to talk about it. You don't know me; you are a stranger. I don't want to be here.*

Ivana: *I understand. It is quite ok to feel that way. Have you ever been to counselling before?*

Azra: *No. Back home nobody went to counselling. I am not crazy. I don't even know how this [counselling] can help.*

Ivana: *Would it be helpful to tell you a little bit about counselling and how it can be helpful? And after, maybe you can tell me a little about you so that I can understand your story better.*

Azra: *I think it would be helpful to know a bit more about counselling.*



As I listen to Azra, I am reminded of many refugees with whom I have worked who struggled with the idea that counselling could be helpful. Refugee clients often come from countries where counselling is reserved only for “the crazy ones”. Offering some psychoeducation about counselling and inviting clients to talk about themselves rather than their presenting concerns is a good place to start engaging such clients in therapy. As I discuss counselling with Azra, she tells me how difficult it is for her to find the balance between her cultural worldview and her experiences within Canadian culture. She tells me that she does not want to live in Canada, and she does not want to have any Canadian friends. She has a few Bosnian friends, but she does not see them too often. I reflect on Azra's experience and remember my few first days in Canada. Although I think it would be therapeutic for Azra for me to disclose my experiences, I suspect it may be too early to do so. I decide to continue listening. Azra tells me that she is not religious or spiritual. “Religion caused the war in my country”, she states, and she continues to tell me that she believes in dragons, fairies, and dragon's generals because she saw them with her own eyes. The following is the excerpt from our discussion about dragons:

Azra: *My grandmother always told me about the time when dragons and fairies walked the Earth. When I was little, I imagined they were good, and they looked pretty, and had clothes of rainbow colours.*

Ivana: *Wow! You must have liked your grandmother's stories!*

Azra: *Yeah . . . I did. But then . . . well then, I saw the real dragon and his generals. They burnt my village . . . and they were very mean. They are also after me because I am the keeper of the town's secrets . . . you know because I am the only one that escaped. I don't want to talk about it.*

Ivana: *It's ok. We don't have to. We can talk about something else. Maybe we could talk about how you felt when you first arrived in Canada. Is that ok?*

Azra: *Yeah, I think so.*

I suspect that it is too early to discuss any kind of trauma that Azra might have experienced. I also do not want to probe into the dragon story because I want Azra to trust me. However, I think that talking about Canada with Azra may open doors into deeper storytelling about what happened to her. Azra tells me that it was difficult for her when she first arrived because she had to stay in a resettlement shelter alone. She did not know how to speak English, and she could not communicate with anyone. She could not sleep at night, and she tells me that she would sing to herself to feel better. She also tells me that it was not common for women in her village to travel anywhere alone and that she felt really out of place in the refugee shelter. As I listen to Azra's story, I remember my own experience of staying in a refugee shelter. Indeed, it is a scary place because it is so unfamiliar. I share with Azra that I was a refugee once myself and that I, too, have experienced pain and confusion about resettlement similar to hers. The purpose of my self-disclosure is to offer Azra a different perspective through which she might understand there are many other ref-

ugees and she is not alone in her experience. She smiles and says: “I would never have guessed that you were once a refugee. Thank you for telling me”. I ask Azra about how she spends her time now that she is no longer living in a refugee shelter. With tears in her eyes, she tells me that she is not working, she barely has any friends, and the studio apartment she is renting is “mouldy and horrible” but it is all she can afford. There is a growing agreement in literature that unemployment and changes in the economic status contribute to mental health concerns of refugees (Bruhn, Rees, Mohsin, Silove, & Carlsson, 2018). Azra says she spends most of her time in her apartment listening to Bosnian music and cooking traditional Bosnian food because that helps her connect with her home. She dreams of going home one day and “freeing her family from the dragon”. As our sessions progress, I notice that Azra responds well to gentle reflections, my nondirective stance, and my openness to sharing some of my refugee experiences in order to validate hers. I listen to my gut feelings and continue to probe into her story using these skills and gently asking her to tell me more about the “dragon that captured her family”. My hope is that if I use more of Azra’s language and descriptions, I will be able to understand her presenting concerns better.

Ivana: *Azra, I am really curious about this dragon that captured your family. It seems that it has taken away everything you cared for. I wonder if you are comfortable telling me more about it?*

Azra: *I guess so. You know people think I am crazy, but I am not. I know what happened in my village. I know . . . but it hurts less when I pretend that the war did not happen and when I imagine that I can rescue my family from the dragon. What happened in my village is THE secret that dragon wants me captured for!!! Do you think you could understand what I am telling you?*

Ivana: *I think I can. You are not comfortable talking about the war and the soldiers that hurt you, but you are somewhat ok talking about the dragon?*

Azra: *Yes!!! I know what happened is real and everything, but I don’t want to forget my family and my home. I want to rescue them from the dragon, and I think I would feel better if I found them. I am so afraid of being here. This place is so strange. And I am afraid to talk to strangers about my pain.*

Ivana: *I know. It is a difficult place to be in. What would make it easier to talk to me?*

Azra: *I don’t know. I like your questions. They are about my story. It looks like you are real, and you want to help. I also want to talk to someone, and put my family on the list of missing persons. Do you know how I can do that? My family has been missing for years now, but nobody called and told me they are dead yet. There is still hope, I know.*

Ivana: *I am glad you feel that way. I hope that you and I will share more stories. I will look into who can help you with the list of missing persons.*

## Azra's Presenting Concerns

As I listen to Azra, I am reminded of other refugees who bring to counselling the stories of personal, cultural, political, and social struggles that influence their resettlement and subsequent adjustment. Azra's presenting concerns are plentiful and include numerous losses, forced exile, trauma, disruption of her familiar life, uprooting, and marginalization. Azra's story tells me that she is struggling with acculturation and adaptation to Canadian ways of living, as well as unresolved premigration trauma.

As I invite Azra to talk more about the dragon, I realize that it might be helpful if we deconstructed Azra's presenting concerns and perhaps divided them into separate groups. I suggest that to Azra, and I ask her if it would be ok to place the groups on the whiteboard. She gets excited, agrees, and says the whiteboard reminds her of fun days in school. I use the groups of presenting concerns from my dissertation research (Djuraskovic, 2014) to guide Azra and I in co-construction of her narrative. Together we agree that Azra is experiencing problems in four different areas: (a) forced exile (Azra was pushed out of her home and forced to seek asylum elsewhere), (b) trauma and torture (Azra has experienced trauma, and possibly torture, prior to immigrating to Canada), (c) acculturation (Azra is experiencing significant acculturative stress and acculturation challenges since her arrival in Canada), and (d) intersecting identities (Azra is struggling with balancing identity challenges arising from trying to balance the Canadian and Bosnian cultures). For additional details related to these presenting concerns, please refer to Table 9.1.

As we talk further about Azra's presenting concerns, I conclude and share with Azra that all her experiences are influenced by intersecting personal and social world views, as well as by broader sociocultural contexts, and how she is positioned within them. She agrees and says that it would be important to talk about her vulnerability, previous traumatic experiences, and her experience of a lack of meaning related to her adjustment to resettlement in Canada.

**Table 9.1** Overview of refugees' common presenting concerns

Forced exile	Trauma and torture	Acculturation	Intersecting identities
Forced departure due to war, political instability, or some other disaster	Extended confinement, isolation, and/or physical mutilation	Struggles to choose appropriate acculturation strategies	Multiple losses and identity confusion
Transitory environments including refugee camps, detention centres, and other unfamiliar environments	Slave labour and starvation	Issues with refugees' attitudes, motivations, skills, and values	Cultural identity reconstruction
<i>Push/pull</i> factors	Beatings and rapes	Lack of openness of the receiving culture	Loss of occupational status, family connections, and sense of belonging to a particular culture
Dissimilarity of living environments (country of origin and resettlement country)	Threats and mock executions	Challenges negotiating equilibrium between the two cultures	Differences in interpretations of one's world
	Systematic physical, psychological, and sexual violence and exploitation	Occupational and career struggles	

*Note.* Summarized from Bemak, Chung, and Pedersen (2003), Berry (2006), Collins (2010), Djuraskovic (2014), Djuraskovic and Arthur (2009), Kunz (1981), Mollica and Caspi-Yavin (1991), Turković, Hovens, and Gregurek (2004), Wilson (2004)

### **Reflection on Counsellor Factors**

I stress the importance of recognizing personal and professional factors that may contribute to clients' positive perceptions of therapy, particularly my ways of being with them. Throughout my work with Azra, I focused on being open-minded, nurturing, and supportive of the collaborative goal setting process. I also focused on my professional experience, being nonprescriptive, and remaining curious about Azra's story. It was important for me to be genuine, and I giggled every time Azra told me: "You are soooooo real, Dr. Ivana, that I am afraid to admit it". I often elicited Azra's feedback because I believe that a therapist's personal characteristics and how the client perceives them have a special significance; this synergy can break down perceived cultural barriers and contribute to useful therapeutic dialogue. Azra and I always talked openly about our cultures, immigration, resettlement, about women, and other relevant topics. However, I remained mindful of adhering to ethical principles and only self-disclosed when such disclosure was beneficial for Azra, not for my own benefit. In our work, our cultures became starting points from which all subsequent narratives were created.

It was important for me to express my curiosity about Azra's experiences. In our initial sessions, my not-knowing stance pushed Azra to examine her own motivation for therapy. Additionally, this allowed both of us to recognize our own humanness. We talked about everything from the meaning of gender in different cultures and attachment to female counsellors to the overall sense of what it means to be a woman in the world. We discovered ways that we were similar and ways that we were different, in the end agreeing that we both belonged to a larger community that we called "the women of the world".

A word of advice that I have for counsellors is when in doubt, always go to basics!!! When I began working with Azra, expressing my insight about her cultural identities and circumstances strengthened our shaky connection. As I welcomed her narrative openly in our sessions, she began challenging personal and systemic barriers around her. Connecting to Azra as a human being while maintaining professional values allowed both of us to trust the counselling process more and to proceed to create a strong, culturally sensitive working alliance.

### ***Domain III: Building a Culturally Responsive and Socially Just Working Alliance***

As I continue working with Azra in subsequent sessions, I am encouraged to consider Azra's and my culture as central components within our lived experiences. In my conversations with Azra, I begin to recognize, and to share with her, multiple personal, social, and systemic influences that affect our work together. When considering Azra's narrative, I reflect on CIC competence.

I turn my focus to Azra's unique, multifaceted, and personal experiences. I pay more attention to her dragon story, to the ways she managed to handle the abuse

from the soldiers, and to the ways she coped and survived her traumatic circumstances. As Azra talks, I remain sensitive to the intrapersonal, interpersonal, and systemic obstacles that she faces in her daily life. The following is an example of how Azra and I worked on building a stronger therapeutic alliance:

Ivana: *Azra, I am curious about how you are doing in therapy. What kind of feedback do you have for me?*

Azra: *Hmmmm . . . well I think I am doing ok with you. I mean I like talking to you and you seem to understand me. But I have a hard time doing things when I am not here.*

Ivana: *You struggle outside of sessions? Ok . . . tell me more about the struggles you are facing.*

Azra: *Well . . . I really don't understand this culture here. Life is too fast, and people talk fast, and I cannot understand them. Women here are more free to do what they want, and sometimes they wear very short skirts or look like men in suits . . . like you . . . you wear suits all the time I come to counselling.*

Ivana: *Hmm . . . hmm. Tell me what else is different between our cultures?*

Azra: *Well . . . I guess most people are too busy, but there are people like you that are willing to help. And when you talk to me, I feel like a human being. You never judge me for wearing different kind of clothes, and you don't make fun of me for being a woman.*

Ivana: *I find your stories about the women of Bosnia interesting, and you are teaching me about our culture. That is very cool. It helps me understand you more and to work better with you.*

Azra: *Yeah. I think I trust you, and you tell me things about Canada that I did not know about. That helps put me at ease.*

While I work with Azra, I find it is really important to allow her time and space to tell her stories. For me, to be an effective, culture-infused counsellor with Azra, I must work hard on establishing and maintaining our culturally sensitive working alliance. Azra tells me that she feels more comfortable and safer in our sessions. I guess that her comfort and sense of safety is coming from our rapport building, which enhances our communication about her struggles, values, cultural perspectives, and life experiences. In our sessions, I place emphasis on building trust, and I choose not to challenge Azra's thoughts and behaviours early on in our counselling. I find it more beneficial to focus on creating a respectful interaction between us and on our co-construction of meaning. As I work with Azra, I constantly remind myself to be fully present because some of her experiences are difficult to hear. I always remain aware of my own refugee experience and how it might be triggering me. I frequently reflect on Azra's narrative, not only to make sure I understand her properly but also to inspire her to share her experiences openly. In turn, Azra tells me she feels empowered and heard. I suspect that our therapeutic relationship is being successful because of the feedback that Azra shares with me about how she values the mutual understanding, empathy, and sharing of ideas that take place in our sessions. I also notice that Azra is beginning to share narratives of courage and strength and that her responses to struggles are solution-oriented and no longer problem-saturated.

When Azra cannot understand therapeutic concepts, I offer her psychoeducation. I avoid the preaching approach, and instead, I always ask her: “Would it be of benefit to you if I explained how using this strategy might help?” Azra always laughs and says: “Dr. Ivana, your explanations make everything simple”. I laugh with her and often communicate that women are much simpler than they would like to believe. When Azra is attentive to educational aspects of therapy, she reports that she uses strategies she learned in therapy in her daily life. For example, she reports using mindfulness and relaxation to reduce her anxiety. She also uses distress tolerance skills to deal with intrusive traumatic memories and feelings. The strategy that she loves the most is externalizing her problems. She does not have a specific name for each problem. Instead, she calls all of her problems “the green dragon”.

As I reflect on our work together, I must say that the therapeutic skills that enhanced the working alliance between Azra and I were often basic counselling skills such as active listening, validation, asking purposeful questions, and demonstrating empathy. Additionally, I attended to Azra’s story as she narrated it at her own pace, as well as validating and normalizing her experiences of struggle in an empathic atmosphere. I remember one instance when Azra was angry with her doctor for telling her that she might be psychotic, because she believed in dragons. I reflected on her experience and said, “Well nobody understands the dragon like we do. Your responses seem quite appropriate given what you have gone through. Would it be helpful if, with your permission, I provided your doctor with some details about our therapy to help him understand you more?” She replied, “Damn right it would. I thought you would never suggest it!” Such open conversations help Azra challenge the disempowerment that she feels. Additionally, they help me understand (a) how her cultural identity reconstruction process is changing, (b) how we can better collaborate on counselling goals and tasks, and (c) how we can promote social justice.

I recognize that Azra’s and my openness to challenging misunderstandings, world views, stereotypes, and prejudices contribute to building an effective working alliance. Over time, it seems that we are becoming a cultural team. Azra’s openness to engaging in therapeutic discourse reduces cultural distances between us, creates new possibilities for conversation, and recognizes therapeutic interaction as a core therapeutic factor, which is necessary for meaningful therapeutic change (Duncan, Miller, & Sparks, 2004). Within a therapeutic relationship, counsellor represents “a conversational artist – an architect of the dialogical process – whose expertise is in the arena of creating space for and facilitating a dialogical conversation” (Anderson & Goolishian, 1992, p. 27).

#### ***Domain IV: Culturally Responsive and Socially Just Change Processes***

As I continue to work with Azra, I cannot help but think that having an effective culture-infused counsellor increases positive client outcomes. I wonder if my influence is as positive as I would like to think. I wonder whether my own refugee experience is leading me in the direction of cheerleading rather than influencing Azra’s

change. Am I telling her things that she is not able to comprehend? Am I aware of how her story triggers me? Have I resolved issues with my refugee identity? These questions inform me that I, too, still struggle with what now seems almost a lifetime of cultural struggles. It is only through detailed and honest reflection that I move away from my own self into considering Azra's capacity for change.

To create a CIC atmosphere, I encourage Azra to express her emotions freely, to re-create the meaning of her experiences through storytelling, and to create the change she desires by taking small steps in life. I also encourage her to narrate her story of the green dragon and how it affects her life. At the same time, I encourage myself to accept Azra's theory of change and to honour her counselling process. Azra's theory of change is embedded in her grief for the family and country she lost. It is also embedded in a belief that storytelling about mythical creatures is an important way to change oneself. So towards the end of our counselling work, the story of the big green dragon and his generals becomes central to the counselling process.

As I continue to listen to Azra's story about the dragon and his generals and the horrific things they did, I begin believing that Azra does have the ability to change. However, her narrative of the trauma that soldiers and their commander inflicted on Azra and her family is not going to include all of the gruesome details. Instead, it is going to include the story about the battle between the dragon and Azra and how Azra is going to win the battle. One day, during our counselling session, the following conversation takes place:

Azra: *Do you know that the green dragon has battled me for years now? But he cannot win. He is not strong enough.*

Ivana: *I know he has been battling you, and at times he has prevented you from taking care of yourself. I wonder if you would like to tell me more about how come he is losing his strength?*

Azra: *You know I am a woman in my forties, and I know when I tell this story most of the people would think I am totally crazy. But I am not crazy. When I think about what happened to me, I imagine that I am the woman warrior, and my quest in life is to kill the dragon that lives within my soul. Don't get me wrong . . . I do not want to kill myself. I want to kill the memory I have of what the dragon did.*

Ivana: *Wow . . . I hear some strength coming out of you. And I also hear a desire to get rid of the memory that the dragon created. You once told me that you want to go back home and save your family from the dragon. Do you still have the same wish?*

Azra: *No, not really. I know that my family is probably dead . . . I know. And I hate when I say that out loud. But I also know that if I don't kill the dragon's memory, I will never be able to live. I miss my family every day, but my misery and grief will not bring them back.*

Ivana: *It sounds like your story is changing direction. Tell me more.*

Azra: *Well . . . coming to see you helps me a great deal. After our sessions I go home and I can actually imagine how life is going to get better. I realize that I can fight the dragon and his memory by doing good things for myself, things my family would have been proud of.*



Ivana: *I like what I am hearing . . . it sounds to me that you are becoming a self-healer!!!*

Azra: *Well, yes that is a good word, and I feel good about that. I am actually living here, not just existing, and that makes me feel better and more motivated. The more things I do for myself, the less of a hold the dragon's memory has on me and my family. I am hoping one day to find my family members, in whatever shape, and to honour them appropriately. Until then, I will fight the only way I know how, by bettering my own self.*

As I listen to Azra, I hear her self-confidence rising, and I see that change in her life is possible. Azra actually is becoming responsible for the change she is creating; she is no longer a merely passive recipient of counselling.

Azra's motivation to change plays a big role in her counselling process. As I encourage Azra to tell the story of her struggle in our safe environment, I notice that she begins moving away from a problem-saturated narrative and towards a more empowering life story. I want to help her strengthen this shift, so I introduce her to the idea of healing through narrating her experiences the way she sees fit. I encourage her to continue her warrior protagonist narration, and I introduce new steps in her story that she could take that would move her towards even bigger changes. I believe that when clients are encouraged to engage in storytelling, they often paint a preferred picture of their realities, values, and beliefs. At the same time, they honour their past and their subjective experiences of trauma, loss, and transition. Together, Azra and I create a different story about her trauma and subsequent resettlement. For Azra, a different story includes a warrior Bosnian woman that is piercing the dragon's heart with a flaming love sword and rising from the dragon's ashes as a stronger and less vulnerable individual. This new story allows Azra to move forward with new changes and re-establish her life away from traumatic narratives.

As we close our work and discuss how Azra's life will be outside of the counselling office, it becomes clear to me that her counselling process was beneficial because it focused on meaning-making. Azra tells me that disclosing challenging issues in a safe atmosphere and the creation of alternative perspectives through the deconstruction of her dragon story were life-changing. The dynamic we developed led Azra to a stronger sense that she has experienced a personal change and increased her self-awareness, self-confidence, and her ability to engage in self-advocacy and to create some kind of internal peace where happiness is still achievable. This reminds me of Waldegrave's (2012) research, which pointed out that when clients experience congruency between their internal states and what took place in therapy, they report positive experiences of therapy in general. In Azra's case, storytelling became a way of gaining independence and personal freedom through continuously standing up to traumatic experiences, which enabled ongoing cultural integration, navigation of unfamiliar cultural landscapes, and favourable adaptation to the new personal understandings.

### **The Role of Social Justice in Killing the Green Dragon and His Generals**

When I reflected on the role of social justice in helping Azra kill the memory of the green dragon and what he brought to her life, the word “kill” almost felt counterintuitive. After thinking about it for some time, I decided to use it anyway because I realized that we have to allow some of our memories to die (in any way we choose) in order to move forward. Once I asked Azra to tell me how I could help her kill the green dragon, and she said, “You are already doing that just by being open”. I truly understood then that the openness of resettling countries (even if that means the openness of just one person to begin with) has a significant impact on the overall well-being of refugees (Chung, Bemak, Ortiz, & Sandoval-Perez, 2008). Despite Canada introducing the multicultural agenda into its policies and regulations, refugees continue to experience multiple oppressions on personal, social, and institutional levels. The image that comes to mind is a little boy washed up on the Greek shores on his journey to a better life. How many more little children will wash up on the world's shores before we become more open? When I think of Azra, I realize that she, too, experienced multiple oppressions related to pre-, trans-, and post-migration circumstances. Just a few days before I met her, her friend, who suggested she come to counselling, labelled her psychotic. I ask myself what would have happened to Azra if she had not agreed to come to counselling. Where would she have ended up and how many of her human rights might possibly have been violated before someone understood her story?

I myself struggled with being socially just when working with Azra. Only through hours of thinking and challenging myself have I been able to practice CIC. To get to that point, I had to identify and confront my own discriminatory and oppressive practices (even if they were just private thoughts) and to extend my position to include a firm social justice agenda. I openly advocated on Azra's behalf. I challenged social inequality and societal structures that were preventing her from getting better when she refused to “fit the mould”. I pushed to expand my professional role to advocate for and empower Azra and to use strategies that would reduce and limit the obstacles that she faced. Continuous efforts to positively impact Azra's well-being and to recognize her diverse experiences promoted Azra's change.

I will leave you with a story. Years ago, when I was working as a community counsellor, I asked the chief counsellor if she believed in social justice. She told me that social justice is great in theory but impossible to create in practice. I left her office that day and promised myself never to refuse to write a letter to immigration officials on a refugee client's behalf. What a stupid and time-wasting activity you might think writing letters is! Nevertheless, for me, that was my contribution to social justice at that time; it was an idea that could create social change. Just think about it!!! What would happen if each one of you chose to do one thing differently for your refugee clients? I would say that would move social justice from theory into practice. The rest . . . well . . . I will leave the rest to you to figure out for yourselves.

## **CIC: The Role of Common Factors in Refugee Counselling**

When I met Azra the first time, it was crystal clear to me that simply recognizing her presenting concerns would be only a first step in building a therapeutic relationship with her. Because I was aware of some of the complexities of Azra's experience, I decided to adopt an integrative lens and to move towards bridging the gaps I felt existed between my conceptual knowledge and my actual therapeutic practice. Becoming an integrative counsellor prevented me from following the prescriptive nature of sequential practice; it allowed me to advance beyond traditional therapy and helped me to consider the ethical and social justice implications in my practice. Simply stated, I set aside the medical model and abandoned diagnostic labels and psychopathology for the sake of building a strong working alliance with Azra by cocreating a space for her to tell her story. For me, the big green dragon was not a "psychotic episode". Instead, the big green dragon was a story that needed attention; together, we need to change the plot and to create an alternative, preferable new conclusion.

Although common therapeutic factors have been identified as essential to successful therapy, they are often viewed as simple strategies rather than necessary therapeutic skills (Cutts, 2011). When examined more in detail, common therapeutic factors represent a theoretical foundation about therapeutic change mechanisms (Wampold, 2015). Some therapeutic factors (i.e. therapeutic relationship and client expectancy) have a direct link to meaningful client change (Leibert & Dunne-Bryant, 2015). When I worked with Azra, I was cautious to not be too rigid and diagnostic (Duncan et al., 2004). Intuitively, I knew that if I was "too Western" or "too modern", Azra's first contact with me would be complex, challenging, and uncomfortable. I erred on the side of caution, and I focused on helping Azra understand what takes place in counselling so that she could view it positively. I often urged Azra to think about counselling as a stepping stone or a catalyst towards better adaptation to her new life in Canada. In other words, I treated the therapy room as a scene in which Azra was the main actress, and the scenes that she was rehearsing were ones that she would subsequently encounter in real life.

Exploration of Azra's interpretations of counselling at initial and subsequent stages of counselling was essential. As a counsellor who considers herself culturally diverse, I view sociocultural context as an absolutely crucial element that influences both clients' and counsellors' interpretations. I could not fail to attend to this context by ignoring the relevant relationship, environmental, and cultural factors present in my work with Azra. Additionally, it was imperative for me to recognize Azra's agentic self and to encourage her to become an active self-healer. Over time, Azra became more self-confident about sharing what worked for her in counselling. At times, I had to modify my conversational style and become more informal than I would normally have been, to better fit my cross-cultural situation with Azra. Sometimes, I had to drink Bosnian coffee, which was a big part of engaging in therapeutic conversations, and to sit on pillows on the floor because, according to Azra, "that is the best way to talk for Bosnian women". When we did this, we

minimized cultural misunderstanding, because participating in each other's cultures created therapeutic opportunities.

When I worked with Azra, I considered client and counsellor factors and the building of a strong therapeutic relationship to be the pillars of effective counselling practice. However, these factors are not easy to handle in actual counselling situations. They are intertwined with the therapeutic process, and they often create changes in therapy when we least expect them (Wampold, 2010). In Azra's situation, recognizing common therapeutic factors most certainly helped reduce Azra's negative feelings related to counselling, which facilitated her speedy engagement in therapy.

As I was preparing to finish the sessions with Azra, I realized that Azra's and my contributions to the therapeutic relationship were invaluable and that Azra was successful, in great part, because our therapeutic relationship was strong. Nevertheless, we both knew that Azra's successes were the result not only of our alliance. Rather, the therapeutic relationship developed in tandem with Azra's views of therapy, her expectations, and her motivations for change.

If somebody asked me what made Azra's counselling successful, I would say that it was my awareness of the multiple intrapersonal, interpersonal, and systemic issues that Azra was facing both inside and outside of the counselling relationship (Chung et al., 2008; Silove, Ventevogel, & Rees, 2017). I would also say it was Azra's willingness to trust me and to try to apply the ideas and strategies that we talked about in her daily life. Through our conversations, Azra and I challenged each other's preconceived cultural notions, and we embraced our own humanness. Such collaboration fostered effective cultural communication and assisted us in creating a landscape where multiple oppressions were challenged.

## **Implications for Counsellors**

There are many implications for counsellors that arise from my work with Azra. However, for the purposes of this chapter, I will focus on specific implications that pertain to CIC. More specifically, I will focus my discussion on the relevance of a CIC perspective to (a) assessment, (b) counsellor education, and (c) promotion of social justice.

### ***Holistic, Multilevel Assessment***

When working with Azra, I realized that my interventions would probably have to include cultural assessment as an essential therapeutic component. For example, I attended to Azra's narratives including her resettlement and acculturation struggles, her cultural backgrounds and histories, and her familial and social influences, in addition to her personal psychological functioning. Including cultural variables in

my overall psychosocial assessment of Azra's lived experience assisted me in helping her achieve favourable counselling outcomes. The more I listened, the more Azra shared, and the information she shared with me proved to be very valuable in building Azra's strengths, both inside and outside our sessions.

Assessment of clients does not have to be formal to be valuable. Simply creating a space for Azra to tell her story from her perspective allowed me to understand the connection between her struggles and her help-seeking behaviours. Azra's narrative was a significant source of cultural information, and my questions from a culture-infused perspective became a valid assessment tool. I believe that through such an approach, I enhanced the information gathering, and I became aware of Azra's strengths and resiliencies early on, which in turn helped her to achieve preferred client changes (Hays, 2008).

### *Counsellor Education*

I cannot emphasize enough how important expanding my own knowledge about CIC has been when working with Azra. Collins and Arthur (2010c) noted that "cultural diversity is not a phase; it is a reality of the social fabric of Canadian society and many nations around the world" (p. 455). I must say that reading about Azra's culture, learning the concepts and principles related to CIC, and discussing cultural issues with Azra and my colleagues assisted me in integrating what I knew theoretically with what I was doing practically. At times, when Azra proved to be a little more challenging than an average client, I secretly wished that there were more multicultural courses to take to enhance my knowledge. Without additional education, a counsellor could feel truly lost.

A recommendation that I have for all students and beginning counsellors is that they consider moving toward a culturally responsive practice. One way to do this is to expand your knowledge, skills, and cultural awareness. For example, I chose to attend to Azra's unique story and to pay attention to our therapeutic collaboration and to our diversity. I also chose to educate myself about what it meant for Azra to be called a refugee, how her refugee trauma affected her daily life, and how refugee counselling could help. I never rushed her storytelling, and I often engaged in co-challenging the systemic issues she faced in Canada. The more I learned and listened, the more I was culturally open, prepared to fight stigma, and to engage in advocacy on Azra's behalf when necessary.

### *Promotion of Social Justice*

The openness of resettling countries has a significant impact on the overall well-being of refugees. Despite Canada introducing a multicultural policy in 1988, I believe that Azra experiences multiple oppressions on personal, social, and

institutional levels. These oppressions negatively impact Azra's adaptation to the Canadian culture, and sometimes they undermine her human rights. In order to help Azra challenge the multiple oppressions she faces, I remained open to confronting them myself and to promoting a broader social change. I often talked to my colleagues about the importance of knowing how to help refugees effectively. I presented at conferences on refugees' issues and their adaptation. I talked to my students about different ways of being socially just individuals. I also advocated on Azra's behalf by writing letters when she asked me to and by talking to other professionals with her permission. Sometimes my colleagues challenged me for doing "extra things" for Azra and perceived me as expanding my professional role unnecessarily. I saw my role not as expanding but rather as accommodating exactly the requirements of a social justice agenda on both personal and societal levels.

I once asked Azra what social justice meant to her, and she replied, "It means that you are almost always available for me; you keep my secrets private; you do not judge me; and you are like my professional friend". I liked her response because it revealed what was important in terms of her lived experience. When we encourage social justice discussions with our clients, we expand on the personal meanings of social justice and improve clients' self-advocacy. I stress that counsellors' continuous efforts to impact their clients' well-being positively, to recognize diverse experiences, and to engage in transformative activities that promote social justice enable counsellors to cocreate meaningful changes in the lives of those clients. I believe the invitation to support social justice is an essential component of counselling and must be supported in all facets of counselling practice. From this position, inclusion of social justice and advocacy practices can support the integration of these practices into the overall practice of counselling psychology (Bemak, Chung, Talleyrand, Jones, & Daquin, 2011; Vera & Speight, 2003).

## **Chapter Summary: A Note to Readers**

The goal of this chapter is to orient you to culture-infused refugee counselling and to expand your understanding of refugee counselling in Canada. In this chapter, I ask you to consider Azra's experience as both unique and universal. I emphasize Azra's diverse cultural experiences, represented by her gender, age, country of origin, and other life circumstances, as important factors that may potentially influence her counselling experience. I hope that you came to appreciate the role of the common therapeutic factors and how they relate to refugee counselling in Canada. Lastly, I encourage you to begin thinking about the role of social justice in counselling on a more global level.

It is my belief that social justice begins with the counsellor and client in the counselling room. For me, exploring clients' stories from their own perspectives is pivotal in the promotion of culture-infused and socially just counselling. Building strong therapeutic relationships with my clients allows me not only to understand their concerns but also to emphasize their strengths, resiliencies, hopes, and

motivations. More importantly, strong counselling relationships become catalysts for positive adaptation for refugees in Canada.

This chapter invites you to think about Azra and other refugees in similar circumstances. For many refugees, the counselling process evolves over time. The personal and professional characteristics of the counsellor as well as the cultural responsiveness of the therapeutic relationship influence counselling outcomes. These factors expand the landscape of CIC and remind counsellors of the importance of paying more attention to the common therapeutic factors in their clinical practice. Applying these lenses will make it more likely that refugee clients will engage in counselling and achieve their goals. Always remember that you work with people, not with disorders. Happy learning to all of you!

### Questions for Reflection or Discussion

1. How would you define social justice? What factors would you consider when developing your definition?
2. What personal and professional counsellor and client characteristics do you need to consider when building therapeutic relationships with clients like Azra? What characteristics are likely to serve as either catalyst or hindrance in building a strong therapeutic relationship with a refugee client?
3. How can CIC help you understand and have a positive influence on refugee clients' acculturation, identity reconstruction, and adaptation processes?
4. What domains of the revised CIC framework were most pronounced in counselling Azra? What would you have done differently to further emphasize a culture-infused perspective in Azra's therapy?
5. Which multiple contexts can you recognize in Azra's life? How might these contexts impact the process of CIC positively and/or negatively? What aspects of Azra's story do you think are most relevant to CIC?
6. How can the counsellor educate Azra about CIC? What steps might the counsellor take to help Azra engage in counselling more readily and achieve the changes she wants?
7. Reflecting back on the revised CIC framework outlined in Chap. 2, what are the top three things you have learned that will inform your work with refugee clients like Azra? How does CIC compliment your emerging theoretical orientation?

### Learning Activities

1. Engage in a 20-min campus or organization exploration exercise to determine whether your campus/organization is culturally diverse and socially just. Discuss with your peers what steps you could take to increase cultural diversity awareness and to increase social justice on campus/within your organization?
2. Discuss the differences between refugees and voluntary immigrants, and explain how you would address the concerns of each in counselling. Pay attention to both



differences and similarities in experiences that refugees and voluntary immigrants might share during their resettlement and acculturation process.

3. Work with a partner to stage a snapshot of refugee counselling. Take turns playing the role of refugee client and counsellor. After role-playing, debrief with each other about your experiences.
4. In pairs, role-play a counselling situation with a refugee client. Focusing on building a strong, culture-infused, and socially just therapeutic relationship, as outlined in Domain III of the revised CIC framework outlined in Chap. 2. After the exercise, discuss the strategies you used to build the therapeutic relationship, considering both personal and professional counsellor factors that contributed to the process.
5. Discuss how you contribute to the promotion of social justice in your daily lives. Next, explore what steps you will add to your practice in the future to promote social justice related to refugees.

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# Chapter 10

## Using a Feminist-Multicultural Lens When Counselling Adolescent Females: Intersecting Cultural Identities and Multiple Social Locations



Anusha Kassan

### Introduction

The rapid growth of diversity across Canada over the past 50 years has greatly impacted the cultural make-up of the current adolescent population. Such societal changes pose challenges for counsellors because, generally, traditional counselling approaches are ineffective when used with individuals from non-dominant cultural groups (Sue & Sue, 2015). Frameworks such as the culture-infused counselling (CIC) model (Collins & Arthur, 2010a, 2010b) have been revised (see Chap. 2) in order to draw attention to, and improve, culturally responsive and socially just counselling practices and interventions.

To continue to make advancements in the area of multicultural counselling and social justice, counsellors must consider the needs of adolescents across Canada. To date, some guidelines and models have been proposed for culturally sensitive work with adolescents (Liu & Clay, 2002; McMahon, Mason, Daluga-Guenther, & Ruiz, 2014; Yeh & Kwan, 2010). However, authors have given very little attention to multicultural counselling with adolescents from a ubiquitous and developmental perspective. Although I have proposed elsewhere that adolescents have unique and fluctuating needs when it comes to navigating their cultural identities and social locations (Kassan & Sinacore, 2016), most other authors have focused on specific ethnic or cultural groups (Petersen & Park-Saltzman, 2010; Potvin-Boucher & Malone, 2014; Yoo & Miller, 2011).

In this chapter, I use the culture-infused counselling (CIC; Arthur & Collins, 2016; Collins & Arthur, 2010a, 2010b) and the revised CIC framework outlined in Chap. 2, to illustrate that work with adolescents requires counsellors to develop a personalized, collaborative approach. Taking a CIC approach takes into

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N. Arthur (ed.), *Counselling in Cultural Contexts*, International and Cultural Psychology, [https://doi.org/10.1007/978-3-030-00090-5\\_10](https://doi.org/10.1007/978-3-030-00090-5_10)

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account a contextual understanding of clients' presenting challenges as well as their multiple and intersecting cultural identities and social locations. I developed this understanding from my clinical experience with adolescents, my doctoral dissertation and subsequent research, as well as from my own background. I will introduce my own multiple and intersecting cultural identities and social locations, present the case of a bicultural adolescent female being referred to counselling, and analyze how I used the revised CIC framework (see Chap. 2) to help this particular client. Although this case study pertains to a unique adolescent female, I suggest that many of the ideas and concepts are transferable to other Canadian youth.

### *My Subjective Stance*

Before delving into the case study, I will situate myself personally, culturally, and socially to provide the reader with the necessary context for understanding my positioning throughout the chapter. I had the privilege of growing up in a biracial, bilingual, and bireligious household. Specifically, I was born to a French-Canadian mother and a South-Asian father. I spoke French with my mom and English with my father. In keeping with my mother's upbringing, I attended the French Catholic school system, but I also absorbed a lot of my father's Hindu religious background. I have two younger siblings with whom I am extremely close, in part because we share this unique cultural background.

Fast-forwarding 30 years, I am now married to an Italian-Canadian man, and we have two children who are actively navigating a different experience of biculturalism. I am a newly appointed assistant professor at the University of Calgary, where I am learning about multiculturalism and diversity from different perspectives with various faculty members. Moreover, in moving to a third Canadian city (after growing up in Montreal and living in Vancouver for 4 years), my family and I are finding our way through a different urban context. This ongoing multiple and intersecting diversity (which consists of areas of privilege as well as areas of oppression) is continuously shaping the way in which I see the world and the manner in which I understand the helping profession.

As I write this book chapter, my bicultural lens is very influential, particularly as it pertains to my understanding of CIC and its application to a particular case study, that of a unique bicultural adolescent female. The case example presented below represents a common encounter for many counsellors working across a variety of clinical settings. I focus on the intricacies of understanding adolescent females' presenting problems in different contexts (e.g. family system, adolescent culture). I also highlight the multifaceted nature of counselling with young women who hold numerous, fluctuating, and intersecting cultural identities and social locations.

## **Case Study**

Alicia (a pseudonym) is a 15-year-old able-bodied individual of mixed ethnic heritage who identifies as a cisgender female. Her mother is of Caribbean descent and her father is of First Nations descent. She presently lives at home with her biological parents, who have been married for 20 years, and her 17-year-old sister.

### ***Family Life***

Alicia and her sister have a good relationship. In fact, they spend most of their time together outside of school. Both of Alicia's parents' hold full-time employment. Their work requires long hours, physical labour, and pays minimum wage. They live in a modest two-bedroom apartment rental. Alicia describes her parents as having strong personalities and as being very strict. She has disclosed that both of her parents have had very challenging lives but were able to "survive by developing a thick skin". There is a history of abuse and addiction in Alicia's family. Her father abused alcohol in the past, but he has been sober for 18 years, ever since he found out that his wife was expecting their first child. Given the challenges in their history, Alicia and her family have very little contact with their extended relatives.

### ***School Life***

Alicia attends a public high school in a large Metropolitan east coast city and is in the process of completing ninth grade. This public school is located in one of the most sought out areas of the city. Alicia, who is able-bodied and has never been diagnosed with any learning challenges, has struggled academically since the beginning of secondary school and had to repeat seventh grade. Over the past academic year, Alicia has continued to encounter academic difficulties, and there have been discussions among the school personnel and the family about transferring her to a vocational or alternative school. However, Alicia is not open to this option and desperately wants to remain at her current high school with her friends.

### ***Social Life***

At school, Alicia has a small group of friends with whom she regularly hangs out. However, as a child, she had difficulties making friends and was often the target of ridicule and bullying. Alicia, who identifies as "hetero", has never dated. Although she would like to be in a romantic relationship, she feels like she "simply can't get a guy" because "I'm so not pretty". Moreover, her parents have forbidden her to date at this time. Since starting high school, Alicia has reportedly seen the school counsellor on several occasions for issues related to depression, self-esteem, and social skills.



## ***Strength and Resiliency***

Alicia does not identify with a specific religion; however, spirituality plays a large role in her life and that of her family. Although her mother and father have not shared much about their Caribbean and First Nations backgrounds, respectively, Alicia shows a lot of curiosity about her mixed cultural background. She has done a lot of research about the different rituals practiced within these cultural groups. Moreover, she listens to a lot of “old school music”, which she finds healing and comforting. Alicia also talks about her friends as a great source of positivity and support in her life.

## ***Presenting Problem(s)***

In the fall of this academic year, Alicia was caught drinking at school with her friends. Consequently, the school counsellor referred her to a community substance abuse clinic because she believed that Alicia’s difficulties were outside of both her area of expertise and her mandate. Her parents immediately agreed, stating that their daughter “will stop drinking at once”. Upon intake, Alicia revealed to me that, since the beginning of the academic year, she has been consuming alcohol with her friends an average of three times a week after school or on weekends. When probed further, she disclosed that she has been feeling very sad and drinks to escape her problems.

## ***Application of CIC to the Case Study***

In applying the revised CIC framework to this case, I considered a number of important issues. The clinical areas identified below are not meant to represent an exhaustive list. However, I will touch on what I see as the salient aspects of Alicia’s life and presenting concerns.

## ***Case Conceptualization***

A common point of entry for many counsellors involves gaining a better understanding of what is occurring in the life of the client and how psychological difficulties are being manifested. A number of factors can influence case conceptualization, including the setting in which the counselling will take place, one’s preferred theoretical orientation, and the best fit for the client in question. However, I believe that, across theoretical orientations, counsellors can practice holistic, CIC with adolescent females. It is important to note that I do not use the term *adolescent females* in

support of a binary view of gender. Although many of the issues I address in working with Alicia may broadly apply, transgender youth experience additional layers of cultural oppression not addressed specifically in this chapter.

In working with Alicia through a community substance abuse clinic, I first consider the best way to conduct a holistic assessment of her background, presenting concerns, and relevant contextual information. In gathering information and conceptualizing this case, I could rely on different types of formal and/or informal assessment measures. For example, I could conduct a formal clinical interview such as the structured clinical interview for DSM-5 disorders (First, Williams, Karg, & Spitzer, 2015) or administer a self-report measure such as the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) to help determine whether or not Alicia meets diagnostic criteria for depression. Moreover, I could engage in a semi-structured interview centred on substance use and misuse, for example, the Adolescent SASSI-A2 (Miller & Lazowski, 2005). I would supplement any of these more structured tools with an ongoing qualitative interview to gather in-depth information across multiple sessions.

The community substance abuse service where I am working with Alicia has a standardized way of collecting intake information for all clients, which can pose a systemic or structural barrier in some cases. However, I carefully consider whether or not this method is the best vehicle for me to obtain in-depth, honest information from my client. Although I do not want to discard the agency's process altogether, I consider certain modifications in the best interest of my client, partly because at the onset of counselling, Alicia disclosed being "scared about coming to a druggy clinic" and stated that she had "a lot of feelings going on right now". Thus, I begin with an open-ended qualitative interview and move into a more structured means of data collection later on, once more trust has been established within the working alliance.

By spending a few sessions discussing the challenges that brought Alicia to the substance abuse clinic within the context of her life more generally, we have an opportunity to establish a positive counselling relationship. I want to ensure that the clinic's administrative procedures do not feel generic to Alicia, and, therefore, I adopt a counselling style that is more flexible and better tailored to her needs. However, it is important for me to avoid colluding with Alicia, even subtly, as there are tensions between my personal beliefs and the philosophical underpinnings of standardized assessment tools employed at the clinic.

In thinking about the best way to gather information and conceptualize the case, I make selections that are congruent with the client's worldview (as I understand it) and that are accurately normed for the adolescent in question (when possible). I also recognize when a formal or informal assessment procedure would be inappropriate for, or even harmful to, this particular adolescent female client. Given Alicia's initial affective disclosures, a lengthy structured clinical interview during our first meeting would certainly be even more anxiety provoking. She might feel interrogated and wonder why I am asking her certain questions. The last thing I want is for a client to question whether or not I think she is "mentally ill" or "crazy".

Traditionally, psychology has focused on internal manifestations of symptoms to make diagnoses and to choose a *course of treatment*. However, this approach can neglect important contextual factors, such as Alicia's parents' attitude towards mental health as well as her *internalizing* (i.e. possible depression) and *externalizing* (i.e. drinking behaviour) difficulties. Hence, I examine the philosophical underpinnings of the theories and interventions used in counselling and ensure that they are congruent with Alicia's worldview. For example, before employing motivational interviewing (Miller & Rollnick, 2012) to determine her perceptions of her substance use as well as her desire to change her behaviour or following a *treatment plan* that has been empirically validated for substance misuse (Pagliaro & Pagliaro, 2011), I consider the ways in which such approaches might clash with Alicia's (and/or her family's) cultural beliefs and values. To this end, I inquire about Alicia's disposition towards emotions, cognitions, behaviours, spirituality, and values generally. Alicia has indicated a high level of motivation to "stop drinking altogether" as well as a significant capacity for abstract thinking. Based on this practice-based evidence, when I do decide to introduce motivational interviewing, I am confident that this approach will resonate with her and will allow her to explore her presenting concerns within the context of her multiple and intersecting cultural identities and social locations.

From a feminist-multicultural perspective, Alicia's presenting concerns can be understood as manifestations of an oppressive social system (Enns & Williams, 2012). For example, her symptoms of depression could be related to long-term social isolation and bullying, and her decision to drink may be linked to peer pressure and a desire for closeness. Personally, I am more inclined to conceptualize Alicia through this lens, as it is an approach that resonates with my own cultural background and orientation to the world. From our initial conversations, it also seems like a good fit for Alicia. We spend some time discussing the different systems in which she lives (e.g. her peer group, her family life, the larger societal context) and how they create and/or accentuate some of her challenges. While I eventually use the Adolescent SASSI-A2, the BDI, and motivational interviewing to better understand Alicia, I use them to supplement the knowledge I have already gained by having open-ended discussions with my client. Hence, my approach differs significantly from that of someone who uses such structured tools as points of entry into counselling.

### **Feminist-Multicultural Approach**

Working from a feminist-multicultural perspective often means prioritizing the client's cultural identities and social locations as they develop within multiple systems. According to Enns and Williams (2012), feminist and multicultural approaches are characterized by numerous similarities, including:

- Exploration of the relationships between sociocultural environments and life trajectories, goals, and challenges.

(continued)

- Analysis of power within social, institutional, and individual contexts as well as its relationship to privilege, oppression, and *\*isms*.
- Consciousness raising and critical consciousness as a way to gain insight and to facilitate equality and empowerment.
- Social change and individual change as the primary means for meeting goals.

For foundational writings on the integration of a feminist and multicultural perspective, please see Enns and Forest (2005), Williams and Barber (2004), as well as Reynolds and Constantine (2004).

### *Developing a Working Alliance*

For counsellors to gather sufficient information to conceptualize their clients' challenges successfully, a strong, positive working alliance is necessary. The manner in which counsellors go about forming this relationship with adolescent females requires a certain level of individualization. In developing a strong working alliance with adolescent females, counsellors should tailor the relationship to the needs and style of the client in question, which are directly derived from their multiple and intersecting cultural identities and social locations.

My goal at the onset of counselling is to form a culturally responsive and socially just working alliance with Alicia. I am aware that relying on core counselling microskills may not be sufficient to genuinely connect with my client and convey mutual cultural empathy. For example, in my counselling practice and research efforts, many adolescent females have explained to me how their previous counsellors had asked them about their cultural background, but had never talked about or, for that matter, even cared about that background once given. So, with Alicia, as with all my clients, exploring her multiple and intersecting cultural identities and social locations is as important as deciphering her presenting concerns.

Accordingly, I begin by inviting Alicia to talk about her bicultural ethnic background, for example, by asking her about the values that she has received from each of her parents and how she is beginning to integrate these ideas into her own value system. My cultural inquiry prompts her to share that, although she does not know much about her Caribbean and Indigenous heritages, they are both very important to her. Alicia explains that her parents do not talk about their cultural backgrounds much, and she does not have any contact with her extended family. However, she remains interested in learning about her ethnic roots through music, meditation, and history. In working with Alicia, I bring with me a certain level of multicultural knowledge; however, I am careful not to make assumptions about who she is and how she has come to understand the world. At the same time, I do not rely on her to educate me about the meaning of her values (i.e. what her collective family system

might resemble). My genuine interest in Alicia's cultural perspectives and influences helps us work towards a collaborative, personalized working alliance. If this cultural exploration did not seem to fit for Alicia, I would change directions at this stage of counselling—perhaps focusing more on symptom relief. Although it is my firm belief that inquiring about one's cultural identities and social locations is important, I do not impose this agenda on clients.

In developing a working alliance, many counsellors want to work collaboratively with their clients. Although the concept of empowerment is not novel to the collaborative counselling process (Enns & Williams, 2012), it might look different when employed with adolescent females. For example, I empower Alicia by giving her some agency with respect to the focus of a particular counselling session or the type of strategy we use to address a specific challenge. Moreover, I integrate self-disclosure in my work with Alicia in order to reduce the power dynamics inherent in our working alliance and to normalize her current situation. This self-disclosure may be about other clients in similar situations, the process of counselling, or personal information about myself. In disclosing my own bicultural background in session, I explain to Alicia that although we do not have the same identities, I can empathize with the experiences of being *mixed* and sometimes receiving conflicting messages from parents. In addition to connecting around our shared bicultural ethnic backgrounds, Alicia appreciates learning something about me, explaining, "I never found out anything about the counsellor at school".

However, it is important to note that the concept of collaboration is culture specific (Kassan & Sinacore, 2016). That is, working collaboratively will mean something different across adolescent clients and their families. I cannot assume that Alicia would benefit from, or prefer, such a counselling style. Given that she comes from a family where hierarchy is present and valued, it probably would not feel comfortable for her if I entered into our counselling relationship with expectations of collaboration. Furthermore, in discussing the process of counselling, Alicia explains that she has been taught to respect authority and listen to her elders. Although I could attempt to deconstruct my role as her counsellor, the reality is that I do hold a position of power in the relationship, and I am older than her. Hence, I need to think about when a collaborative working alliance would not be in Alicia's best interest and when she might benefit from a little bit more direction.

### ***Counselling Goals***

Once a case has been conceptualized and a course of counselling has been determined, at least preliminarily, counsellors often work on identifying goals for their work with clients. Such a practice is increasingly common given that many counselling agencies have policies around session limits. Further, adolescents often engage in short-term counselling. Counselling goals are typically most helpful when developed collaboratively between counsellors and their adolescent female clients, keeping in mind that the concept of collaboration will shift depending on the cultural context.

After my first meeting with Alicia, where I gathered information through a qualitative interview and decided to hold off on any type of standardized assessment measure, I stop to think about where I should begin. Alicia's parents have voiced a strong message about her alcohol consumption. However, she has self-disclosed feeling very sad. In making decisions about which issue(s) to address and how, I want to be culturally sensitive to the concerns of the parents but also to the feelings of the client. I am cautious not to collude with the parents and risk alienating Alicia or vice versa.

I also consider the clinical setting in which I work. Given that Alicia is seeking counselling through a community substance abuse clinic, the mandate of the agency is to reduce drinking. I am transparent with Alicia about this mandate but present the information in a way that invites her collaboration in setting goals. I am conceptualizing this case from a feminist-multicultural perspective (Enns & Williams, 2012); therefore, it is important that the counselling goals developed are congruent with Alicia's multiple and intersecting cultural identities and social locations.

During our first meeting, Alicia disclosed that although her parents have put a lot of pressure on her to stop drinking, she too wants to address this issue. She voiced a fear of becoming "addicted" as her father had once been many years ago. Thus, we decide that we will actively work on reducing and eventually eliminating the drinking behaviour. Moreover, in discussing her cultural background, Alicia voiced a desire to learn more about her "roots". Accordingly, we agree to spend some time each session exploring her multiple and intersecting cultural identities and social locations. Finally, Alicia stated that she was "not ready" to talk about her sadness. As such, we come to the conclusion that we will revisit this issue in a few weeks but that Alicia will let me know if her symptoms worsen. I inform her that it would not be uncommon for her sadness to increase as she reduces her drinking and that it is important for me to know how she is feeling on a regular basis, particularly if she experiences any thoughts of suicide.

I am cautious to avoid imposing my own assumptions, values, beliefs, and hopes onto Alicia. Although I may have ideas about what would be helpful to her (e.g. not feeling so sad so much of the time), I follow her lead, because she has a better idea of what would be most helpful to her. In having this discussion with Alicia, I am brought back to my own adolescence, when moments of sadness were quite painful and navigating my own bicultural identity was sometimes confusing. It is necessary for me to recognize that these personal experiences are being brought back to the surface, and, although I acknowledge them, I do not let them influence Alicia's counselling goals.

### ***Counselling Interventions***

There are often a number of interventions that can be selected to map onto the counselling goals. It is important for the interventions used in counselling to be strategically chosen so that they do not feel generic to the client. Accordingly, counsellors should select interventions that are tailored to the needs and presenting concerns of their adolescent female clients and that are directly derived from their multiple and intersecting cultural identities and social locations.

At this point, Alicia and I have established a couple of collaborative goals in order to reduce her drinking behaviour and to explore her cultural background. With respect to the first goal, it would not be uncommon for me to ask a client to fill out a weekly log about her alcohol consumption in hopes of obtaining a picture of her typical substance misuse. However, for this intervention to be helpful in our counselling work, it must be meaningful to Alicia and congruent with her worldview about herself and her drinking behaviour. In making such a determination, I assess whether Alicia would respond well to a homework activity outside of the counselling setting and whether such a behavioural orientation would be motivating or not. I ask her how she would feel about doing some work outside of our counselling sessions. I explain the activity to her and ask her if she thinks it would be a good way of tracking her alcohol use. Throughout this discussion, Alicia reiterates that she is motivated to stop drinking, not only because it is expected of her but also because she worries about the history of addictions in her family. Given that she is in agreement, we proceed to try out the weekly log, with the caveat that we will discard it if it does not feel helpful to her over time.

Furthermore, with ongoing practice, I have become accustomed to using certain counselling interventions to help reduce specific symptoms. For example, I brainstorm with Alicia to identify alternative activities to drinking with her friends after school and to discuss concrete ways of implementing these ideas. However, I am cautious that this behavioural intervention does not feel *cookie-cutter* or unnatural to her. Thus, I make adaptations as I proceed by asking questions that are centred on Alicia's everyday life: "How do you typically connect with your friends after school?" and "What did you do before you began drinking?" I also avoid making pre-emptive suggestions, asking, "What about joining a club or writing in a journal instead?" Given that Alicia's parents have put a great number of restrictions on her since they found out that she was drinking after school with her friends, she is now limited in her free time. Although having to come home right after school does restrict her opportunities to drink, ensuring that she is engaging in positive activities is the true task. Together, Alicia and I explore some of her hobbies (e.g. reading, listening to music, hanging out with her sister) that are accessible and are permitted in the home. Essentially, I continually reflect on whether the counselling interventions I select are culturally responsive and socially just in the context of the goals that Alicia and I have established together.

### ***Counsellor Self-Awareness***

In counselling clients and working with them to develop a positive working alliance, it is critical for counsellors to remain aware of their own assumptions and biases in order to avoid imposing them onto clients or influencing clients in a particular direction dictated by unconscious values. Counsellor self-awareness is critical to developing strong, culturally responsive, and socially just working alliances with



adolescent female clients, and it involves an ongoing process of reflexivity, which is necessary at all stages of counselling.

In working with Alicia, who is from a bicultural ethnic background, it is important for me to recognize that my own experiences should not be imposed on Alicia. I disclose the fact that I come from a French Canadian and South Asian background so that our shared bicultural ethnicities can strengthen our working alliance. Although Alicia has a positive reaction to this self-disclosure, I am very careful not to use my own bicultural experience as a lens to understand Alicia or make assumptions about her multiple and intersecting cultural identities and social locations. For example, I have come to see my bicultural upbringing as a strength, which has given me the opportunity to learn from different values and beliefs and, subsequently, to create my own unique worldview. Although Alicia is interested in learning about her mixed ethnic origin, it does not mean that she has or will develop a positive view of this experience.

### **Counsellor Self-Exploration**

In reflecting on my own cultural identities and social locations, I have found Hays' (2008) cultural self-assessment tool to be helpful. This exercise prompts self-reflection along different dimensions of cultural identities and social locations including:

- Age and generational influence
- Developmental disability and disability acquired later in life
- Religion and spiritual orientation
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
- National origin and gender

In exploring these different areas, it becomes easy to recognize where oppression and privilege are at play. I have also used Hays' (2008) cultural self-assessment tool as a teaching exercise, and students seem to have appreciated the reflexivity.

In relation to my work with Alicia, there are clearly areas where I, as a female from a bicultural ethnic background, can empathize and connect with her non-dominant identities. However, I also have to recognize the many areas of privilege I now hold as an educated woman from a middle-class background. As a result, my empathy and understanding also extend to her family, who do not readily understand that certain life situations can lead their daughter to feel depressed and who cannot easily take time off work to attend a meeting for their daughter.

Some counsellors may have a strong reaction to Alicia's parents' *tough love* attitude, as it is not considered to be a preferred disposition within North American society (Sue & Sue, 2015). When counsellors do not recognize such adverse reactions as cultural countertransference, they risk impacting the course of counselling or their consultations with parents in a way that reflects their biases rather than the adolescent female client's worldview (or that of her family members). Other counsellors (like myself) might identify with high parental expectations. Within my own upbringing, it was critical that I represented my family in a positive light, through educational achievement and community involvement, for example. Therefore, it is imperative for me to recognize when tough love is subjectively harmful to a client or when it reflects parental abuse or neglect. Alicia shares a deep understanding of her parents' approach and expectations, stating, "That's just how they are". Furthermore, she explains that her mother and father were raised in verbally and physically abusive households and consciously made a choice to do things differently with their own children. Although she would love her parents to be more understanding of her feelings, and perhaps to be even more psychologically minded, she recognizes and accepts that such a shift is not likely to occur.

It is important to remember that counsellor self-awareness involves an ongoing process of exploration and reflexivity, which is critical at all stages of counselling (Kassan & Sinacore, 2016). Thus, when Alicia decides to address a different issue or reveal another part of herself, I need to reflect on this new information. For example, when we begin discussing her family's challenging financial situation and related social location, I recognize my own middle-class upbringing and current lifestyle and avoid making privileged statements or assumptions. I consider that my title as a psychologist could be both intimidating and inspiring to Alicia. From my point of view, she is a bright, introspective young woman. However, the reality is that she has had ongoing academic difficulties. I will need to keep these ideas at the forefront if educational and occupational concerns are addressed down the line.

### ***Clients' Cultural Identities and Social Locations***

Counsellors' own processes of reflexivity about their cultural background are critical in helping them inquire about, and understand, their clients' multiple and intersecting cultural identities and social locations. Such client information, in turn, provides important contexts for their presenting problems (i.e. when and why they began, how they are manifested, what meaning they have for clients and/or their family). By thinking about each adolescent female client as a unique individual with multiple and intersecting cultural identities and social locations, counsellors will be in a better position to understand her presenting concerns.

Counselling from a feminist-multicultural perspective (see Enns & Williams, 2012) can feel quite overwhelming. Early in my professional development, I thought I needed to know and understand everything about my clients' cultural

backgrounds. However, with time, I learned that it is most helpful if I begin by focusing on the factors that interact with and provide context to their current challenges. For me, the best way to obtain this information is by asking adolescent females directly. It is important to avoid underestimating clients because of their age or developmental stage. In my experience, most adolescents appreciate being asked about their cultural identities and social locations, and they can speak to the parts of their lives that are most salient or problematic to them. If something is not important to them or does not fit for them, they are usually capable of voicing as much.

In the case of Alicia, salient cultural identities and social locations might include (but are not limited to) her age, gender, bicultural ethnic identity, low-income household, and spirituality. By using an inclusive definition of multiculturalism (American Psychological Association, 2017; Arthur & Collins, 2016; Sue, 2001), I assess the range of areas that might be important to Alicia and allow her to self-select her identities and their salience. Accordingly, she discusses how important her mixed ethnic heritage is to her; for example, she is actively exploring elements of both cultures through music and documentaries. Moreover, although she does not explicitly discuss her gender socialization or sexual orientation, she does voice a deep desire for a romantic relationship with a boy. However, she quickly dismisses that possibility because her parents are not allowing her to date. I am making a critical distinction between assessing information to gather data and exploring that same information in order to better understand my client.

Typically, throughout adolescence, females experience a number of rapid developmental changes, all of which are occurring in the context of their multiple and intersecting cultural identities and social locations (Benbow & Rutland, 2017). As such, a number of salient factors might vary over time, and it is important for counsellors to be aware of them and the manner in which they change over the course of counselling. Using the example of Alicia, a certain cultural identity or social location might not always find itself at the forefront of her life. Hence, I take into account this possible fluctuation by continuously checking in with her. For example, although Alicia discussed the importance of her cultural background early on in the process of counselling, we did not necessarily explore it on a weekly basis. There were times when establishing strategies to reduce alcohol consumption took priority. There were also moments when a certain social location took the front seat in counselling; for example, when Alicia disclosed her parents' inability to attend a multidisciplinary meeting during the day because they could not afford to take time off work.

### ***Client Contextual Information***

In counselling adolescent females, it is essential to demonstrate a lot of curiosity and to gather information about the context in which their presenting concerns are developed and are maintained. Moreover, it is critical to consider how the clients'

themselves understand their context. Understanding how influential systems (e.g. family system, adolescent culture) impact adolescent females' multiple and intersecting cultural identities and social locations can provide counsellors with critical contextual information. In fact, intersectionality research has shown that context about individuals' multiple social locations is critical to a holistic understanding of any psychology issue (Grzanka, Santos, & Moradi, 2017; Lewis & Neville, 2015).

In my first meeting with Alicia, she reported coming from a family where attitudes of *tough love* and *sucking it up* represent typical ways of coping. Thus, it is important for me to comprehend the relationship between her parents' attitudes (derived from their worldviews) and their understanding of psychological well-being. It is also necessary for me to assess whether or not this stance works well for Alicia or if she has developed a different orientation to the world. Although Alicia does not share the same views and is more emotionally oriented than her parents, she appreciates where they are coming from and understands why they would want to raise daughters who are "strong enough to succeed in the world". I am very careful to avoid judging or criticizing such coping strategies and focus on understanding the context in which they have developed.

Relatedly, I consider involving the family in counselling at some point. There is no specific formula to be applied; therefore, determining what the family's participation might entail is highly contextual and could take on many forms (Kassan & Sinacore, 2016). In an effort to work collaboratively with Alicia, I give her some agency in terms of potential family involvement. For example, I ask her what she thinks about me consulting with her parents. Given that she seems comfortable with this idea, we explore when and how this should take place. In having this discussion with Alicia, and then in consulting with the family, it is critical for me to keep the needs of this adolescent female client at the forefront of the counselling process.

Another potential context to be explored centres on the Canadian adolescent culture that may be influencing Alicia in her daily life. Specifically, during her intake, Alicia talked about significant peer relationships, substance misuse, concerns about her appearance, and her desire for a romantic relationship, to name but a few examples. Alicia's self-concept and presenting problems may be influenced by the way in which such areas are regarded and acted out among adolescent females in our current society. Thus, it is important for me to understand her challenges within a larger societal context to understand where pressure and oppression may exist.

With Alicia, I start by exploring North American conceptualizations of beauty and how they have influenced her sense of self. For bicultural adolescents, such as Alicia and myself, the number of public figures to look up to is limited. Although conceptions of beauty in the media are continuously changing, the overrepresentation of thin, white women certainly prevails. In an effort to unpack the negative views that Alicia holds of herself, I ask her what makes her feel like she "can't get a guy" or that she is "so not pretty". By exploring what it means to her to be "strong and fit" and to look "tough, yet sexy", I can begin to develop a better understanding of her expectations and parallel self-criticisms. In having these deconstructive dialogues with

Alicia, it is important for me to avoid bringing my biases into the room and to allow her to form her own understanding of beauty. There is also a generational difference between Alicia and me, and I am aware of the manner in which media (particularly social media) influences have shifted in recent times. For example, there have been increasingly more females from ethnic minority backgrounds who have become prominent in the media. Hence, my assumption that Alicia does not have many public figures to look up to may not fit for her.

### *Client Oppression*

In examining adolescent female clients' multiple and intersecting cultural identities and social locations, as well as the contexts of their presenting concerns, it is helpful to understand the areas where they may be affected by oppressive systems. I believe it is important to explore how the socio-political barriers that adolescent female clients (and their families) face impact their presenting concerns and their ability to engage in counselling (Grzanka et al., 2017; Luna, 2016).

Alicia is a young female who holds multiple non-dominant cultural identities and social locations, including (but not limited to) a biracial ethnic background and a low-income family circumstance. More specifically, she disclosed concerns about her appearance and stated that she "simply can't get a guy". Accordingly, I inquire about the messages that Alicia has received and internalized about her ethnic background and the manner in which her self-concept may have been affected, while she has been growing up. Through this discussion, Alicia explains that there is a financial issue at play in that she cannot afford to join the gym, buy nice clothes, dye her hair, get her nails done, and so on. Moreover, she discloses that her parents are the only ones in their families to have married someone from a different ethnic background; hence, she does not have any cousins who are "mixed like me". Although she has very limited contact with her extended family, simply knowing that someone is similar to her might help her feel less isolated. Again, as mentioned earlier, it would not be uncommon for a bicultural adolescent female to feel like she does not look like, or fit into, North American conceptions of beauty.

Furthermore, regarding the financial strains impacting the family, I consider the challenges Alicia's parents face to attend counselling-related meetings during the day, as they both hold laborious full-time employment and may not have the ability to take time off. I am careful not to interpret such challenges as a lack of interest on the part of the parents. Rather, I understand the obligation that the parents have to provide for their children. I choose to demonstrate flexibility when scheduling consultations with them. Alicia's parents are more available to talk on the telephone during the evening, and we hold family meetings at times that are feasible for them, given their work and/or home schedules.

## *Client Strength and Resiliency*

The majority of counsellors who work with adolescent females spend a great deal of time exploring the challenges that are bringing their clients to counselling. Such information is critical in helping counsellors conceptualize a case, establish collaborative counselling goals, and develop a positive working alliance. However, in order to develop a holistic understanding of clients and their presenting concerns, it is also important to focus on their strengths and areas of resiliency (Smith, 2006). Assessing and enhancing adolescent females' strengths and resiliency can be a powerful tool in counselling that can have a positive impact on clients' counselling progress and overall well-being.

In our first meeting, Alicia voiced curiosity about her cultural background, shared her interest in spirituality, and disclosed close relationships with her sister and friends. I want to help her develop these areas further as a positive means of coping with her present challenges as well as addressing long-term areas of strength and resiliency. This focus allows me to balance the problem-focused work we are doing in attempting to reduce her alcohol consumption. We typically spend half a session exploring strengths and the other half addressing challenges. In most cases, I ask Alicia where she would like to begin. However, if she comes to a session very distressed, I take the lead and ask her directly about what is going on. I also ensure that discussing more pleasant areas of her life does not serve as a means to avoid more difficult ones.

I recognize that counselling is not necessarily the most important or influential source of support for adolescent female clients (Kassan & Sinacore, 2016). The working alliance that I am developing with Alicia week after week is occurring within the larger context of her daily life. Thus, I assess the different sources of support that are available to her to determine how they can be most helpful. In some cases, I find ways to enhance something that is already in place (e.g. exploring how Alicia can obtain more support from her sister). In other cases, I work with Alicia to find new or additional support systems (e.g. helping Alicia become involved in hobbies that she enjoys and that her parents support).

### **Strength and Resiliency**

In my own clinical training, very little attention was given to strength and resiliency. I have turned, instead, to authors such as Yeh and Kwan (2010), who put forth an ecological model of counselling to help understand adolescents in a more holistic manner. In their model, adolescents are assessed in relation to four different contexts, their (a) peers, (b) family, (c) school, and (d) community and culture.

For example, with respect to her peer context, I ask Alicia about the peer support she currently has, if any, given that her parents have had a strong reaction to her drinking with her friends after school. Besides individual counselling with Alicia, I consider options for her to increase interpersonal connections with peers (within the boundaries of what is acceptable to her parents).

(continued)

To assess her familial context, I ask Alicia questions about:

- Family dynamics
- Values and beliefs
- Gender role expectations
- Communication patterns
- Parenting style
- Immigration histories
- Occupational history
- Language use
- Acculturation
- Intergenerational gaps between her and the parents

Regarding the school context, I want to understand how Alicia is performing academically in all of her courses. Moreover, I ask her how she perceives that she is coping emotionally.

Finally, with respect to the community and cultural context, I inquire about the support that Alicia receives in this area and whether that comes from a community organization (e.g. church) or a private cultural practice (e.g. meditation). Increasing support in this area may be beneficial, again within the boundaries of what is permitted in her home.

Based on their conceptualization, Yeh and Kwan (2010) encourage counsellors to advocate for their adolescent clients across these different contexts.

### ***Additional Counsellor Roles***

When counselling adolescent females, it is critical for counsellors to operate outside the counselling room. Moreover, for social justice efforts to be fruitful, counsellors need to move beyond one-on-one counselling. In fact, some scholars have proposed that individual counselling may not even be necessary, and instead advocacy is needed. As such, this factor should be assessed at the onset of the relationship (Ratts, Singh, Nassar-Mcmillan, Butler, & McCullough, 2016; Sinacore & Ginsberg, 2015). In order to help adolescent females in a holistic manner, counsellors must move beyond their traditional counselling roles and actively work in collaboration with other service providers and/or agencies that are involved in clients' lives.

In applying this principle to Alicia, I consult with other professionals (e.g. school counsellor, teachers) in order to fully address some of the difficulties that she has been wrestling with (i.e. substance misuse, possible depression, academic future). This multidisciplinary approach gives me a more holistic and comprehensive understanding of Alicia and her current challenges. In taking on such an approach, it is important for me to remember that Alicia is the client, and her needs and confidentiality are central. In talking with her, we decide that I will adopt an advocacy role on her behalf



in order to ensure that she is well understood and not unnecessarily pathologized. To this end, I have conversations with Alicia before the family, and multidisciplinary meetings occur. I am transparent with her about what will be discussed when she is not present. Alicia reports feeling comforted by the fact that she has me as an ally who will make sure that she is not seen as just a “druggie who cannot finish school”.

Advocacy has the potential to become complex when considering the multiple individuals involved in the multidisciplinary team, the power dynamics that can arise, and the clinical setting in which the meeting takes place. These factors have the potential to detract from offering Alicia the best care possible. For example, the school principal strongly believes that Alicia should transition into a vocational program, but Alicia adamantly disagrees. I assume responsibility for assessing her ability to remain in regular schooling and for conveying this information to school personnel. Alicia’s parents are, at first, inclined to follow the principal’s advice, as he represents an important authority figure. In my role as an advocate for Alicia, I also support her in expressing her views to her parents, to ensure that all of her needs and capabilities are being considered. Of course, it is important that this conversation occurs in a manner that is respectful of Alicia’s desires as well as her parents’ communication style and worldviews.

Once everyone has had an opportunity to share their thoughts, I reiterate how important it is for Alicia to remain in mainstream schooling and open the door for her to talk about some of her educational and occupational goals. Once Alicia’s needs and capacities are clearly communicated to both the school personnel and her parents, it is easier for everyone to see the value of keeping her school life stable. Considering the progress that Alicia has already made in counselling and the ongoing support she will continue to receive, a plan is created to reintegrate Alicia into school and to help her make up the work that she has missed since the start of the academic year.

## Summary and Conclusion

This chapter focused on a case study of a bicultural adolescent female. Alicia was referred to counselling due to issues of substance misuse. She also disclosed experiencing symptoms of depression and facing a number of challenges commonly encountered among adolescent females in Canada (e.g. academic difficulties, romantic relationship concerns). In keeping key concepts such as multicultural counselling and social justice at the forefront of my writing, I applied the revised CIC framework (see Chap. 2) to this case in a way that is congruent with my own counselling style but most importantly in a way that would be helpful to Alicia. The ten key arguments presented above are not meant to include every aspect of the revised CIC framework, nor do they represent an exhaustive list of socially just and culturally responsive clinical considerations. My intention was to be as holistic and integrative as possible – beginning with larger considerations, such as conceptualizing and contextualizing the case of Alicia, and moving towards more specific ideas, such as the possibility of

taking on additional roles, at times, when counselling this adolescent female. I hope that this type of synthesis is helpful in thinking about other youth with multiple and intersecting cultural identities and social locations.

### Questions for Reflection or Discussion

1. Where would you begin in working with Alicia? How would your theoretical orientation influence your point of entry in addressing her presenting concerns?
2. If Alicia refused to discuss her substance misuse and potential symptoms of depression and, rather, wanted to focus solely on her cultural exploration and peer relationships, what would you do?
3. What reactions do you have regarding Alicia's parents *tough love* attitude? How would you address your concerns (if any) with Alicia and/or her family?
4. What tools and/or strategies would you employ to help Alicia explore her multiple and intersecting cultural identities and social locations?
5. What tools and/or strategies would you use to reflect on your own multiple and intersecting cultural identities and social locations and the manner in which they might play a role in this case?
6. How would this case look similar and/or different if the client was an adolescent male?

### Learning Activities

1. The first two domains of the revised CIC framework focus on (a) assessing the salience of client and counsellor cultural identities and (b) critically analyzing client and counsellor social locations. Apply the competencies from these two domains of the revised CIC model to your own multiple and intersecting cultural identities and social locations. Then apply them to Alicia's multiple and intersecting cultural identities and social locations. How would these two domains potentially interact?
2. As a different means of exploring your own multiple and intersecting cultural identities and social locations, engage in self-reflection in response to the areas outlined in the cultural self-assessment tool (Hays, 2008). What thoughts do you have about your positions of privilege, and how could they affect your work with a client like Alicia?
3. Apply the ecological model of counselling (Yeh & Kwan, 2010) to the case of Alicia. What observations can you make about the contextual influences in Alicia's life and how they may impact her presenting concerns?
4. In this chapter, the idea of empowering Alicia throughout the counselling process has been discussed. How do you understand the concept of empowerment? Discuss your own understanding with your classmates and reflect on how you would empower Alicia in similar and/or different ways?

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# Chapter 11

## The Relevance of Spirituality to Cultural Identity Reconstruction for African-Caribbean Immigrant Women



Sandra Dixon

### Introduction

As a woman of African-Caribbean descent who migrated to Canada as an adolescent, I was uprooted from my family, friends, and familiar places and had to readjust to a new culture. I was plagued with the post-migration stressors of steep learning in a new cultural context, discrimination, and social marginalization, which gave rise to mental health issues, such as anxiety, stress, and depression. My personal experience with racial discrimination, cultural prejudice, and microaggressions significantly impacted my sense of self. I did not seek therapy because of the stigma, often associated with mental illness in the African-Caribbean culture, as well as the absence of culturally appropriate services (Dixon, 2015). However, my spiritual orientation, the belief in a higher power that I refer to as God, provided me with the self-empowerment needed to reconstruct my cultural identity to cope with the above post-migration stressors.

In my past employment roles, I have interacted with members of various non-dominant groups including but not limited to African-Caribbean immigrants across various cultural contexts and social settings, such as non-for-profit community organizations, social services, the youth justice sector, as well as counselling contexts such as youth employment programs. In my previous work as a life skills facilitator, program facilitator, caseworker, and counsellor, I have interacted with many immigrants who struggled with issues related to a fragmented cultural identity. In trusted conversations with many immigrants, they have expressed reluctance to seek counselling out of fear of being labelled and categorized as *crazy* by other people within and outside of their ethnocultural community and social group.

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© Springer Nature Switzerland AG 2018

N. Arthur (ed.), *Counselling in Cultural Contexts*, International and Cultural Psychology, [https://doi.org/10.1007/978-3-030-00090-5\\_11](https://doi.org/10.1007/978-3-030-00090-5_11)

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Many immigrants have shared anecdotal information with me that their perceptions of psychotherapy or counselling conjure up feelings of embarrassment, rejection, discomfort, shame, and poor self-image. Their stories also resonated deeply with me since I resisted counselling for the same feelings described above, which were related to cultural (mis)perceptions of counselling. Many of the clients that I assisted while employed as a caseworker in the social service sector expressed general resistance to engage in Westernized Eurocentric counselling practices for fear of being judged and *othered* by members of the dominant culture. As such, they did not receive the culturally appropriate counselling interventions needed to help them reconstruct their cultural identities. In fact, many of these individuals showed resiliency in coping with acculturation stressors, not through traditional counselling practices but because of their faith, including spirituality and religious practices. These experiences led me to pursue research and counselling practices to help bridge the gap between counselling and spirituality that I saw existed among many immigrant groups in my community who often felt disenfranchised. I am passionate about gender issues, processes that lead to marginalization, immigrant rights, social justice engagement, and the role of spirituality and religiosity in sociocultural and cross-cultural contexts.

Previous Canadian research (McKenzie, Khenti, & Vidal, 2011) shows that the mental well-being of many immigrants erodes over time and that these individuals also underutilize counselling services. Even if they were to access these services, other Canadian research has shown that most counsellors (approximately 54%) do not feel comfortable, confident, or competent enough to integrate spirituality into counselling practices (Plumb, 2011). In this chapter, I introduce the reader to a form of spirituality, which for many people of African-Caribbean descent is rooted in Pentecostal faith, an outgrowth of Christianity (Dixon & Arthur, 2014). The chapter contains a case study illustration, which will focus on an African-Caribbean immigrant woman and her use of Christian spirituality, particularly Pentecostal faith to navigate her fragmented cultural identity amidst post-migration stressors. This case study illustration will highlight concepts from culture-infused counselling (CIC) (Collins & Arthur, 2010a, 2010b) and the four domains of the revised CIC framework presented in Chap. 2. Although the content of this chapter is intended to stimulate readers' interest in spiritual issues as they pertain to the African-Caribbean population within Canada, readers are invited to consider what is relevant and transferable across other cross-cultural contexts. This chapter may be of particular interest and benefit for counsellors who are interested in providing counselling services with immigrant clients.

### **Religion and Intersecting Identities: Excerpts from Codes of Ethics and Standards of Practice Guidelines**

Canadian Counselling and Psychotherapy Association (2007), Code of Ethics A10. Sensitivity to Diversity

Counsellors strive to understand and respect the diversity of their clients, including differences related to age, ethnicity, culture, gender, disability, religion, sexual orientation, and socioeconomic status (see also B9, D10)

Canadian Psychological Association (2000), Guidelines for Non-discriminatory Practice

Principle I: Respect for the Dignity of Persons

...Psychologists appreciate that the innate worth of human beings is not enhanced or reduced by their culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socioeconomic status, or any other preference of personal characteristics, condition, or status...Psychologists do not impose the dominant culture world view on those who are different. Psychologists continually monitor how they demonstrate respect when working with diverse populations.

American Psychological Association (2017a), Ethical Principles of Psychologists and Code of Conduct

2.01 Boundaries of Competence

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

### **American Psychological Association (2010), Code of Ethics General Principles**

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

(continued)



American Psychological Association (2017b), Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality

Guideline 1. Psychologists seek to recognize and understand that identity and self-definition are fluid and complex and that the interaction between the two is dynamic. To this end, psychologists appreciate that intersectionality is shaped by the multiplicity of the individual's social contexts.

Guideline 2. Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities.

Suggested Resource: Association of Spiritual, Ethical, and Religious Values Issues in Counseling ([https://www.counseling.org/docs/default-source/competencies/competencies-for-addressing-spiritual-and-religious-issues-in-counseling.pdf?sfvrsn=aad7c2c\\_8](https://www.counseling.org/docs/default-source/competencies/competencies-for-addressing-spiritual-and-religious-issues-in-counseling.pdf?sfvrsn=aad7c2c_8))

## Situating the Case Study Context

The Canadian mosaic is characterized by richness in cultural diversity. Within Canada, people of Caribbean heritage represent the third largest visible minority group and the largest group of non-European immigrants, with a population of 1,198,545, following South Asians (1,924,653) and Chinese (1,577,060) (Statistics, 2017). In this chapter, the term *non-dominant* refers to those groups that are 'commonly marginalized in society by virtue of being different from the dominant Anglo-Saxon, male, heterosexual culture' (Arthur & Collins, 2010a). People of African descent are not homogeneous; their beliefs, values, and behaviours will vary based on religion, accents and dialects, country of origin, social context in the host country, and individual experiences (Satzewich & Liodakis, 2017). This means that African-Caribbean community may share commonality to the same racial group, but they have diverse ethnic group affiliations. According to the American Psychological Association (APA) (2011), some North American people of African descent prefer to be called Blacks as a universal racial identifier, while others prefer to be identified by their ethnicity (e.g. African-American or African-Caribbean-Canadian). These terms are acceptable and are often used throughout the literature (APA, 2011). In keeping with the current literature, as well as being sensitive to how the terminology is used, the term African-Caribbean will be used to describe English-speaking immigrants from former British-Caribbean colonies such as Jamaica, Grenada, the Bahamas, and Trinidad and Tobago. As such, it is relevant to address appropriate terminologies in the discussion of African-Caribbean

immigrants throughout this book chapter. Counsellors are also reminded to clarify preferred use of terminology with their clients.

Borrowing from Hall (2006), the term *diaspora* refers to a conception of identity, which is constantly reconstructing itself through a state of cultural adjustment; many African-Caribbean individuals experience such adjustment post-migration. Drawing on the theoretical framework of social constructionism (Gergen, 2009), *cultural identity reconstruction* refers to the process by which an identity damaged by the trauma of migration is reconstructed (i.e. post-migration trauma). The idea of *reconstruction* recognizes adaptation and negotiation as well as the role of language in coping with post-migration stressors. Additionally, for the purpose of this chapter, I use the concept of *post-migration trauma* to describe the psycho-sociocultural experience – caused by direct or indirect threats to well-being – that impacts people's overall human functioning and ability to cope with perceived stressors in life. *Post-migration stressors* are relevant aspects of immigrants' experiences of adjustment, which inevitably might impact how effectively they reconstruct their cultural identity (Dixon, 2015; Djuraskovic & Arthur, 2010). To understand the experiences of diverse immigrants, mental health professionals such as multicultural counsellors must be aware of and understand the patterns of post-migration trauma often triggered by societal stressors such as classism, unemployment, stigmatization, gender inequity, marginalization, sexism, lack of resources for cultural learning, acculturative stress, and racial discrimination. In turn, some of above stressors are affiliated with the social determinants of health (e.g. unemployment, gender inequity, classism) that can also adversely impact post-migration adaption for many immigrants living in a new country and cultural context (Salami et al., 2017).

Spirituality is a key cultural dimension that has not been sufficiently recognized by counsellors as a tool for coping with mental health challenges (Daniels & Fitzpatrick, 2013; Fukuyama & Sevig, 1999). In defining relevant concepts, the distinction should be made between *religion* and *spirituality*; in the Western culture, we tend to use spirituality to represent a universal worldview, while religion tends to describe a more concrete expression (Fukuyama & Sevig, 1999). However, for many African-Caribbean individuals, spirituality and religion are interconnected dimensions that describe similar concepts and processes. Counsellors are cautioned about restricting spirituality to the personal sphere that 'fits into a secular and psychologically oriented milieu' and religion to certain organized groups who engage in some form of systems of faith and worship (Fukuyama & Sevig, 1999, p. 7). Research has confirmed that religion and/or spirituality are highly valued and are often relied on as a resource for maintaining personal strength in times of adversities (e.g. distress and hardship) by English-speaking members of the African-Caribbean community in Canada (McKenzie et al., 2011).

It is important for counsellors who might be interested in working with diverse cultural groups, including people of African-Caribbean descent, to deepen their understanding and appreciation for the role that religion and spirituality played in the historical context for many of these individuals. For instance, a majority of people of African-Caribbean descent adopted the Christian faith as a spiritual tradition in the earlier forced migration through the slave trade (Garzon, 2005). Therefore,

the predominant religion in the Caribbean is Christianity. According to Marshall (2005), the Europeans used religion to capture the hearts and souls, emotions, and minds of a body of people (i.e. slaves) in order to control their lives from a social and cultural perspective. Despite the influence of the European form of Christianity, many people of Caribbean descent fused this form of religion with more traditional or prevailing aspects of African culture, which often incorporates dancing, music, and demonstrative expressions of their faith (Alexander, 2011).

The *Pentecostal faith tradition* originates from a revitalization of the experiences of the early Christians on the day of Pentecost, described in the Book of Acts in the Bible. According to Acts 2:4, approximately 5000 people were filled with the Holy Spirit and began to speak in other languages motivated by the Spirit (New International Version [NIV]). *Speaking in tongues* or *glossolalia* is one of the key tenets of Pentecostal faith. It describes the spiritual phenomenon of suddenly being able to speak in other languages. This practice is considered to be a transformational spiritual conversion, which is highly valued by numerous African-Caribbean adherents of this faith group (Dixon, 2015).

Next, a case study is presented to provide an illustration of post-migration trauma experienced by an immigrant woman of African-Caribbean descent. Following the text of the case study, the four domains of the revised CIC framework outlined in Chap. 2 are used to explore how culturally responsive and informed interventions can be applied during the counselling process with this client.

## Case Study Illustration

Patricia (pseudonym) is a 40-year-old woman who migrated from the Caribbean 5 years ago, and she now works as a Personal Support Worker (PSW) at a senior's home. Patricia is a widow with two children: a 16-year-old daughter (Grace) and a 10 year-old son (Paul). Both children share the same father who was very involved in their lives. However, he passed away 5 years ago from prostate cancer in the Caribbean shortly after Patricia migrated to Canada. Patricia's two children were living in the Caribbean with their maternal grandmother and relocated to Canada only 2 years ago to join Patricia. Prior to the children's arrival, Patricia would make the financial sacrifice and visit them in Jamaica at least twice a year. However, 2 years ago she was able to bring both children to Canada because her financial situation became more stable. Patricia also obtained her permanent residency immigration status with the support of her employer at the time, who sponsored her as a live-in caregiver.

Initially, Patricia's reunion with her children was cheerful, but following the first 6 months, her relationship with the children started to change. To meet her family's financial obligations (for rent, food, and other expenses), she started to work more overtime hours, which meant that she spent less time at home engaging with the children. During the limited time they spent together as a family, Patricia noticed that the children had become emotionally distant. For example, they rarely spoke to

her and only when necessary. Also, they stayed in their rooms most of the time, and she felt that both children tended to bond together and do things without involving her, such as watching a movie or playing board games.

Aside from issues with the children, Patricia also described to me that she was also experiencing difficulties at work with her male Caucasian supervisor whom she feels is treating her unfairly. Despite the 3 years Patricia has worked with the company, the supervisor has never given her a positive work review. She frequently stays overtime to complete her duties and would go above and beyond to care for her clients. Yet, her efforts never seem to be enough to warrant any recognition. In fact, she painfully told me that a new staff that she trained got promoted and now is placed in a higher position than her, despite her many attempts to apply for the same position. More so, the supervisor would assign her the most menial tasks to do such as mopping the floor, although she went back to school in the evenings and on weekends, while working full time to obtain her Personal Support Worker (PSW) certificate. Whenever she would try to advocate for herself, Patricia would be told by her supervisor that if she didn't like her job she could quit because there is always another desperate immigrant to take her place. Unfortunately, Patricia is not in a financial position to quit her job because of her sole financial responsibility to her children as well as her relatives in the Caribbean who are relying on remittances from her in Canada.

When asked about her faith, Patricia said she considers herself to be a very religious and spiritual person. She reported that while in the Caribbean, she grew up in the church because both her parents were Christians of Pentecostal faith. She disclosed that she became a committed believer of the Pentecostal faith tradition at the age of 16 when she made a personal decision to accept Jesus Christ as her personal Lord and Saviour; at the age of 17, she was baptized into the faith. Premigration, she was very active in the church community. For instance, she taught Sunday school, sang in the choir, and planned fundraising events to help with the church's building funds. She took pride in her church duties and felt strongly connected to her faith through daily devotions, prayer, fasting, praise and worship, and speaking in tongues. According to Patricia, she continued her faith practices post-migration. She admitted that her connection to the church provides her with strong social support and a deep sense of community.

Additionally, Patricia shared with me that she has been experiencing various physical symptoms including insomnia, headaches, stomach cramps, irregular diet, digestive problems, weight loss, and body pains. She said that she has been visiting her family doctor to address these physical symptoms, which she believes is causing her great emotional stress including depression, anxiety, and recent panic attacks. Patricia acknowledged that her lack of sleep and health problems have made her irritable and short-tempered towards her children. She reluctantly indicated that both children are not doing well in school and she feels guilty for not been able to provide them with the educational support they need (i.e. tutoring) to improve their academic performance. With tears in her eyes, Patricia softly disclosed that quite often she lies awake at nights with ruminating thoughts of regrets about leaving the Caribbean as well as bringing her children to Canada under these strenuous circumstances.

Although Patricia said she feels strongly connected to her faith and her church community, she considers herself to be a very private person and refrain from discussing these personal issues with her pastor and/or other church members.

Reflecting on Patricia's story, it became evident to me that she views herself as a resilient person with a sense of personal agency and the ability to persevere through severe hardships. However, her personal issues, culminated with her work struggles, have created ongoing acute distress for her physical well-being and mental health functioning. Patricia does not feel emotionally strong enough to deal with all these post-migration stressors. Following the referral to me from another female immigrant client in the community, I looked forward to meeting Patricia and learning how I could help her through counselling.

## **Culture-Infused Framework: Integrating Spirituality into Client Care**

CIC can be applied by counsellors who are interested in working with members of non-dominant faith groups, including Pentecostal clients of African-Caribbean descent (Dixon & Arthur, 2014). Each of the four domains of the revised CIC framework outlined in Chap. 2 will be explored in relation to the case example. Although the domains are presented sequentially, in reality, culture-infused counselling occurs more fluidly across the four domains.

### ***Exploring Personal Identities and Religious Worldviews***

In considering the first domain of CIC, counsellor awareness of personal cultural identities, it is important for counsellors to be aware of how their own religious worldviews, or lack thereof, might affect the therapeutic process. In my work with Patricia, I tried to be mindful of my own cultural assumptions and biases and how these might play a role in helping me to establish a trustful relationship with her. An example of a bias that I recognized in the counselling process was that I thought Patricia needed to reach out more to her church community for support instead of relying solely on her own strength and resources. In recognizing this bias within myself, I made the conscious effort to redirect the focus back to the client with the self-awareness that her decision to rely on her inner strength, exclusive from her church community, attests to her groundedness in faith, which should not be judged but respected and supported by me. My ability to deepen my understanding of this client helped to facilitate her readiness for change in our collaborative work.

I also acknowledge that as a multicultural counsellor who shares similar ethno-cultural background as the client, I too can have blind spots, which might influence

the acceptance of the client's story and the genuineness of this collaborative relationship. An example of a possible blind spot is my ability to demonstrate colour consciousness, which is to overemphasize race and ignore other key factors when addressing systemic discrimination such as gender, class, and socioeconomic status in Canada's dominant society (James, 2010; Patel, 2014). It is important that I acknowledge my own intracultural perception biases about the Pentecostal religious orientation/affiliation and its influence within the African-Caribbean culture, which can sometimes be perceived by both progressive insiders and outsiders of the faith as dogmatic and fundamentalistic. This form of self-awareness allows me to address cultural complexities in practice and infuse all dimensions of Patricia's culture including her faith in a respectful, caring, and compassionate way without any form of prejudgement.

I generally support that position that spirituality and religious involvement can have a positive influence on emotional well-being (Fukuyama, Sevig, & Soet, 2008). Conversely, I am critically mindful of the dark side of religion and the fact that many people have been harmed by the immoral and questionable behaviours that have occurred in some church communities, such as sexual abuse, prejudices, and certain fundamentalist beliefs that are racist and sexist. The results of such behaviour have been very harmful for people in terms of fragmenting their felt sense of identity and community (Dixon & Wilcox, 2016). Therefore, I am actively aware of my own assumptions as well as the client's surrounding Pentecostal spirituality as it relates to gender and the role of women in the church. For these reasons, I often consult with trusted colleagues as well as engage in other forms of reflective practice to ensure that my work with spirituality and faith practices in counselling is ethically grounded. By being aware and transparent about my own assumptions, I am able to authenticate Patricia's story in a clinical setting, through taking into consideration cultural context, cultural belief systems, and cultural differences and similarities between the client and myself.

### *Exploring Patricia's Cultural Identities*

In the second domain of CIC, emphasis is placed on gaining awareness of the client's cultural identities. In this context, I give consideration to how Patricia's worldviews might influence her overall health and well-being, as well as her views of counselling. In assessing Patricia's post-migration story, I first considered her as a holistic being and used multilevel assessment experiences to view her experiences through a contextualized and systemic lens. For example, although Patricia and I shared similar racio-ethnic backgrounds as African-Caribbean women, as her counsellor, I did not want to assume that she would be comfortable sharing her post-migration story with me. In fact, I am aware through my own lived experiences and others in the community that, intraculturally, many people of African-Caribbean descent value privacy and keep family matters within the family unit for fear of

being judged by outsiders and possibly insiders who are not a part of the extended family dynamic.

In this case, my work with Patricia around potential post-migration trauma on her cultural identity is tentative, curious, sensitive to, and respectful of her multiple identities. Embracing this not-knowing stance and positioning the client as the expert of her own narrative help to strengthen the working alliance and prevent any potential. According to Safran and Muran (2003), a *rupture* describes a breakdown within a counsellor-client relationship where the client might find it difficult to trust the counsellor. This client-centred style is driven by the client and proved to be effective in supporting Patricia and her ability to explore her own cultural identity. By joining with Patricia in her cultural self-explorations, we were able to co-construct new meanings around her acculturative stress, which resulted in her experiences of trauma. I approached my work with Patricia from a collectivist worldview with consideration given to the interdependency of the larger sociocultural contexts that she belongs, such as extended biological family and church community.

Through dialogue, I come to realize the salient role that Patricia's spirituality plays in her life. In other words, her faith serves as an integral dimension of her cultural identity reconstruction, which actually helps to promote her mental health instead of hindering it. Aside from Patricia's commitment to her Pentecostal faith, it is critical for me to consider the interplay of all dimensions of her cultural identities (i.e. including ethnicity, race, gender, sexual identity, age, sociopolitical status, and spirituality) and how these dimensions might affect her adaptation into the Canadian culture. More so, I give adequate attention to how Patricia might perceive me as her counsellor from the same ethno-/racio-cultural background.

The information obtained from the initial conversation with Patricia is instrumental to help me normalize and validate her cultural beliefs, values, and spiritual and religious practices throughout the counselling process. By exploring Patricia's multiple constructed identities (i.e. mother, daughter, widow, parent, provider, active church member) within the assessment phase of the counselling process, I help to identify multiple influences in relation to Patricia's mental health and daily functioning. Working from a strength-based perspective helps to avoid categorizing and/or pathologizing Patricia based on preconceived intracultural and intercultural religious values. Failure to do so is likely to cause a therapeutic rupture, further marginalize Patricia, and cause her undue distress.

In this regard, I am sensitive to the deep-rooted nature of Patricia's spiritual conviction and do not want to exclude this salient aspect of her cultural identity from the counselling process. I find working with this client around the reconstruction of her identity as it relates to her faith an important relationship building process. I gain better insights into the client's religious worldview which she expresses has become less rigid post-migration. For instance, she shares with me that premigration she was not open to wearing pants and make-up due to fear of being judged by both insiders and outsiders of the Pentecostal faith as not being a devout Christian. However, during her post-migration reconstruction process, her Christian views change to become less rigid and more accepting of religious differences. Joining



with Patricia in her story of faith challenges me to reflect on my own religious beliefs, assumptions, and values.

*Cultural auditing* is a tool that was developed to help counsellors engage in continued cultural reflection and to avoid unethical practice (Collins, Arthur, & Wong-Wylie, 2010), (see Chap. 2). Cultural auditing, therefore, is useful for me to consider, in assessing my own comfort level in working with someone who shares my ethno-cultural background and has a similar religious affiliation. I had to be cautious to not disclose my faith to Patricia as well as form unhealthy boundaries with her around our intracultural commonalities and shared experiences. This would be seeing as me exerting power in the session by privileging my own narrative instead of validating and honouring the client's story. Rather, I aimed to create a safe counselling space to prioritize Patricia's religious worldview and explore how she made meaning of her Pentecostal faith amidst her post-migration stressors and various forms of social injustices. Therefore, deeper reflections of my spiritual and religious biases allow for greater transparency with Patricia, thus enhancing the working alliance as well as allowing for culturally sensitive ways of intervening.

### *Infusing Cultural Exploration into the Working Alliance*

It was useful for me to know that although many people of African descent throughout the diaspora share the same mental health issues similar to other cultural groups, many of them might feel that seeking mental health is contrary to their Christian faith (McLeod, 2007; Williams, 2011). Many people of African heritage have spiritual faith that God will 'mak[e] a way out of no way' (Harvey, Blue, & Tennial, 2012, p. 34). In Patricia's case, I wonder if she is likely to hold the view that God will empower her with the strength and moral courage needed to overcome issues of personal and societal struggles. Given this background knowledge, I am intentional in helping Patricia explore the costs and benefits of pursuing counselling outside of her faith community. By so doing, this helps her to make a fully informed decision about her goals for therapy and the necessary tasks she will need to undertake to accomplish her goal. Through her action, Patricia demonstrates a reconstructed sense of identity. She is able to act independently by participating in counselling outside of her faith community without feeling weak or concerned about how others will perceive her.

Borrowing from Sattler and Hoge's (2006) definition, *psychological assessment* refers to 'any activity designed to further the process of accumulating information, and forming a judgment about the behavioural, emotional, or social characteristics of an individual' (p. 4). According to Hays (2016), a culturally responsive diagnostic approach allows the counsellor to plan treatments tailored to address the unique cultural needs of the client. One form of diagnosis is known as *psychodiagnosis*, which refers to the process of identifying clients' emotional or behavioural problem based on their current state (Corey, Corey, & Callanan, 1993). Corey et al. (1993)

posit that this process considers possible factors that impact a person's emotional, psychological, and behavioural challenges.

In addressing assessment, irrespective of the counsellor's worldview, counsellors are encouraged to understand clients' spiritual and/or religious perspectives by gathering relevant information from them and other sources during the intake and assessment process (Association for Spiritual, Ethical, and Religious Values in Counseling [ASERVIC], 2009). The ASERVIC (2009) identifies six key competencies and their importance in helping counsellors work with diverse clients. They are (a) culture and worldview, (b) counsellor self-awareness, (c) human and spiritual development, (d) communication, (e) assessment, and (f) diagnosis and treatment. I find that reflecting about these competencies is beneficial in my work with Patricia, in order to consider my usual approach to assessment and what I might need to customize to meet the unique needs of this client.

Adopting a curiosity stance, I complete a culturally responsive assessment with Patricia, which allows me to understand her personal history in its cultural context. A *culturally responsive assessment* helps the counsellor and client establish a mutually acceptable and culturally sensitive treatment plan (Hays, 2016). In this context, I asked Patricia relevant questions, such as: 'What kind of treatment do you think you should receive?' 'How recently did you immigrate to Canada?' Asking the client these sample questions allows deeper exploration of her presenting concerns and helps to enrich my contextual knowledge of Patricia's cultural background in order to clarify her expectations for counselling.

I find it beneficial to reflect on my own faith practices and how they informed my post-migration cultural identity reconstruction to aid in treating this client. This is achieved through empathic understanding of Patricia's worldview to enhance the working alliance, facilitating the diagnostic and treatment plan, and creating a safe space to consider valuable spiritual and religious coping resources that might have been missed by adopting Western psychological treatment knowledge. I intentionally seek to learn from Patricia about how she perceives that a connection to her faith is deeply rooted to her cultural identity. By collaborating with other mental health professionals of Pentecostal faith, this enables me to inform the sensitive development of a treatment plan that integrates awareness of how Patricia's faith tradition promotes effective overall health and contributes to her post-migration problems and how her faith tradition could possibly be exacerbating her symptoms (ASERVIC, 2009).

In my work with Patricia, I use an integrative therapeutic style that is collaborative. From the onset, I am transparent with Patricia by informing her that she was the expert of her story and my aim was to work *with* her as an appreciative ally and *not for* her (Madsen, 2007). In working with Patricia, I begin by attentively listening to her and gently probing about what she hoped to achieve from the process, using empathetic statements and validating her post-migration concerns. I take a positive curiosity stance of not-knowing with an understanding that cultural nuances exist within the therapeutic relationship. These approaches allow me to cautiously avoid

taking an expertise stance with Patricia and embrace a curiosity stance of not-knowing (White & Epston, 1990). My position within the working alliance as an *accountability ally* (Madsen, 2007) opens up a space for us to explore various possibilities of learning and meaning making with each other. Including the use of a psychoeducation intervention with Patricia to help her understand more about post-migration trauma is useful for her to describe how it was impacting her life.

By joining with Patricia from a place of curiosity and transparency, I am able to engage with her and avoid possible resistance within the working alliance. Strengthening the working alliance proved to be beneficial, since I am mindful of the fact that quite often clients of African descent have been reported to have higher rates of early termination in psychotherapy than other ethnic groups (Sue & Lam, 2002).

As part of building rapport and helping to facilitate therapeutic change with Patricia, I demonstrated the foundational characteristics of client-centred therapy that are transferrable to other counselling contexts: genuineness, unconditional positive regard, and sincere empathy (Prochaska & Norcross, 2014). In addition to demonstrating these basic skills, by asking probing questions, I am able to have a better grasp of the spiritual struggles that Patricia reports to be experiencing in respect to post-migration trauma. I portray a non-judgemental stance in my approach with Patricia by attentively listening to her story of her internalized feelings of oppression as a member of a non-dominant group who is *othered* and seen as less because of her immigrant status. Patricia states that this feeling is evident not only in her place of employment but Canadian-dominant society as a whole. Patricia makes it clear that such internalized feelings of oppression negatively impact her mental health and strain her relationship with her children, as she is drained and feels burdened by her responsibilities. By utilizing the aforementioned basic skills, the initial process of building the working alliance unfolds. It was paramount to help Patricia to feel comfortable forging a trustful relationship with me that feels safe to her and is a collaborative process in which she is the expert of her experience.

My active engagement with Patricia likely helps to avoid premature termination by building mutual trust from the initial session onwards and through valuing her spiritual identity in determining culturally relevant counselling goals and processes. For example, the exploration of Patricia's faith practices including prayer, Bible reading, speaking in tongues, and charismatic worship as part of the treatment plan aids her to reflect on her strengths, thus increasing her personal agency and sense of resiliency in the healing process. From this perspective, studies affirm that the appropriate infusing of faith practices such as prayer can serve as useful to clients who seek transformative healing through spirituality and religion (Dixon, 2015; Fukuyama et al., 2008). Throughout our sessions, I was mindful to check my understanding about Patricia's meaning and understanding of our work together, aiming to share power, and encourage her be the expert on her life.

### **Countertransference, Transference, and Resistance (Adapted from Dixon & Arthur, 2014)**

**Countertransference:** *A process in which the counsellor transfers feelings towards the client that resembles past feelings, emotions, and/or experiences.* An example in the above case study might be this counsellor's sceptical attitude towards speaking in tongues as a meaningful language based on the assumption that it potentially lacks strong empirical support. I might view it as a primitive and repressive belief that can further traumatize the client. To address the issue of countertransference with Patricia, I would engage in reflective and reflexive practice in order to make meaning of my own assumptions and process them in an unbiased manner that does not jeopardize my relationship with the client.

**Transference:** *A process in which the client may consciously or unconsciously redirect feelings to the counsellor that resembles past feelings, emotions, and/or experiences.* For example, Patricia's loss of her husband might be transferred unto me if I tried to end the counselling relationship, especially in a premature manner. In order to mitigate this issue, I would establish a trustful relationship with Patricia where she feels comfortable to bring these feelings to the surface for further processing.

**Resistance:** *The client's unwillingness to disclose information or engage in the change process, either consciously or unconsciously.* As resistance is quite common among people of African descent due to the issue of mistrust within the community (Dixon, 2015), I would work collaboratively with Patricia to build an accountability alliance where she sees me as working *with* here and not *for* her. By addressing the power dynamic, it is hoped that any resistance that the client might have will diminish.

**Value clashes:** *These occur as a result of conflicting beliefs and practices between counsellors and clients.* In my work with Patricia, such value clashes might happen intraculturally; although we share similar religious orientation, my social construction of faith and what it means to me is personal and might deviate from hers. To avoid such clashes, I would reflect about my religious views privately and focus on helping the client co-construct a view of religion that is meaningful to her post-migration growth and development.

**Power Dynamic in Counsellor-Client Relationship** Counsellors, often without awareness, reinforce positions of power by ignoring the spiritual views of clients. This is likely to create tension and strains within the working alliance, which inadvertently could result in a rupture. For many African-Caribbean clients, this rupture may be compounded by the pre-established power dynamic within the counsellor-client relationship. Quite often in the counselling profession, I have observed that the imbalance of power dynamic is portrayed from a counsellor of a dominant group to a client of a non-dominant group due to the salient systemic barriers (Patel, 2014).

The underlying power dynamic of this intracultural relationship between myself and the client should not be ignored. It is important to note that power struggles can

still occur within a counsellor-client relationship wherein both parties are of the same cultural heritage; this is the case with Patricia and myself as we share similar ethnocultural backgrounds as African-Caribbean women who have both experienced racial and systemic injustices. As a multicultural counsellor from a non-dominant group, I am aware that many people of African descent get frustrated with counsellors, regardless of their ethnicity, who intentionally avoid issues that pertain to race and ethnicity during the counselling process (Patel, 2014). It might be viewed as a poor clinical judgement for a counsellor, particularly one from the same racial-cultural background working for the client in question not to take a holistic approach by considering the role of systemic barriers such as racism, discrimination, and marginalization that are often experienced by non-dominant populations. I did not shy away from assessing systemic issues that Patricia identified as relevant for her experience. Using my active listening and culturally empathic skills, I am able to hear what the client is hearing, see what the client is seeing, and feel what the client is feeling; this is because I gained a richer understanding of Patricia's post-migration trauma and the roles that systemic racism and discrimination play in the process.

### *Shifting the Focus to Socially Just Interventions*

As noted in Chap. 2, the fourth domain of the revised CIC framework focuses on culturally informed and socially just interventions (see also Collins & Arthur, 2018). My willingness to infuse culture into my work has helped to increase a positive profile in the local community, which helps to support access to counselling. As previously mentioned, many immigrant populations, including African-Caribbean immigrants, are resistant to seek counselling to address mental health concerns, due to fear of being mislabelled as 'crazy' by other members of their communities (McKenzie et al., 2011; Williams, 2011). It is therefore critical for counsellors working with diverse immigrant groups to be culturally sensitive to their lived realities and perspectives on counselling. In this case, Patricia was referred by another community member and was able to help her access counselling and gain positive expectancies about counselling in the current situation and for the future. I worked directly with the client to consider ways to supporting her, to feel more empowered in her life situation, and to address systemic barriers in the workplace.

In addressing Patricia's experiences of stress and other health concerns, a useful intervention at the *micro level* is for me to increase consciousness-raising with her around cultural discourses of religious discrimination, as well as systemic barriers such as racism and classism. Building on the theme of social injustice, I tentatively explore with the client her faith practices. She mentions glossolalia, also known as speaking in tongues, which is a salient feature of Pentecostal faith and holds value for her as a unique aspect of her worship tradition. It is noteworthy to add that this feature tends to have a negative connotation for many outsiders of this faith tradition (Dixon, 2012). Additionally, quite often members of the Pentecostal faith are demonized and pathologized within mainstream society (Dixon, 2012) as well as in past psychological literature (Kildahl, 1972). For instance, these individuals are

often mislabelled and categorized as *crazy*, *psychotic*, and *schizophrenic* (Dixon, 2012). Unfortunately, these negative perceptions are still inherent within today's mainstream culture and counselling profession and might still influence how some dominant counsellors view clients from this religious orientation due to their faith practice of glossolalia. In this case study, through meaningful dialogue, Patricia and I explore how the above forms of mislabelling of the faith and how such categorization can be viewed as a form of social injustice for Pentecostal believers such as herself. It is therefore imperative for me as a culturally sensitive counsellor to skillfully and purposefully address cultural discourses in an empathic way that ensures best clinical care for the client.

Patricia talks about experiencing discrimination at work and the financial struggles of working extensive hours to meet her family's financial obligations, both now and previously in her country of origin. Quite often, as in Patricia's case, single-parent households are prevalent within the African-Caribbean community, primarily with mothers assuming the direct parenting roles. In Patricia's case, being a single parent is the sad result of losing her husband to illness several years ago, which makes her a widow. Therefore, my understanding of her familial situation is not viewed in a stereotypical way, but rather a genuine appreciation and empathy that grief and loss is a phase of life for many people; it will also look different for everyone depending on that person's ability to cope with such life changes. Through relational dialogue, I gently encourage Patricia to see her strength within the family dynamic through restructuring her language. For instance, I compassionately challenge her to reconstruct a key aspect of her cultural identity, in that being a widow is an unfortunate circumstance and she was not a single parent by choice. Working from a strengths-based framework, I empower Patricia to recognize her own self-efficacy as a parent, as well as a religious woman of strong faith who can draw on resources from a supportive church community. This form of reconstruction around language is quite liberating for the client who is then able to transfer this approach to other aspects of her life, such as her relationship with her children and church community.

Further, advocacy work might be just as critical at the *meso*-level. Using psychoeducation intervention, we talk about various forms of social injustices and the need for greater awareness as it relates to non-dominant ethnic groups like African-Caribbean populations. For example, she expressed that despite her educational skill set and advance qualification that make her suitable for promotion, her Caucasian male supervisor denied her this opportunity and assigned her to a menial work. Patricia expresses that she has been deeply hurt by the fact that someone she trained got the promotion over her, representing another blatant form of injustice. In Patricia's case, she requests strategies to help her actively assert her power more at work. I role-play with the client within the session to increase her agency and empowerment to advocate for herself at work with her employer. I gently explain to Patricia that by coming to therapy and expressing her frustration with how she has been treated by her employer, she is building up her own sense of agency, which will allow her to advocate for herself in a respectful and assertive way in different contexts aside from work. Through agency-building and psychoeducation around social injustice issues, I am able to empower the client to use her strength and resourcefulness to bring about change for herself, her family, and her community.



Further, at the *macro*-level, I invited Patricia to take a social action stance in viewing her faith from a global perspective and to support other people who want to feel more connected to their faith. By the client embracing such a stance, she was able to recognize the importance of connecting to her faith and creating change through connection with other people.

## Summary and Conclusion

Counsellors are encouraged to advance their knowledge about immigration, human rights, social justice and advocacy, and post-migration trauma that are unique to diverse immigrant populations (Hays, 2016). As highlighted in this chapter, post-migration trauma impacts the cultural identity reconstruction process for many African-Caribbean immigrants across the diaspora (Hall, 2006). The focus of this chapter has emphasized the importance of religion and spirituality in the lives of many people of African descent across diasporic contexts (Diller, 2015). However, as a reminder to counsellors, the case example illustrates that faith practices are to be understood and respected according to the unique worldview of each client. When working with immigrant clients from diverse backgrounds, counsellors should recognize that they will inevitably experience challenges, often requiring new knowledge and skills to support their cross-cultural learning.

The goal for this chapter is not to advocate for a faith-based counselling approach that fits for those counsellors who are only working with immigrant clients of Pentecostal faith. Rather, the author aims to foster a better understanding about Pentecostal faith as well as to illustrate how the intersectionality between cultural identity and social justice within the faith honours the multiplicity of worldviews shared by clients. The spiritual positioning of the counsellor becomes equally important as the spiritual positioning of the client for influencing the process and outcomes of counselling through meeting mutually agreed-upon goals. Hence, this chapter addressed relevant values-based counselling situations and issues. Counsellors will inevitably encounter many challenging issues concerning values over the course of their careers. This requires counsellors to focus their attention on the ways in which their values and those of their clients will impact the working alliance. Counsellors should be mindful they are not value-free or value-neutral and need to be reflective about how their cultural values are connected to the presenting issues of their clients. It takes cultural sensitivity, cultural responsiveness, and collaboration to recognize how clients' values might impact the way counsellors engage with clients of diverse cultural identities (Dixon, 2015).

As a multicultural counsellor from a non-dominant cultural group, I am aware that when mental health disparities are discussed, religion and spirituality are often excluded from the dialogue (American Psychological Association, 2017a, 2017b). Within a multicultural Canadian mosaic, religion is usually not included in current counselling practice. For many immigrants, their mental health and help-seeking behaviour is strongly linked to their religious or spiritual experiences. More so, religion can likely influence salient ways in which immigrants seek mental health services from



their post-migration stressors (Padela & Curlin, 2013). In our collective roles as counsellors, we have the opportunity to serve as change agents for our professional discipline and our respective areas of specialization through action, education, consciousness-raising, and advocacy. Readers are encouraged to access additional resources in order to enhance their knowledge and the practical application of such knowledge when working with immigrants who value their faith.

### Practice Points

1. A sociocultural perspective of religion and spirituality that is diverse and inclusive offers both new opportunities for change and challenges for immigrant clients, for multicultural counsellors, and for changing the environment in which we live (Brown, 2017).
2. Beyond considering cultural differences, attention should be given to power differentials that exist within the client-counsellor relationship, especially among immigrants who may be less familiar with counselling as a form of help-seeking (Dixon, 2015).
3. Sociopolitical forces at the micro-, meso- and macro-levels impact immigrants' mental health and well-being. Counsellors should be mindful that such forces differently impact people and work to address systemic oppression and various forms of social injustices that are experienced by people with less power in society (Arthur, 2014).
4. Counsellors can enhance multicultural competency in their practice though incorporating holistic assessments that incorporate multiple aspects of clients' identities, including their faith-based practices (Hays, 2016).
5. Some immigrant clients may benefit more from counselling approaches, interventions, and assessment tools that are culturally based and collectivistic in nature, instead of Westernized and individualistic.
6. We have an ethical responsibility as counsellors to become more self-aware of our own biases, assumptions, and values and how these factors might impact the counselling relationship with all of our clients (Dixon, 2015).
7. Be mindful that humility, compassion, critical thinking, courage, and curiosity can help to facilitate counsellors work across cultural lines of privilege and oppression (Hays, 2016).
8. Counsellors need to recognize their tendency to use microaggressions, which might be unintentionally reflected in our verbal cues, behavioural patterns, and emotional reactions that add to the many nuances of life that immigrant clients experience on a daily basis (Sue, 2010).
9. Immigrant clients might be reluctant to talk about spiritual and religious issues in counselling because they may fear experiencing 'otherism' within a dominant culture. Demonstrating a non-judgemental and curious attitude, multicultural counsellors can help clients feel safe and heard in sharing their stories (Dixon, 2016).
10. Be political – advocate for your clients who value spirituality and religiosity.

**Discussion Questions**

1. How does awareness of a client's personal and cultural identity overlap with competency in all four domains of the revised CIC framework outlined in Chap. 2?
2. What strategies might the counsellor adopt to resolve her awareness of possible cultural bias?
3. What aspects of the revised CIC framework (see Chap. 2) could be applied to Patricia's story?
4. Which domain(s) would you want to emphasize to support Patricia's cultural identity reconstruction?
5. How might Patricia's case be useful in helping counsellors to reflect about their practices for working with other immigrant clients with relevant spiritual concerns?
6. What information from Patricia's experience of cultural identity reconstruction helps you to the understanding of the African-Caribbean way of life, and what information seems to be missing?
7. What can the counsellor do to educate and enhance Patricia's understanding of the culture- infused counselling and the relevance of this approach to her cultural identity reconstruction? How would you explain the model to Patricia in a way that she would be making an informed choice?
8. How can Patricia make her engagement in counselling meaningful and beneficial to other members of her spiritual and religious community?
9. If a counsellor is asked to work with diverse immigrant clients, what might this counsellor do to increase knowledge of the community, the post-migration trauma, and the cultural expectations, values, and beliefs of diverse immigrant clients?

**Learning Activities**

1. Have a group discussion about the different ways in which counsellors' values might influence the working alliance.
2. Within a classroom context, students are invited to work in pairs with one student playing the part of a client and the other playing the part of a counsellor, after which both students will reverse roles. Both students are asked to role-play a situation in which both students might anticipate the challenge in working with a client who has a different religious belief like fundamentalism.
3. For this exercise, work in small groups. Discuss a client whose spiritual values are rooted with his/her cultural values and whose worldview might pose difficulty for a counsellor with a different value system. What might happen when a client expresses a value that strongly contradicts a value held by a counsellor?

4. Interview each other in a role-play context asking the question ‘Can counsellors remain value-free when addressing the issue of clients’ cultural identity?’
5. Refer to the Competencies for Addressing Spiritual and Religious Issues in Counseling, [https://www.counseling.org/docs/default-source/competencies/competencies-for-addressing-spiritual-and-religious-issues-in-counseling.pdf?sfvrsn=aad7c2c\\_8](https://www.counseling.org/docs/default-source/competencies/competencies-for-addressing-spiritual-and-religious-issues-in-counseling.pdf?sfvrsn=aad7c2c_8). What competencies do you consider to be the most important for your professional growth and development? Discuss how you could take action to enhance your competence for addressing spiritual and religious issues in counselling.

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# Chapter 12

## Intersectionality and International Student Identities in Transition



Nancy Arthur

### Introduction

Sophia arrives at my office with her finger pointing at me, and with a raised voice, she begins, “I am really upset with you. Everything was going so well before the workshop. You burst my bubble”. I immediately react to her statement, which I perceive to be her anger directed at me. I ask Sophia what she is so angry about, and in a louder voice, she clarifies, “I am not angry, I am upset; that is different, and I am here to tell you why”. Worried about an alliance rupture (Safran & Kraus, 2014) so early in this first session, I quickly regroup my reaction and emotions to centre on what is happening with Sophia. I reflect to Sophia that this experience must be very important to her, and I would try to listen carefully if she would try to help me to understand. I invite Sophia to sit down and help me to understand how I had burst her bubble.

I have previously written about the details of my first encounter with international students (Arthur, 2004), and I continue to reflect on that experience with new insights. The letter of acceptance from the university where I was pursuing graduate studies stated that students from out of province and from other countries should arrive 1 week early to become familiar with the campus and city. I took that suggestion seriously and made my first plane trip to another province in Canada. However, when I arrived, there were no preparations in place for students. The residence was closed, the professors in my graduate program were not available, and I was housed with many international students in a makeshift dorm that looked like a warehouse of beds and suitcases. I met a few international students that week and became curious about their journeys to Canada and about what led them to study in another country. Beyond my own negative experience and dismay about the lack of orientation for new students, I wondered about the first impressions held by students from

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N. Arthur (ed.), *Counselling in Cultural Contexts*, International and Cultural Psychology, [https://doi.org/10.1007/978-3-030-00090-5\\_12](https://doi.org/10.1007/978-3-030-00090-5_12)

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other countries. Little did I know, at the time, that this experience as a student would profoundly influence my future roles as a counsellor, researcher, instructor, home-stay host, and parent of two children who pursued international and cross-cultural exchange programs.

I grew up in a rural area in Canada, and my world at that time was confined to local car trips to the nearest town with a population of less than 1000 people. Travelling to *the big city*, a 2-hour drive away, was described by my relatives as a major excursion. I have reflected about these contexts in which I developed my worldview and the strong influence of living in a rural area of Canada during my formative years. I remember that people from different countries were marginalized through the attitudes and conversations of older generations and that local views of allies and foreigners were greatly influenced by World War II. Even though immigrants had settled in the area for many years, many were positioned as foreigners and typically referred to by a slang name associated with their country or ethnicity. This form of *othering* extended to other social practices engaged in by people from the dominant groups in the community, who held the power to determine who was an outsider and who was included or excluded in the social interactions between neighbours. The local dominant group children played out their parents' biases through bullying and social exclusion of children whose parents were not well accepted in the community. I did not travel to other countries as a child; there was neither the spirit of adventure nor the resources to do so amidst the daily demands of a family-operated business. As an adult, I have reflected on my early socialization and how I may continue to hold unconscious stereotypes. In graduate school, I felt more comfortable with friends who were White and Canadian and found myself reluctant to pursue friendships with the international students whom I had met upon arrival. It was easier to associate with people who were more like me than with those whom I perceived to be different, an outcome of my own ethnocentrism and fear of reaching out beyond my small corner of the world.

In this chapter, I introduce Sophia, an international student from Brazil, whose life story has stayed with me for several years. Counsellors interact with many people during the course of a career; counsellors' worldviews are shaped through those encounters; and counsellors also have an impact on the worldviews of the clients they serve. While framing Sophia's experience and the intersectionality of her identities, I will draw on ideas from my experience as a counsellor, instructor, and researcher with international students. The content of the chapter is informed by the



original culture-infused counselling (CIC) model (Collins & Arthur, 2010a, 2010b) and the revised CIC framework and four domains that were introduced in Chap. 2. CIC incorporates reflection about personal cultural identities, reflection about other people's cultural identities, forming a collaborative working alliance, and actively addressing social justice through professional roles and practices.

## International Student Transitions

International students, typically, are considered to be students who have chosen to pursue education in another country for a variety of reasons but often ones related to career, family, or immigration goals. The rapid growth in international education during the past two decades resulted in 4.6 million students studying internationally in higher education, and that number is expected to grow to eight million international students by the year 2025 (OECD, 2017). There are also an increasing number of international students in high schools (Farugia, 2017); this is a younger population with different developmental needs than students who attend colleges and universities. In 2017, there were 494,525 international students in all levels of education studying in Canada (Canadian Bureau of International Education [CBIE], 2018).

A key characteristic of international students is that they are learners in cross-cultural transition (Arthur, 2004). Cross-cultural transitions involve a process of change that leads to new understanding about self, other people, and the world around them. It is through exposure to cultural contrasts in norms, beliefs, and values that people tighten their adherence to personal beliefs or open up to new ways of understanding themselves, other people, or the world around them (Arthur, 2004, 2016). Physically moving to a new cultural context does not equate to transition; rather it may be the trigger for people to be exposed to new ideas and social practices, similarities, and differences between people and to incorporate intercultural learning into a revision of their personal worldview.

The transition for students begins with the decision to pursue international education and starting to envision what life could be like when living and learning in another country. Most attention has been paid to their initial transition to the host country. However, there are multiple and multidimensional aspects of transitions that require counsellors to take a more holistic view of international experiences (Jindal-Snape & Rientes, 2016). For example, I have advocated for a broader conceptualization of international student transitions that goes beyond the initial stage of arrival to the destination country. A broader perspective on international transitions incorporates the decision-making to pursue education in another country, the transitions into the new cultural context, and the transition through their academic program and continues through the implementation of their post-graduation plans. The latter stage of transition may include plans to return to their home country, exploring pathways for gaining employment experience in the host country or continuing their transnational experience through the pursuit of education or employ-

ment in another country (Arthur, 2007, 2013; McFadden & Seedorf, 2017). The cross-cultural transition process is not linear; new influences make transitions a dynamic process of intercultural learning. However, the majority of research on international students has focused on their problems of adjustment and the problematic nature of the acculturation process during cross-cultural transitions (Arthur, 2004; Pendse & Inman, 2017).

#### **Additional Resources on International Student Transitions**

1. Association of International Educators: <http://www.nafsa.org/>
2. Canadian Bureau of International Education: <http://cbie.ca/>
3. Institute of International Education: <https://www.iae.org/>
4. *Journal of International Students*: <https://jistudents.org/>

The example highlighted in this chapter expands on a single counselling session at the end of one adult student's international experience in Canada. The counselling session followed a workshop designed for psychoeducation, a form of intervention in which many people benefit from the information and group discussion shared, and some self-select to seek additional counselling support. Both the workshop and individual counselling interventions are framed by the cross-cultural transition process, noting key influences from both home and host country contexts.

### **Contextual Influences on Sophia's Experience as an International Student**

There are several subcategories of international students, all of which contribute to the diversity and within-group differences in this population, including the type and length of sojourn, age, choice of educational program, family dynamics, and level of education (Jindal-Snape & Rientes, 2016). For example, international students may enrol in educational programs in other countries for entire degree programs or short-term exchanges, or they may be part of customized education programs for cohorts of learners. I met Sophia initially during a brief reception for a group of international students who were selected for a 6-month custom-designed program in adult education for teachers from Brazil. Even though they were professionals in their country, because they became adult learners studying in another country, their status changed to international students. During the first week that the group arrived in Canada, I provided a brief orientation about counselling services and student services available on campus. Sophia was 1 of the 20 students who had been selected for the program, based on her excellent performance in her workplace. Sophia stood out from her peers in that she seemed more gregarious, frequently engaged in

conversation; her laughter was infectious in a group that was discussing what they anticipated their lives would be like during the upcoming months in Canada.

Although international students may feel overtaxed at times, their prior experience and capacity to learn and to navigate new cultural contexts can be transformative and positive (Jindal-Snape & Rientes, 2016). As I met the students at their orientation and enjoyed the welcoming celebration with them, I reflected that this seemed like the initial stage described in early models of culture shock (Zhou, Jindal-Snape, Topping & Todman, 2008), when people are enamoured of the differences found in their new cultural context. Although a general understanding of culture shock may have heuristic value, a focus on intercultural learning is preferable for acknowledging international students' strengths and growing sense of agency in managing the perceived demands of the new environment.

Intercultural learning refers to the learning that occurs when people are exposed to cultural contrasts in norms, behaviour, traditions, or beliefs (Arthur, 2004), during new experiences such as travel, changing work groups or settings, and intentionally reaching beyond usual group affiliations. The concept, culture shock, has traditionally been represented through linear stage models and negative experiences of cross-cultural transitions. Intercultural learning is a preferred term that focuses on the positive aspects of cross-cultural transitions (Jindal-Snape & Rientes, 2016) and the potential for transformative experiences through intercultural learning. Intercultural learning may be the reason that many people pursue new experiences across cultures, or it may be an adaptive response to situations. Depending on the degree of similarities or differences between cultural contexts, people may need to let go of prior ways of behaving and learn new role behaviour. Although individuals may feel challenged during a period of time when situational demands in the new cultural contexts are unfamiliar, this is the impetus for individuals to develop new knowledge and forms of social interaction. As noted previously in the chapter, intercultural learning during transitions can trigger profound new learning about self, about other people, and about the world around them (Arthur, 2016); such intercultural learning was at the heart of Sophia's unique experience of cross-cultural transition.

Nearly 6 months had passed, and I had not had any contact with Sophia beyond a smile and hello in the hallways of the school. However, beginning from the day of our initial contact, I noticed that Sophia's experience seemed to have some similarities to, but also contradicted, much of what had been written about international students. For example, the degree of similarity or difference between students' home cultural context and the cultural context of the country where they study is a major influence. However, international students' experiences of adjustment are not all the same nor are they linear; the experiences shift as new demands surface and as the students build a repertoire of strengths and resources to meet their immediate and longer-term plans (Heng, 2017). Some of the common issues associated with sociocultural adaptation in the acculturation process include issues of language fluency, changes in social relationships, family dynamics, the availability of social support, and adjustments to new curricula and lifestyle (Arthur, 2004, 2016). However, adaptation in the new country is often connected to the circumstances of

individuals and their families in the home countries that influence decisions for international studies (Yan, 2017). Sophia had travelled with a cohort of colleagues from her home country, rather than moving to Canada on her own. Her strong command of English meant that she did not face many of the barriers that often lead to feelings of incompetence in classes, with new peers, or in expression of personal needs. Sophia and her colleagues went to classes together and spent a lot of time together after class. Close relationships with members of her student cohort provided access to social support for problem-solving that may have mitigated feelings of isolation or loneliness by building a strong sense of belonging and connection (Bethel, Szabo, & Ward, 2016). Although enjoying more support than is typical seems wholly positive, studying as a cohort may have created other, less positive, influences on Sophia's acculturation experience. For example, cohorts of international students may not have the motivations or opportunities to integrate into the local culture through pursuing friendships with local students, which is commonly reported to be one of the more challenging, but desirable, aspects of sociocultural adaptation during cross-cultural transitions (Bethel et al., 2016; Heng, 2017).

Another key influence on Sophia's experience as an international student was the institutional infrastructure and the preparation of her instructors, including pedagogical practices and cultural competency (Arthur, 2017). This meant that Sophia and her colleagues were well supported through the program, which had been designed to accommodate their cultural norms; for example, they were able to learn in a more collectivistic manner, with time for discussion and the open sharing of ideas and resources. Their class may have seemed noisy and disruptive, but instructors were trained to consider this as a sign of student engagement with their learning. This preparation was important to avoid instructors viewing learners and their learning differences in deficit terms. Negative or positive views of differences reflect cultural assumptions or biases that have been implicated in having significant effect on both academic success and high-quality interpersonal interactions with instructors and other students (Heng, 2017).

## **A Program Development Intervention for Re-entry Transition**

Moving forwards to the final month of the academic program, I was invited to organize and deliver a debriefing workshop on intercultural learning and preparation for returning home. I was encouraged that the program coordinator requested this workshop as a program development intervention. We often had conversations about international projects, and I felt that I had developed an ally to advocate for institutional policies and programs to strengthen student services. I was excited to work with this group of adult learners who had been in the role of international students, and I looked forwards to facilitating their reflections about leaving Canada and returning home.

Re-entry refers to the transition process that international students and other sojourners experience when they return home after an extended period of exposure

to another culture in the context of a different country. In essence, the re-entry transition is a process of re-acculturation to the home country and culture after experiencing new and different cultural practices in another country (Arthur, 2003; Szkudlarek, 2010). Of course, many international students look forwards to returning home, to reuniting with family and friends, and to re-experiencing aspects of their culture that they have missed (e.g. food, environment, celebrations). However, students may have mixed feelings and also identify some negative aspects of their current situation or what they anticipate will happen when they return home (Kartoshkina, 2015). Through the acculturation process, many students incorporate aspects of the host culture and come to realize that they will miss aspects of that new culture (e.g. lifestyle, relationships, status, school). Students may also have concerns about life at home, such as maintaining their levels of independence, language acquisition, and friends they have made in the host country. For some students, exposure to new cultural norms and behaviours consolidates their understanding and commitment to the values of their family and the home country (Arthur & Popadiuk, 2010). Therefore, re-entry transition is not only the physical demarcation of moving between countries; it entails endings in one country and re-establishment in the home country.

Psychoeducation is an important form of intervention that addresses topics of health promotion and illness prevention. Often delivered in a group format, programming that includes psychoeducational workshops can support people to gain anticipatory coping skills. Learning in psychoeducational workshops occurs through applying content, which is received either directly from the instructor or through discussions that emerge between participants. Such interventions may meet the needs of each individual or address issues that are common to the whole group; it may also prompt individuals to pursue additional forms of intervention. In this scenario, a workshop was designed to provide education about the re-entry transition process and to support international students in developing anticipatory coping skills for returning home (Arthur, 2003). Some adjustments during the re-entry transition are to be expected. For many international students, the sense of “home” takes on new meaning as values differences and conflicts surface. International students may feel conflicted about preferred lifestyle choices, whether or not they can ever feel at home again, and more intensive discussions about the realities of remaining in the destination country (Arthur & Nunes, 2014). Individual counselling support may be useful when feelings of discomfort persist or turn into more serious symptoms (e.g. depression, anxiety, relationship, or employment difficulties). Whether individual or group programming, counsellors have roles for advocating with educational administration for services and shaping the content of re-entry programming (Young, 2014).

During the workshop, I notice a marked difference in Sophia’s composure. She seems to shift from the exuberant individual I had previously met to someone who is reluctant to engage in the workshop discussions. Her physical posture during the workshop changes from her usual smile to having tears in her eyes. At the end of the workshop, I approach Sophia privately to express my concern and to ask if she would like to meet with me to discuss what is going on for her. In the next section

of the chapter, I discuss Sophia's journey of cross-cultural transition and identity development, along with her experience of preparing for the re-entry transition back to her home country.

## **Unexpected International Experiences**

Sophia is a 31-year-old woman from Brazil, who was selected by her company to attend an international seminar for adult educators. The terms of the funding agreement for this program required gender equity issues to be addressed to ensure that both male and female instructors had the opportunity to be selected. Sophia is a teacher by professional training, but she is trying to increase her level of income by working in the private sector as a trainer in a company whose business focus is information technology. Sophia applied for the seminar through this company in Brazil with the encouragement of her supervisor, although she did not believe that she would be selected as one of the three women candidates.

It is useful for counsellors to seek points of connection with a client's lived experiences and to reflect on points of cultural distance–similarity. Sophia's story of coming to Canada through an international project reminded me of my first time travelling to Nicaragua for an international project; it was an unexpected opportunity. I remember the day my manager called me on the phone to ask how fast I could pack my suitcase to lead an international project in Nicaragua. I remember agreeing to the request, hanging up the phone, looking on the map to see where I would be going, and figuring out how to obtain my first passport for travel in only 9 days.

During that business trip, there were new sights, sounds, smells, and new ways of interacting with people both in public and business contexts. It was the first time in my life that I had witnessed extreme poverty or at least been willing to see it. I felt a sense of privilege and shame about the degree to which local resources were mobilized for my visit and training time with a local energy company. For example, although I had a blackboard in my classroom, the other teacher (in the only other classroom) had nothing on which to write. During that project, I also noticed differences in gender interactions, because my hosts insisted that I had to be escorted and protected, and the lines of power and gender were clearly demarcated in the work context. However, as an educated woman from Canada, I was afforded a level of privilege that was unusual for a woman in Nicaragua, because I "passed" as an expert, and was, therefore, accepted in a leadership position.

My experience of crossing cultures was not the same as Sophia's circumstances, because even the country context differed. However, there was a kernel of my experience that I could draw upon to take a stance of curiosity about her experience, not to be presumptuous about what we might have in common, but to seek common bonds in establishing rapport. Sophia and I lived in different countries, yet we were able to connect through building trust and respect, through sharing experiences as women, and by offering challenges to each other about not making assumptions.

## The One and Only Counselling Session with Sophia

Although I have certainly been privy to strong emotional reactions from clients, Sophia's initial presentation of anger decentres me from my usual practice of introducing a first session. Throughout this first and only counselling session, I was acutely aware about how I was reacting to Sophia's strong emotional expression and raised voice, which I initially perceived to be her anger and defensiveness. It has been a challenge for me in adult relationships to figure out what to do with raised voices, as this was not how my family expressed anger. As I begin to react and become defensive with Sophia, I notice my physical reaction of tenseness. I try to relax and focus on breathing and listening. I acknowledge Sophia's willingness to correct me, which let me know that her raised voice was not anger at me, but rather *her* way of expressing something that was important, in a manner that was appropriate within her cultural context. I remind myself to keep my focus on encouraging conversation that is client-centred and client-driven.

Sophia's story seems to tumble out of her as she tells me about her experience of being a learner in Canada. When I ask her what was different about her experience in Canada, she becomes quiet. With tears in her eyes, she states, "I am not the same person here as I am at home". Through probing to help Sophia make meaning of that statement, Sophia tells me that the experience of studying in Canada helped her to see herself in a new light, because people treated her differently here. Differently is described with language such as smart, a good student, having something to offer, showing leadership, and feeling free about her decisions. Sophia contrasts this with her life in Brazil, where her family has a history of precarious employment and unstable finances, of her taking on the responsibilities of a mother at an early age, and of trying to get ahead financially. Teachers in her country are not paid well, and Sophia feels limited in her career opportunities and capacity to support herself and her daughter. Sophia has been in a relationship with a man for 8 months prior to being accepted in the international program, and she is hopeful that they will reunite upon her return to Brazil. I wonder how much of that hope for the relationship is based on her financial needs and sense of dependency, but chose not to introduce that cultural hypothesis so early in the session. I took a moment to consider my potential biases and assumptions about the information that Sophia shared. As a result, I decide to hold that hypothesis tentatively until Sophia offers more information about the web of relationships in her life.

Sophia elaborates that being treated differently in Canada means being treated with respect as a woman and as a person who could think, feel, and act in more independent ways than in her context at home. I invite Sophia to talk more about her experiences of gender relations, and she seems to welcome this idea. As a feminist multicultural counsellor, in building rapport and trust, I want to walk with Sophia where she wants to walk and to pace things in ways that will help her to make meaning about her life in new and empowering ways. Sophia moves between states of calm and high-intensity emotion in the session, lashing out at me several times with assumptions about my life, such as "Look at you, you have everything here". I initially wonder if this anger is just a form of defence to keep Sophia away from a



deeper level of conversation about her life. However, I quickly reframe her anger as a form of cultural transference connected to the narrative threads of Sophia's life, as her way of giving voice to the internalized oppression that she experienced through her lack of control and power as a racialized woman. Essentially, racialization is a social process through which individuals or groups use racial differences to justify differential, and often unequal, treatment. When I ask Sophia about the main differences for women she notices between Canada and Brazil, she quickly responds, "You have respect here". We unpack the gendered meanings of that statement, and Sophia revels in her new experiences of feeling respected, of being noticed for her intellect, and for her potential to be a leader.

Through my continued inquiry into her experiences, I invite Sophia into a deeper cultural inquiry and gender role analysis. Sophia's contrasting identity narrative about her life in Brazil centres on the struggle and lack of support for her career goals and the challenges that she has faced in navigating relationships. Sophia explains that this is the first time since she was a teenager that she feels a sense of equity in the relationships with her cohort of peers and respected by her instructors. She explains that her identity as a Brazilian woman pivoted around the sexualization of women and the demands to please and keep a man in her life. Sophia notes that things changed for her when she was a teenager. As a child, she felt protected, because young girls were supposed to be pure and families were protective. Sophia notes that her pregnancy as a teenager was a huge event in her life, because she was in her first serious relationship with a male and he was not supportive of the pregnancy. Sophia says she still feels the shame of her family honour and what it meant for them to take her obviously pregnant self out in public in a predominantly Catholic society. As part of my holistic, multilevel assessment, I inquire about the place of religion and faith practices in her current life, and Sophia describes her religion as a source of strength. However, she adds that she still struggles to reconcile who she is supposed to be as a religious woman in the eyes of the church, expressing pain and confusion over how notions of purity in religious teachings conflict with the expression of her sexuality.

Throughout the interview, I invite Sophia to tell me what else from her cultural context is important for her to tell me, using questions and probes to directly and indirectly explore her sense of identity, based on cultural inquiry and gender role analysis. Sophia stops the conversation at one point and exclaims, "Look at me, look at the colour of my skin; this matters in Brazil". Again, I am concerned about an alliance rupture. Sophia was essentially accusing me of being colour blind, and because I had not yet inquired about this aspect of her identity, I appreciate her assertive stance. We explore the colour hierarchy that she names through the intersections of racism, sexism, and classism and the multiple forms of marginalization that, typically, are directed towards women with darker skin in her country and which are relevant for her current situation. As the working alliance deepens, I use the opportunity to introduce immediacy into the conversation; I looked at Sophia and state, "Well, I am really White, as you can tell". We both broke out into laughter when she exclaims, "Yes, you are!" This is a turning point in our session, as Sophia seems to open up more and to express a wider range of emotions. As the conversa-

tion continues, I feel that Sophia and I are navigating and co-constructing meanings of privilege and marginalization amidst the possible assumptions that we are making about each other's lives. During and after the counselling session, I wonder about what I represented to Sophia, as an educated, White woman in a professional role, working in a country and cultural context that she idealized.

After sharing common interests about family and career, Sophia relaxes more, and I thank her for taking the time to come and explain to me why she was so upset in the workshop. I ask Sophia what she thought her life would be like at home, and she again becomes sullen, stating, "It will be hard to go back; I would stay here if I could". Although Sophia appears to be distressed when expressing this realization, it is also a sign that she is beginning to clarify relevant issues for her future.

## Taking the Learning Home

Many international students do not think about how much they have changed, or perhaps it takes a longer time for them to realize how much they have changed. It may be only when they return home and face the mirror of reactions held up by families and friends that they notice personal changes (Arthur, 2016). Some international students may be concerned about changes in their home countries while they have been away, including changes in relationships, economic and other social conditions, and through unexpected events. In contrast, Sophia appears to be more concerned about a lack of change in her home country context, as she explains how disconcerting it will be for her to *fit into* her former life, once she returns home.

I return to Sophia's comment that she would stay in Canada if she could. She quickly lets me know that this is more of a fantasy, because she is obligated to return to Brazil to raise her daughter, and her role as a mother is very important to her. Yet, Sophia appears to be struggling with some other aspects of identity conflict that she feels she will have to face the moment she steps off the plane after returning to Brazil. Many international students consider the feasibility of staying in the countries where they study and pursuing permanent immigration. These plans are shaped by conditions in both the home and destination countries, because students constantly compare conditions and perceived opportunities. Such considerations can be fleeting or more seriously considered to the point of making initial plans or ones that culminate closer to the time of completing the student's international education. Plans to return home may change over time, and many students may feel conflicted about the decision to stay, to go home, or to pursue additional international education or work experience (Arthur & Nunes, 2014). Sophia was lingering in her identity as a student and trying on a new identity as a potential worker in Canada; however, that identity was tenuous, given her perceived constraints on pursuing serious plans for immigration to Canada.

I challenge Sophia to consider how she might incorporate her learning from Canada into her life at home. At first, Sophia starts discussing her work role and begins to explain her newfound understandings of instructional practices. I notice

her emotional shift back to excitement and enthusiasm as she envisions the possibility of life-making in new ways, and I gently challenge her to consider how she might carry her learning to other domains of her life. Sophia seems confused, stating, “It will be the same”. I reflect that she is not the same, she has changed, and she can embrace new understandings of herself, of other people, and her international experience, and bring these into her life at home. Sophia pauses with that thought and is silent. I fight my urge to fill the space with my words and just stay quiet to let her process her thoughts and emotions and take the lead in responding. After a long pause, Sophia states that she knows that she needs to change her future. I reply that I think that is the reason she came to talk together, and her smile confirms new understanding.

To summarize the session, I ask Sophia to work with the metaphor of a suitcase and to describe the tools, the people, and the experiences that she would be willing to carry home. The metaphor is intended to help Sophia thicken the narrative about her newfound learning. This is a powerful exercise that triggers laughter and tears in our conversation as she describes examples of how she understands Canadian culture, skills she have learned through her program, and the joy of discovering herself as a competent learner and teacher. Working from a strengths and resiliency perspective, I offer that the person carrying the suitcase is a strong, intelligent, and determined woman who is already shaping the course of her life. Sophia flew back to Brazil 3 days later.

When I complete case notes, I note that Sophia’s identity conflicts seemed to surface when she began to question the connections and disconnections in her life. Sophia appeared to be striving for greater connection in her work role while striving for financial stability. In contrast, she seemed to yearn for connection and feared disconnection in relationships (Jordan, 2010) with family members and her boyfriend, all of whom she felt held a very narrow view of her as a person, one that also narrowed how they related to her. The exploration of Sophia’s story through a gender analysis appeared to be potent in helping her reconstruct her cultural identity, her relationships to others, and the ways that gender beliefs influenced her relational context. Sophia has been living with the burden of many -isms, including classism, racism, and sexism, and over time, internalized oppression has taken a toll on her sense of agency and control in many domains of her life. After the session, I wondered, just as Sophia had, what her life would be like for her when she returned to Brazil.

## **Reflections About Culture-Infused Counselling with Sophia**

One of the distinctive features about CIC is the degree of emphasis placed on reflection by counsellors before, during, and after interventions, which can be enhanced through using a process of cultural auditing (Collins, Arthur, & Wong-Wiley, 2010, see Chap. 2). In the opening remarks of this chapter, I shared some information about my process of exploring my own cultural self-awareness and the ways that my early socialization shaped my beliefs and values. My world was limited to a rural

setting with the occasional trip to a city during my formative years. It was only in my late 20s that I began to travel outside of Canada. Although travelling and working in other countries has involved exciting opportunities to learn about diverse cultural practices, deeper learning has involved questioning the beliefs and assumptions that are embedded in my worldview. For example, I have learned that fate, destiny, and obligation to family and community can contrast a rational and linear approach to decision-making. It is through cultural contrasts that I have learned, not only about other people's worldviews but also about my personal worldview.

In reflecting on the counselling session with Sophia, I considered what I had learned from her that might connect to things I have learned from other women clients and other international students. Sophia became very emotional as she named wanting more out of life; the time spent in Canada had both awakened and affirmed this yearning. Sophia was beaming in the light of possibilities but terrified that the light would shut off when she returned to Brazil. In reflecting on our session together, I felt that I worked hard to try to reduce the power differences between us. I attempted to witness Sophia's intense emotions openly and to help her to make new meanings and connections about the multiple forms of oppression that she experienced within her country context. As I settled into focusing on the process, I was able to give Sophia more space in the session to be the expert of her experience while also probing and challenging her to clarify and add more description to her strong emotional expression. I intentionally punctuated our conversation to support Sophia to acknowledge her strengths, agency, and resiliency. These examples are offered to encourage counsellors to further reflect about what might help or hinder the therapeutic relationship when counselling across cultures (Willis-O'Connor, Landine, & Domene, 2016).

I have often wondered about Sophia's life and the choices that she would make upon returning home. Making an appointment to see a counsellor was a very big choice for her. It seemed like a pivotal time in Sophia's experience of learning and transformation, which had been sparked by her international experience and which would have many reverberations as she navigated the transition of returning home. Upon deeper reflection about this one session with Sophia, I was able to surface my discomfort with consciousness-raising as an intervention with women who are living with oppression in a patriarchal society, without attending more directly to the external barriers and systemic issues that are related to people's distress. Through aligning with core premises of feminist therapy, I am committed to helping clients gain new understandings about their lives within the context and structures of their lives as a form of intervention. I have been concerned about the internal attributions assigned to clients as an explanation for the causes of psychological problems and the need for a contextualized systemic lens that takes into account the social and structural determinants of health. I have been an advocate for strengthening the value of social justice in counselling psychology (Kennedy & Arthur, 2014), encouraging discussion about what it means to enact the adage; the professional is political (Arthur & Collins, 2014). This interest grew out of my dissatisfaction with working with clients whose symptoms stemmed from broader social issues, rather than being simply an individual's problems; such symptoms were signs of distress that indicated something was wrong in the world around them.

My intention in counselling with Sophia was to work from an empowerment approach to social justice through our conversation. Increasing personal agency and a sense of control is a desirable goal and outcome of counselling for many people. I hoped that strengths and resiliency focus, along with my support in a connected working alliance, might help Sophia to build self-efficacy for implementing new changes in her life. Nonetheless, I felt her uncertainty about that fragile possibility, and I remained troubled about the social context of her life. I wondered about the degree to which she would be able to overcome internalized oppression after many years of continued exposure to messages telling her that she was not capable or worthy. Intellectually, I know that individual insight by clients can be mobilized to impact larger systemic and social changes. However, beyond consciousness-raising, counsellors have important roles to play through taking an anti-oppressive stance and though advocacy to address social and structural inequities.

### **Advocacy Notes**

How do you “do” advocacy? This is a question that I have been asked and one that I have posed to practitioners in several different helping professions. Many people conjure up images of demonstrations and picket lines. Although these activities do have a place in drawing public and policy-makers’ attention to social justice issues, these are not the only way to promote social and structural change. Here are some examples of things that I have done to advocate for international student support in various domains of education and student services. This is not an exhaustive list, but is intended to help illustrate some ways that social justice can be enacted:

1. Disrupt the conversation when colleagues make global and stereotypical comments about international students.
2. Request an agenda item for strategic planning to increase access to services for international students. Keep requesting it be added once again when the item is bumped from the agenda of several meetings.
3. Advocate for admission of qualified international students to diversify the backgrounds and exchange of learning between students in counsellor education programs.
4. Hire an international student to provide them with local experience and employment credentials.
5. Get to know student services staff and support their events for international students.
6. Offer consultation and in-service expertise to student services staff and to instructors who work with international students.
7. Prepare handouts, based on research, that can be used by student services staff as resources for their international student clients.
8. Contribute to research-informed dialogues about international students’ health and well-being.

(continued)

9. Send research study summaries to administrators, counsellors, and student services staff to help them add to the evidence base of their practices.
10. Broaden your conference network to make connections between practitioners and policy-makers whose work informs funding, programs, and services for international students.
11. Advocate with senior administrators to add budget to student support services along with efforts to increase the enrolment numbers of international students.
12. Share positive stories of international student success.
13. Expand practicum opportunities for counselling students to work directly with international students.
14. Work from a strength-based perspective to honour the cultural knowledge and experience of international learners.
15. Stand up against oppressive practices and events that stereotype students and drain their time and energy preparing for such events.
16. Design programming to encourage positive social interaction between international and local students to enhance all students' global knowledge and intercultural skills.
17. Take the time to get to know program coordinators who are responsible for working with teachers and coordinating services for younger international students in high schools.
18. Spend time with international students outside of a counselling role.
19. Strengthen your skills for engaging in counselling conversations that help international students see the connections between their presenting issues and social and structural influences.
20. Write for newsletters or institutional website content to address and reduce the stigma associated with seeking mental health services.
21. Find allies in academic and nonacademic departments who are deeply committed to international education.
22. Give voice to international students by including their perspectives in program design and service delivery.
23. Advocate for services for accompanying partners and family members of international students, who often fall between the cracks of service provision in educational and community-based systems.
24. Support international students to take leadership and mentorship roles. More experienced students benefit from using their skills, and students who are newer to educational systems and local communities can learn from the success and experiences of more experienced peers.
25. Get out of your office to organize and attend informal events with international students to build a positive reputation for help-seeking assistance and referral.
26. Enhance your skills for culture-infused counselling with international students who represent diverse country and cultural contexts.

## Intersectionality and International Student Experience

Sophia's identity as an international learner was something of which she was proud, because it increased her status in her home country and afforded her increased opportunities. Sophia's general distress, at least on the surface, appeared to be linked to the imminent loss of her international student identity when returning to her home country. However, as the plot lines of her story were revealed, the complexity of her identities and social locations also became more apparent. Readers are cautioned to avoid categorizing people through single and isolated identities at the expense of overlooking the multiple, contextualized, and situational identities that are connected to oppression and privilege (Purdie-Vaughns & Eibach, 2008; Shin et al., 2017). For example, Sophia's ethnicity as a Brazilian was the lens through which she interpreted her experiences in Canada, comparing norms and expectations for behaviour, particularly as these were influenced by religion and gender. Her lived experience of ethnicity was racialized, because in Brazil, she received many cues from the environment about "her place" in the social hierarchy, due to her visibly dark skin and the social privilege accorded with lighter skin colour. Additionally, her experiences of racialization were, inextricably, tied to her identities as a woman, her early family experiences of poverty, and her social class location. Her references to religion were related to Church teachings about gender and appropriate behaviour for women. As a result, Sophia's experience of becoming a mother was strongly linked to notions of gender roles and religious beliefs about her place in society. As the details of Sophia's life unfolded, so did the intersections of her identities become apparent through how she perceived herself in her home country compared to how she perceived herself in the country context where she was an international student. This perception was strongly influenced by the social messages that she had internalized about her identities.

This chapter was written to draw attention to the intersectionality and fluidity of identities by discussing the experience of one adult international student. Although highlighting common transition experiences provides some general knowledge, there is also a risk of stereotyping large groups of individuals from diverse country and cultural contexts (Malcolm & Mendoza, 2014). The overarching identity as an international student is not a static identity that is necessarily useful for understanding the specific experiences of any individual. Rather, the framework of intersectionality reminds us that people have multiple identities that are fluid and constructed across times, situations, and social interactions. Considering intersectionality helps to assess multiple oppressions or advantages that have been ascribed in response to the visible or invisible aspects of people's identities (Purdie-Vaughns & Eibach, 2008; Shin et al., 2017). For example, affiliations to a nondominant religious faith and living in poverty do not impact diverse people's identities and interactions in exactly the same way but rather depend on how other people construct and react to religious affiliation or make attributions about poverty. A key premise of intersectionality is that experiences are not equally distributed between identities. Some experiences may be more salient at different times and in various contexts; they are cumulative and compounding experiences that are internalized throughout identity development.



To recap, an examination of multiple and intersecting identities addresses the varying disadvantages and privileges experienced by people (Moradi, 2017; Shin et al., 2017). Although individuals may hold certain aspects of their identity as paramount, social interactions may lead to other aspects of their identity being emphasized and defined for them, which may increase the levels of power differences and compound the degree of advantage or oppression. For most people, it is the interplay of their identities that is most important, and counsellors need to be skilled at assessing and reflecting which aspects of which identities are salient for individuals as they express their presenting concerns in counselling.

## Concluding Comments

Culture-infused counselling with international students is premised on the position that culture matters in interactions with clients from all countries. Although the focus of this chapter has been placed on the intersectionality of identities for an international student from Brazil, it would be remiss not to emphasize the importance of counsellors reflecting on their own personal cultural identities. This is a journey of discovering how our personal and professional socialization has influenced our worldview, including understanding of our personal identities, how we view other people and diverse identities, and how we embrace the bonds of similarities shared between people.

The number of international students studying worldwide is expected to grow. Many international students are seeking permanent immigration in their destination countries as sources of educated and skilled workers in local labour markets (Arthur, 2013, 2017). Counsellors who work in school settings in secondary and higher education, as well as counsellors in community settings, will inevitably work with people who are current or former international students. To reiterate, international students are not a homogeneous group, and generalities made about them contribute to stereotypes and obscure important within-group differences and the unique influences on the identities of people who choose education in another country. Positioning international students as “others” runs the risk of reinforcing oppressive practices in higher education, in employment, in other community contexts, and in the design and delivery of support services such as counselling (Arthur, 2004). Binary comparisons between local and international students often miss shared experiences and points of commonality (Jones, 2017). Overemphasizing the problems experienced by international students contributes to a social process of othering, through false and negative comparisons. Also, counsellors are cautioned about overemphasizing the international student identity and encouraged to explore additional intersections of identity that may be relevant for students’ experiences (Chan, Cor, & Band, 2018; Moradi, 2017; Popadiuk & Arthur, *in press*), e.g. ethnicity and gender, religion and sexual orientation, social class, and age influences. It may be the first time that an individual student has to deal with negative messages about their identities from other people that are consciously or unconsciously intended to subjugate them. In contrast, international students may for the first time in their lives

feel like they express fuller aspects of their identities in the destination country. To reiterate, social processes strongly influence an individual's experiences of relative privilege and disadvantage in both home and destination countries. In other words, counsellors need to assess the relevancy of identities across the life contexts of international students for understanding their presenting issues and for designing appropriate counselling interventions. Counsellors have an important role to play in advocating for ethical and comprehensive services for all students in a world where people's multiple identities are not treated equally.

### Questions for Reflection or Discussion

1. Reflect on your experience of working with clients whose strong emotional expression has triggered you during a counselling session. Are some types of emotions easier or more difficult for you to receive or witness with clients? What helps you to stay focused on clients and not to be distracted by their strong reactions or your strong reactions?
2. What stood out for you in relation to Sophia's conflicts about the role of religion in her life? How comfortable are you in assessing the role of religion in the lives of clients, particularly when clients reveal faith practices that are different than your own?
3. Do you believe you should initiate inquiry about various dimensions of identity (e.g. age, sexual/affectional orientation, religion, social class, ability, gender) and their intersections, or do you believe you should wait for clients to initiate such discussions? What might be the pros or cons of either approach?
4. After reading the vignette and the chapter content, reflect on your understanding of intersectionality and how you might use the concept for exploration with clients. What is appealing about this perspective for counselling? What challenges do you think you might have in applying the lens of intersectionality in counselling?
5. In this chapter, some of the common issues facing international students are described while highlighting the individual experience of one international student. How can we respectfully discuss similarities and differences between populations without contributing to stereotypes? In turn, as part of the reflective practice in CIC, generate some pros and cons of counsellors generalizing learning across clients.

### Learning Activities

#### 1. Identity Management and Identity Disclosure

During the course of 1 week, pay attention to the identities that you show and how other people respond to you, based on one or more aspect(s) of your identities. Consider the following prompts or questions for reflection:

- Which identities are more dominant in your daily life?
- Which identities do you wish you could express more fully?

- Notice anything in the responses from other people that leads to feelings of being supported or challenged about your identities or which leads to feelings of discomfort. What do such experiences say about you as a person and how people view you?
- Reflect on the implications of living with a fuller repertoire of your identities publically, or on feeling like parts of your identity need to be or are hidden, or on the impact of some of your identities being minimized or dismissed by other people.
- How do you intend to use the learning from this reflection exercise to help you to demonstrate cultural empathy with clients?

## **2. Cultural Sensitivity: Internalized Messages**

Explore the messages you have internalized from your family, community, and society about diverse individuals and groups.

Consider the following questions for reflection:

- Who was considered to be diverse to you and your family? How has that view remained the same or changed over the years?
- What were the messages that were portrayed about diverse individuals and groups when you were younger? What did you learn about ethnicity, gender, social class, and/or religion? Who was considered to be an insider or outsider to your family or community?
- What were the direct messages that were spoken or inferred? How did those messages shape your conscious or unconscious actions with or towards diverse individuals or groups?
- In what ways have those messages been challenged through your experience and in what ways has your experience lead you to persist with your beliefs?
- Identify some opportunities or resources for professional development or an informal activity in your community that might help you to gain greater understanding about diversity. Which opportunity or activity are you willing to commit to pursuing?

## **3. Identities in Conflict**

In this chapter, Sophia's story illustrates how an international student's intercultural learning is very positive but also challenging as she gains a new view of her capabilities and possible lifestyle changes. Read the following abridged case vignette (Arthur, 2004), and consider what is similar or different about Vijay's experience as an international student in comparison to Sophia's experience. You might want to consider the country context, values expressed, gender roles and responsibilities, adaptation to Canadian cultures, access to support, and any other influences on identity development.

*I was feeling very excited about travelling to another country and studying at your university. My mother is very proud of this and she has encouraged me to do well. I have heard her bragging to my aunts and uncles about my plans. School is very expensive here and I want to do well for them, but it is hard for me. I miss my family and friends. We used to write a lot of letters, but I stopped writing because I could not be honest about my life here. I have changed so much. I do not eat the*

same foods. My mother would be so upset if she knew I drank alcohol and ate foods that are prohibited by our religion. She still sends me clothes, but I do not want to wear them here because I won't fit in with the other students. I want to be there for my mother and siblings, as that is what the oldest son is supposed to do. I do not feel part of my family here. People say make new friends, and it will be easier. I have tried to talk to other students. They ask me where I am from, but they only think it is a backwards country where people go for vacations and lounging on the beach. I want to talk about more important things like politics and workplace practices in our field, but the other students don't seem to be interested. The other students only want to talk about their lives here, and they are not too interested in life in other parts of the world. As the oldest son, my siblings and cousins look up to me, but here I have no status; nobody really cares about my opinion or my skills. It is hard for me to talk about these things because I am supposed to be doing well here.

Spend some time reflecting on the following questions:

- What are the presenting issues that Vijay outlines in this vignette? Which aspects are similar to, or distinct from, Sophia's experience of living and learning in Canada?
- What values appear in the vignette that might be clues related to Vijay's identity? In what ways would the gender analysis that was used to frame Sophia's experience help you to explore potential gender influences on Vijay's identity?
- If you were Vijay's counsellor, how would you attempt to build a collaborative therapeutic relationship?
- As the counsellor, what personal values would you want to reflect on, as possible influences in how you might view the presenting issues or intervention approaches in counselling Vijay or Sophia?

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# Chapter 13

## Indigenizing and Decolonizing Therapeutic Responses to Trauma-Related Dissociation



Riel Dupuis-Rossi and Vikki Reynolds

### Introduction and Therapeutic Lens

I, Riel, am Kanien'kehá:ka (Mohawk) and Algonquin. My mother is Italian. I am also Two Spirit. I currently work as a psychotherapist with urban Indigenous adults in an Indigenous-specific counselling program on unceded Coast Salish territory (British Columbia). A central aspect of my work is to decolonize and indigenize individual and group trauma therapy. In this article, I describe some culturally specific therapeutic responses that have proven to be effective in working with Indigenous adults presenting with dissociative responses to past and current colonial violence. The therapeutic responses I outline in this writing relate to the culturally specific establishment of safety, containment, and connection—the first stage of trauma renegotiation work (Briere, 2006; Herman, 1992). As an Indigenous counsellor, I offer this work as a way of contributing my therapeutic perspective and experience to an important conversation about how to effectively support Indigenous survivors of trauma in their recovery. The client in this writing is a composite of different people with whom I have worked since 2008, in multiple settings across Turtle Island. For those who may recognize aspects of their experience in this account, our hope is that it will offer some reassurance that you are not alone and, perhaps, encourage you to have some faith that there are ways to heal.

I, Vikki, am an Irish white settler of Newfoundland, an English working-class descent, and a heterosexual woman with cisgender privilege. I work as a therapeutic

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© Springer Nature Switzerland AG 2018

N. Arthur (ed.), *Counselling in Cultural Contexts*, International and Cultural Psychology, [https://doi.org/10.1007/978-3-030-00090-5\\_13](https://doi.org/10.1007/978-3-030-00090-5_13)

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supervisor and trainer, and I centre my practice on bridging the worlds of social justice activism and community work. I am writing in partnership with Riel in order to make transparent practices of accountability to a decolonizing praxis. As a white settler clinical supervisor and published adjunct professor, I have more access to voice and power than Riel, and in this writing I also offer some theoretical background that names the violence of colonization and contests the depoliticized and medicalized language of *trauma*. My intention is to help make space for Riel's Indigenous approach to therapeutic work. The fact that Riel's voice requires this backup is related to the very forces of oppression that are taken up in the work and are inextricably linked to our partnership's resistance to it.

Decolonizing praxis refers to our intention to centre the wisdom and experience of Indigenous people in resistance to the colonial project of Eurocentric psychology practices that subjugate Indigenous people and reframe their resistance and responses to oppression as symptoms of mental illness and pathology (Reynolds & Hammoud-Beckett, 2018). We argue that taking up this work requires a particular ethical and activist stance, which requires us, as psychology practitioners, not only to resist pathologizing Indigenous people but also to take on and transform both psychology itself and the social structures of colonial oppression. In this writing, I present a decolonizing and social justice-informed analysis and offer practices of honouring resistance to violence (Reynolds, 2010; Richardson & Wade, 2008, 2010; Wade, 1997) that demonstrate a commitment to centring Indigenous peoples in their own healing journeys.

Trauma, as conceptualized and defined by the mainstream field of psychology, is a medicalized term that obscures violence and human suffering (Defehr, 2017; Reynolds, 2010; Reynolds, "Bahman," Hammoud-Beckett, Sanders, & Haworth, 2014). The language of trauma invisibilizes the violence of ongoing colonialism and locates our interests, as practitioners, in symptoms and diagnoses, which are personalized, individuated, and constructed as the responsibility of the client, as if their personal strength or resiliency, as opposed to structural oppression, is the issue. This medicalized approach invites scientific distancing, "objectivity", and a disconnected professionalism that stop us from mapping the privileges of white settler practitioners onto the oppression and suffering of Indigenous people. This professional distancing allows us to abdicate our collective responsibility to change the social structures that make this oppression and suffering possible. As a result, much of mainstream psychotherapy's tenets are deeply colonial and pathologizing (Todd & Wade, 1994) and carry the risk of retraumatizing and oppressing Indigenous clients. Experiences defined as trauma are often better understood as exploitation and oppression that are rooted in the political inequities of our unjust societies (Reynolds et al., 2014; Richardson & Reynolds, 2014; Wade, 1997). Indigenous people continue to be impacted by historical and contemporary forms of colonial oppression, which is at the root of many posttraumatic responses including dissociation (Dupuis-Rossi, 2011). Dissociative responses to trauma/colonial violence are more common in Indigenous adults seeking counselling services than is currently recognized.

## Not Knowing What We Know: The Heart of Dissociation

In this section, dissociation, a response and way of coping with trauma/colonial violence, will be described within its larger sociohistorical context. Insofar as it concerns Indigenous peoples, dissociative responses to colonial violence on the individual level mirror the settler state's systematic genocidal attempts to disconnect Indigenous peoples from their land, culture, language, governance structures, and ways of living and from each other, beginning over 500 years ago and persisting to this day (Dupuis-Rossi, 2011; Feldthusen, 2007; Thomas, 2005).

The way that the power of the settler state operates and is enacted on Indigenous nations creates the conditions that induce dissociative processes. It is within this larger context of forced disconnection that individuals learn to survive by using dissociation. Disconnecting from self and from overwhelmingly painful and life-threatening experiences of attack, oppression, exploitation, and confinement becomes a way of surviving ongoing genocide. As such, dissociation may be understood as an act of resistance (Reynolds, 2010; Wade, 1997). Through being confined on reserves, in residential schools, in foster homes, in prisons, and in states of poverty (McFarlane & Schabus, 2017; Miller, 1996), individuals learn to survive dehumanizing institutions by disconnecting from themselves and their tremendous suffering. Colonial oppression forces Indigenous individuals to develop ways of *not knowing what we know* in order to be able to survive intolerable and overwhelming violence and oppression. As a result, and to varying degrees, memories, thoughts, feelings, and behaviours become fragmented and disconnected from each other. This is at the heart of dissociative responses to colonial violence.

Indigenous adults seeking counselling for dissociative responses to historical and ongoing colonial violence describe an array of dissociative responses including loss of memory, emotional and physical numbness, a feeling that life events happened not to them but to another person, as well as a deep and persistent sense of hopelessness and helplessness that leads to chronic suicidality. Common ways of coping with these dissociative responses include self-harm, such as cutting behaviour, alcohol and drug misuse, self-isolation, and suicide attempts. The psychological language of both suicide and self-harm makes the problem one of personal inadequacy and renders the violence of colonialism invisible, which, in effect, blames the victims for their own suffering (Coates & Wade, 2007).

Indigenous clients, who present with dissociative responses to historical and ongoing colonial violence, are best served by utilizing culturally responsive and socially just change processes in the counselling work. Indigenized and decolonized therapeutic responses aim to connect clients to a sense of safety, to a sense of their own selves and their own truths, to others who are safe, to the land, and to All Our Relations. Through the process of decolonizing our therapeutic responses to dissociation and indigenizing trauma therapy as a whole, we can support Indigenous clients to reconnect with a sense of agency and to become empowered to heal in culturally relevant ways (Dupuis-Rossi, 2011).

In order to counteract the ways that colonial violence has dispossessed Indigenous peoples of land, culture, community, and identity, a decolonized and indigenized approach to trauma counselling focuses on repossession and reconnection to each of these vital relationships. We will present culturally infused therapeutic responses that seek to repossess and reconnect clients on multiple relational levels, which include the following:

1. Rapport and trust building: honouring indigeneity.
2. Contextualizing dissociation and trauma in colonialism.
3. Developing internal safety: culturally relevant grounding and containment.
4. Connecting to self, safe others, and an Indigenous worldview: learning traditional teachings and participating in safe Ceremonies.

These specific therapeutic responses concern the first stage of trauma recovery work, which is the establishment of internal and external safety, stability, and security (Briere, 2006; Herman, 1992).

It is important to state that this chapter is intended for Indigenous counsellors working with Indigenous clients. If you are a non-Indigenous counsellor, the visualizations, techniques, metaphors, and teachings are not to be used, because to do so would be to replicate colonial processes that caused the damage we are seeking to repair (see learning activities for non-Indigenous readers at the end of the chapter). We have added prompts that can work for non-Indigenous counsellors at the end of the different sections on therapeutic responses.

## **Kluane's Journey**

### ***Introducing Kluane***

Kluane is a 48-year-old Indigenous woman who identifies as heterosexual and has multiple health concerns, including diagnoses of arthritis and fibromyalgia. Kluane has vocational trade certificates in administration, carpentry, and catering as well as her high school diploma. Although she works part-time in her different trades, she lives below the poverty line. At times, she is required to go on social assistance for lack of work. Kluane is finding her way back to traditional cultural and spiritual practices. She has one deceased daughter and two adult sons, and she is also a grandmother.

Kluane is an intergenerational survivor of Indian residential school and is a direct survivor of the Sixties Scoop. This refers to thousands of Indigenous children in Canada who were systematically placed in non-Indigenous foster homes during the 1960s and 1970s. Similar to Indian residential schools (Chrisjohn & Young, 1997), the Sixties Scoop was an additional effort by the federal and provincial governments to assimilate Indigenous peoples into dominant settler society.

### *Kluane's Story of Why She Is Here*

Kluane came to see me, Riel, for counselling after a recent suicide attempt. Two years ago, Kluane attempted to end her life after the first anniversary of the loss of her daughter to suicide. Kluane explains that she has been trying to end her life since she was 7 years old.

The Ministry of Children and Family Development apprehended Kluane when she was 3 years old, in the late 1960s. She was raised in non-Indigenous, Christian foster homes and faced significant racism within both these homes and at school. Kluane also experienced ongoing physical, psychological, and sexual abuse in the homes. Kluane explains that, starting at the age of 18, she has been diagnosed with an array of mental health disorders that include schizophrenia, bipolar disorder, borderline personality disorder, attention deficit disorder, and foetal alcohol spectrum disorder. She further explains that not one of these diagnoses has proven helpful to her; neither have the related psychopharmacological treatments nor mainstream cognitive behavioural therapies helped.

Over the several months of our relational work, Kluane reveals an extensive trauma history. She comes to understand her experiences of dissociation as responses to years of ongoing abuse and confinement. She vaguely recalls ongoing incidents of physical and sexual abuse but states that she remembers clearly “feeling chillingly alone and alienated” from the time she was adopted out. Kluane recounts some incidents of abuse, in a blurred way, admitting that she cannot remember where she was when some of the abuse happened or how old she was. She explains that remembering her life is like “looking through shards of glass that are shattered and disconnected” and that she is “unsure how all the pieces fit together”. What Kluane does know is that she learned to hide, literally, under beds, in closets, and in the refuge of a nearby forest but also in plain sight. Kluane explains that she “buried her thoughts, her memories, and her feelings deep inside in order to draw the least amount of attention to herself possible”. She does remember feeling afraid all of the time, “afraid and alone”, and describes walking through the stages of her childhood as if she were “in a pink haze, numb to any emotion, and detached from the world around her”.

Kluane explains that as she grew older, she experienced what she initially described as “panic attacks” and “feeling bipolar”. She explains that she could be in a store, for instance, going about her daily activities, and all of a sudden, she sees, in her mind, a vision of a child being hurt, which “comes out of nowhere and leaves as quickly as it came”. Just like these images, which she imagines could be memories, Kluane often has multiple, simultaneous, racing thoughts and overwhelming feelings of panic, grief, or rage that feel completely out of her control. Other times, she is overcome by a sense of utter confusion and disorientation, as if “I lose a sense of being oriented to the time and the place I am in”.

In our counselling sessions, Kluane also opens up about hearing voices in her head that don't feel like her own thoughts. It is as if these voices come from outside of her. She explains that, after a while, she “just came to accept that maybe it is the voice of the Creator speaking” to her. Other times, she explains that she “hears the voice of the devil”, and on other occasions, she understands the voices as other

kinds of spirits, some good and some bad, who are trying to get her attention. At different times in her life, she has felt guided by these spirit voices. Most times, however, the voices sound like they are human. These voices are particularly disturbing to her. Sometimes she hears the inconsolable wailing of a small child, other times it is like overhearing an argument between two people or being “tuned into a radio show” that is an ongoing critical commentary about how much of a failure she is. The one thing that these thoughts, flashes of memory, feelings, and voices have in common, Kluane observes, is that “they all feel like they are out of my control”.

In childhood, Kluane spent significant periods of time in hospital with different conditions like bladder infections and stomach problems. These medical issues never alerted hospital staff to the abuse she was facing. Kluane explains that she “just learned not to trust my body as a child”, and in adulthood, this caused her to be in a constant state of hyper alertness and in fear that she was dying. “How can someone who so wishes they were dead be so afraid of dying?” she exclaimed in anguish one day. As an adult, Kluane experienced, on a regular basis, what she thought were seizures or heart attacks; however, after she presented at the emergency department over a dozen times, and had repeated medical tests, the results remained inconclusive.

Kluane experiences major memory loss. At first, she thought that the gaps in her memory could have been caused by her experience of several major car accidents, but medical tests revealed that she had not incurred any head injury, which dashed her hopes of understanding what was going on with her memory. Kluane explains, “I experience a kind of *blackout*, where I literally cannot recall either whole segments of my life or specific major life events that most people can remember”. At other times, she can, in a certain sense, recall some of the things that have happened in her life, but she explains, “It is more like watching a movie than remembering my own life”. She goes on to express how even the parts of her life she does recall feel “almost as if they happened to a whole other person”. Quite frequently, she does not remember people, such as acquaintances or coworkers, who she runs into on the street; looking in her closet, she discovers clothes that she does not remember buying; or she finds things, like journals, hidden in her apartment, but does not recall putting them there or even writing some of the entries that are in her own handwriting.

Kluane also reports feeling tired all the time but being unable to sleep. She says, “Some nights I only sleep for 2–3 hours before waking up again”. She suffers from nightmares on a consistent basis. She is burdened by “feelings of worthlessness and hopelessness” and feels “helpless and afraid”. Despite experiencing depression and anxiety, she is hardest hit by feelings of shame that seem to control the way she feels about herself. She says, “No matter how much I try to talk myself out of it, I feel that I am not good enough, and what happened to me was my fault”. All of this leaves her feeling utterly alone, isolated, and hating herself and her life.

Since she was a teenager, Kluane has experienced overwhelming urges to cut herself and burn herself, and this behaviour brought her some release and relief. Since early adulthood, taking Valium and drinking alcohol became another way that Kluane “managed to take the edge off”, by quieting the voices, sleeping through the nightmares, and drowning out the endless and relentless waves of panic, shame, self-hatred, despair, and confusion to ignore the numbness and emptiness.

## **Our Approach: Decolonizing and Indigenizing Trauma Therapy**

### **1. Rapport Building and Establishing Trust: Honouring Indigeneity**

As an Indigenous therapist, one of the most crucial elements in building a decolonized therapeutic relationship is to demonstrate to Indigenous clients deep and genuine respect, acknowledgement, and honouring of them and their culture. One way of doing this is to give recognition to the client's history, current life context, and human value in a culturally relevant and informed way. I, Riel, built a decolonizing relationship by directly acknowledging Kluane, an urban-raised Indigenous woman with *Indian status*, as a disinherited and dislocated knowledge keeper, medicine woman, and healer. The purpose of this therapeutic response is to acknowledge, in a constructive and connective way, the many losses endured through colonialism, to give the client back a sense of rootedness in her Indigenous identity, to recognize the important presence of ancestral lines and inheritances, as well as to affirm her value, worth, and belonging in a culturally meaningful way.

This approach also allows Kluane to connect to a positive sense of an Indigenous identity by acknowledging, respecting, and honouring, in a sense witnessing, the specific roles (among many diverse traditional roles) that this individual would have played if the fabric of Indigenous societies was fully intact. As a result, she can locate herself within Indigenous society. Traditionally, all individuals in Indigenous cultures were valued members of society. Calling upon this tradition restores a sense of value to individuals who are burdened by having been devalued, dehumanized, and disbelonged by historic and current colonial processes. This approach lays the foundation of the therapeutic relationship in such a way that Kluane's individual, ancestral, and cultural strength is honoured so that the wounds caused by colonial oppression can be processed, while she stands in the hopeful light of her resilience.

#### **Note for Non-Indigenous Counsellors**

If you are a non-Indigenous counsellor, instead of using and invoking the following teachings, techniques, metaphors, and visualizations, you could ask your Indigenous clients what their Elders would have taught them about their traditional roles and how we, as Indigenous peoples, gave each member of the community a sense of belonging, value, and place. As a non-Indigenous counsellor, it is vital that you do not position yourself as expert or more knowledgeable than your Indigenous clients about their own history, life experience, culture and values, and the impact that colonialism has had on them and on their communities. This is about demonstrating fundamental respect in the therapeutic relationship and working alliance.

## 2. Know What You Know: Grounding Dissociation in Colonialism

Dissociation, in its sociohistorical context, can be best understood as resulting from historic and contemporary colonial processes that cause a state of dispossession on multiple relational levels. Dissociation, then, can be understood as a response to colonial violence, what Todd and Wade (1994) refer to as psycholonization. Indigenous peoples, as a result of colonial violence and enactment of the political agendas of the settler state, have become dispossessed of their traditional territories, ways of life, governance structures, cultural practices, linguistic and epistemic worldviews and beliefs, as well as their communities. Kluane has been dispossessed from all of the above and, by extension, from a positive, integrated sense of herself.

Often Indigenous clients have had a deficit view of themselves imposed on them directly by settlers (e.g. non-Indigenous government agents, teachers, clergy, foster families, students at school, social workers, psychotherapists, police officers, corrections officers, lawyers, and judges); and dissociation is a response where survivors both own and disown their experiences of violence. Like Kluane, they often live with a deep sense of shame and blame while at the same time not being fully aware of, or connected to, the impact of racism and violence on their person/being. Applying a decolonizing praxis to supporting people in healing from dissociative responses to trauma requires framing the trauma and its resulting *symptoms* in a sociopolitical and historical context. Understanding dissociation as a product of colonialism helps clients to move beyond the shame and guilt response that is often one's way of *owning* the experience and simultaneously addresses the *not owning* aspect of the experience (disconnection and denial) by providing a safe, culturally relevant, and decolonized pathway/bridge for integrating the experience.

In this way, it becomes possible for clients like Kluane to connect to a positive as opposed to a deficit view of self. Her ability to survive the unspeakable crimes against her and her people is acknowledged. She is a warrior. Recognizing that she has survived the worst parts of the battle is an important way of differentiating between the past and present and affirming that she is relatively safe at present. It is orienting to her strength and resilience and to the fact that her confinement and abuse have ended. It also serves the important purpose of asserting that she now has choices that were not available to her in childhood and adolescence. She is an active agent in her own life; she got herself through. These therapeutic responses support Kluane in orienting herself to the present moment and to the current context of her adult life.

### ***Dissociation: Not Knowing What You Know***

I work with Kluane to help her understand her experiences of memory loss, voices, intrusive images, and flashbacks in the larger context of her confinement and abuse in foster care. I offer a decolonizing lens, but I am also respectful and curious about



how Kluane makes sense of her experiences. Foster care was, institutionally, intended to disconnect Indigenous children from their roots, and Kluane had to learn to disconnect as a way of surviving unspeakable horrors and terrors. Kluane learned that, as a child, the only defence or way of protecting herself was to disconnect. And in this sense, she had to learn ways to *not know what she knows*. Kluane was forced to disconnect from, and not consciously know about, the abuse, so that she could go on living as best she could. The images, the voices, the memory loss, and even the bodily reactions that she thought were heart attacks and seizures are all, in a sense, clues and pathways to becoming fully aware and conscious of what has happened to her in her life, especially in her childhood. I ask Kluane in one of our sessions, “You’ve told me a lot about what the doctors know, or don’t know, about what you experience as seizures or heart attacks, now would you be willing to tell me about what you know about them?” Kluane looks deep within, and after some moments of silence, she explains some of what was happening in her foster home the first time she was admitted to a hospital for stomach problems as a child. She also opens up about how the *seizures* and *heart attacks* happen at points in her life when she becomes overwhelmed by flashbacks and traumatic memories. Surprised by how much she knows about the seizures and heart attacks and their connection to the abuse she survived in her childhood, Kluane exclaims, “You know this is the first time in my life that I have ever been asked about what I know!”

### ***Suicidality: We Are Alone, Together***

From this therapeutic approach and through reflection in session, Kluane and I come to understand her suicidality as a response to the overwhelming grief and loss she has experienced without adequate support from the time she was young. In the context of her confinement in an abusive foster home, she realizes that her desire to end her life was an act of resistance and represented a “way out”. It offered a degree of control at a time in her life when she had none. Naming the absolute power that Kluane was subjected to is not mere description, but informed by decolonizing praxis, which requires us to put experiences in context and to name real abuses of power, as opposed to speaking of experiences occurring within the realm of “feelings”, as if they occur within the landscape of Kluane’s mind as opposed to occurring in the real world where power is wielded, and this child was abused (Reynolds et al., 2014). I then frame Kluane’s experience of suicidality and grief within the legacy of colonialism and appeal to the larger group experience as a way of breaking through the deep sense of isolation she felt. “Many of our people struggle their whole lives with wanting to end their own lives”, I share with Kluane, “and in this way, we are all alone, together. But in this, and in so many other ways, we are never truly alone”.

We then reflect together on the connections between the waves of loss and attack in Kluane’s life (i.e. loss of her connection to her parents and her community through the residential school and the Sixties Scoop, loss of a sense of belonging

and culture, confinement and abuse in foster homes, the imposition of Christianity and racism on her person) and those withstood by Indigenous peoples as a whole (i.e. the forcible outlawing of Ceremony in the context of unspeakable losses caused by settler spread diseases and wars, the imposition of reservations and residential schools). Here, the language of *unspeakable losses* is used intentionally by our people because these losses were felt, collectively, in this way, and because it refers to the silencing that happened through colonization. In the context of colonialism, Indigenous individuals today, as well as whole communities over hundreds of years, have been stripped of cultural and traditional supports and ways of coping and left to deal with overwhelming waves of shock, loss, tragedy, and injustice without these vital resources (Brave Heart & DeBruyn, 1998; Duran, 2006). After making these connections, Kluane acknowledges the forces of colonialism in her own life and its destructive disregard for Indigenous lives, and she feels no desire to end her own life. Responsibility has been placed where it belongs. The traditional teaching that our ancestors are always with us helps Kluane connect to a sense of being loved and cared for by the thousands that came before her. Standing with her are her people; she is no longer alone.

#### **Note for Non-Indigenous Counsellors**

If you are a non-Indigenous counsellor, you could ask your Indigenous client what their Elders would have taught them about the issue of suicidality from a cultural and Indigenous perspective. This is a first step in acknowledging that Indigenous people are differentially impacted by suicidality and that the suicidality in Indigenous communities is a result of colonization and ongoing colonial oppression. It is important to know the history and present-day enactment of colonization. You could mention that many Indigenous organizations hold talking circles and therapy groups on the issue of suicide, which speak specifically to its impact on Indigenous people. Referring Indigenous clients to these supports that can be an invaluable resource in their healing process is a way of supporting their reconnecting to Indigenous culture (Hadjipavlou et al., 2018).

In my work as a settler therapist and supervisor, I, Vikki, work transparently to name my cultural location and privilege, and I invite accountability by enacting a collaborative process that is directed by Indigenous knowledge and justice-doing (Munro, Reynolds, & Townsend, 2017; Reynolds & Polanco, 2012), which means not replicating structures of oppression. I am aware that white supremacy will be at work, and so I need accountable supervision for myself from Indigenous people, activists, practitioners, and scholars. I have written elsewhere about practices of collaboration as a white settler working with Indigenous people and the specific questions I use to make my power transparent and open to critique (Richardson & Reynolds, 2014).

### ***Toxic Shame: Hiding in Plain Sight***

Kluane is plagued by toxic shame. In session, I often witness this toxic shame as she attempts to hide in plain sight, withdrawing as far as possible into the chair and into herself, bowing her head, covering her face with her hands and hair, and exclaiming with rage-filled frustration her sense of inadequacy. She expresses this sense of inadequacy through an array of negative beliefs about herself. In such moments, I intervene in these negative, distorted beliefs about (her)self (e.g. “I am stupid”; “I am crazy”; “I am a loser”) by gently naming the presence of toxic shame and then working with Kluane to widen the frame.

Toxic shame, a complex and multifaceted internal state, is understood within a decolonizing therapeutic framework, as a response to the ways that colonial oppression has overdetermined the life circumstances of Indigenous peoples. Toxic shame is, in part, a result of being forced to hide, most significantly, in plain sight. Learning to *hide in plain sight* is a survival strategy that the great majority of us, as Indigenous people, have developed in response to a colonial context that is life-threatening. As individuals and as whole communities, we learned how to hide our deepest truths, identities, experiences, thoughts, feelings, epistemologies, and spiritual beliefs and practices. In the context of colonization, it was, and is still, not safe to fully be one’s authentic Indigenous self. Kluane’s ability to conceal her needs, her feelings, and her life experiences was a way that she kept herself safe in a hostile environment. This resistance enabled her to survive her abusive foster home. After acknowledging the presence of toxic shame and reframing its origins, I draw parallels between how Kluane and how our peoples generally have survived. In the context of ongoing attack and the outlawing of Ceremonies, generations of Indigenous people learned to hold the Ceremonies underground, literally, in some cases, but also under cover of darkness or deep in the forests and mountains (Brave Heart & DeBruyn, 1998). The wisdom of hiding is honoured as an act of resistance to the violence and destructiveness of the colonial state and as a strategy for preserving and protecting the sacred within one’s individual self and our collective ways of being.

The rage that often accompanies shame is treated as a powerful life force that aims to restore a sense of order and justice when processed and integrated in safety. Kluane realizes that she is not to blame for the crimes that others, namely, settlers, have committed against her. The rage, when connected to the shame, in safety, restores Kluane’s sense of integrity and dignity and provides her with clarity about where responsibility for the offences against her person truly lies. Explaining the distinction between healthy shame, which helps us to self-correct behaviour that is harmful to the community, and toxic shame, which is created by abuse and violence, further helps Kluane to identify the shame that belongs with the colonizing forces and to free herself of toxic shame she has carried all her life. The deeply internalized blame for the abuse she endured, which contributes to Kluane’s internalized toxic shame, is externalized and transformed into a clear understanding of the colonial processes that caused her suffering. A vital life and self-affirming boundary between who Kluane is and what she has survived has been established. The toxicity of colonization is identified, and the process of externalizing it and healing from it has begun.

Kluane is also moved when I share cultural teachings about how children are seen as gifts, traditionally, in Indigenous societies. These cultural teachings help to counteract the blame, humiliation, and devaluation carried by Kluane. She is held up by cultural knowledge and wisdom in the profound sacredness of her being. Our purpose in these conversations is to make transparent the crazy-making process of colonialism; to highlight the importance of moving away from the dehumanizing things it teaches us about ourselves, as Indigenous peoples; and to move towards the life-affirming teachings of traditional culture.

### **Note for Non-Indigenous Counsellors**

If you are a non-Indigenous counsellor, it is important to understand that, for Indigenous people, the issue of toxic shame is one that is intergenerational, historical, and a direct result of hundreds of years of colonial oppression. Internalized toxic shame is one of the ways that colonization inscribes itself on the minds, bodies, hearts, and spirits of Indigenous peoples. We use the term internalized cautiously here, as we know these ideas are “internalized” by being forced down people’s throats. It is a very human response to structural and systemic dehumanization. Many Indigenous people have learned to hide in plain sight in response to the toxic collective shaming that has been part of colonization. Colonization has and still is life-threatening, and it makes it unsafe to be oneself—individually or collectively—as an Indigenous person. Creating a safe and respectful therapeutic place where Indigenous clients can be their authentic and genuine selves, in their pain and in their strengths, is paramount. One way that the foundation of such safety can be established is for the non-Indigenous therapist to skilfully and genuinely acknowledge, in a timely and attuned way, that the shame of colonization resides with settler society and oneself. As a non-Indigenous person living on Turtle Island and benefiting from colonization, you are embedded within a colonial relationship. Own your own peoples’ role in colonization, and communicate directly to your Indigenous client that the shame of colonization is not theirs to carry. Recognizing that Indigenous people are working hard to reclaim the cultural pride that is our birthright, it is always best to connect Indigenous clients up to safe Indigenous practitioners, Elders, knowledge keepers, and organizations. Restoring our connections to each other as Indigenous people is a crucial part of decolonization.

It is important for non-Indigenous practitioners to attend to language practices that invisibilize power and oppression and depoliticize experience, because this leaves Indigenous people individually responsible for the suffering they experience. In this section, the language of being *held up* as opposed to being *supported* is particular to enacting a decolonizing praxis. Support has a different and fairly nonpolitical connotation. We intentionally use language that is more culturally relevant, activist-informed, and in line with an ethics of decolonizing. For example, much that falls under support is well intentioned and apolitical, able to enact charity, but not justice, and can, so easily and unknowingly, replicate oppression.

## *The Connective Power of Politicizing Trauma*

In a decolonizing therapeutic practice, contextualizing trauma symptoms (e.g. loss of memory, toxic shame, self-harming behaviours, suicidality, etc.) as the outcome of colonial violence provides a pathway to being able to relate meaningfully to it while also breaking through the imposed sense of isolation. Politicizing trauma allows Kluane to be identified as part of a collective and a people. The pain Kluane feels is shared with others, and the responsibility for it is handed back to its rightful source, the settler government and other historical and contemporary colonial forces.

Politicizing trauma creates an opening that allows the client to create a new relationship to her suffering and to work to lessen the hold that, an otherwise totalizing colonial oppression, has on her life, relationships, and sense of self (Duran, Firehammer, & Gonzalez, 2008). Kluane understands her experiences as historical, political, social, and specific to a colonial agenda, as opposed to experiences that reflect her worthlessness, unlovableness, rejection, and abandonment. Kluane realizes that it is not because she is unworthy or unlovable that she has existed in a perpetual state of deprivation and pain; rather, she has been subjected to a genocidal political agenda that is dehumanizing. With the help of traditional wisdom and teachings, she is able to see herself as having been a child who was deserving of love, care, and protection. The deprivation is connected to an external context, the foster home and colonialism, as opposed to being understood as a result of personal deficits. This analysis reconnects Kluane to the experiences of Indigenous peoples both within her own nation and beyond it. Her experience becomes one that is common instead of one that is isolated.

### **Note for Non-Indigenous Counsellors**

Working to demystify the violence of colonialism and psychology is required by non-Indigenous practitioners who hold intentions to enact decolonizing praxis, which further requires that non-Indigenous practitioners challenge our white supremacist assumptions and learn the real histories of these territories of Turtle Island and the role psychology has played in silencing and masking the violence of the settler state. Psychology is not a neutral project, and it has been used to redefine the problems of political genocide and assimilation as individual psychological failings such as addiction, trauma, multigenerational grief, and attachment disorder. Educating ourselves and other settler practitioners to the political and social realities of power relations between Indigenous communities and settler practitioners makes it possible to begin to create just and dignified relations with Indigenous clients.

One way to politicize trauma is to name and acknowledge that you are non-Indigenous and to invite the client to speak to what that is like for them. This opens up the possibility of discussing the impact of the power differential that exists (given that you are a beneficiary of colonialism) and assessing if this creates any barriers for the client. It also provides a chance for the client to speak to any needs they might have in working with a non-Indigenous counsellor.

### 3. Developing an Internal Sense of Safety: Grounding and Containment Exercises

Enhancing a sense of personal control and choice is an important part of this healing, because a very basic sense of control was taken from Kluane, and from the generations that came before her, through colonialism. Culturally relevant grounding and containment tools are introduced as a way to facilitate a renewed sense of control, agency, and choice.

At the beginning and ending of sessions, and when Kluane becomes flooded and overwhelmed in session, I introduce various grounding and containment exercises to enhance her sense of safety. The first and most quickly available exercise is for grounding. It involves Kluane feeling her feet on the Earth beneath her and her breath inhaling and exhaling the sky. In order to orient Kluane to the *here-and-now*, we locate the four directions through her sense of sight and orientation within the office. According to the protocol, and as an Indigenous counsellor, I respectfully invite Kluane into ceremonial practice. For example, we light sweetgrass to provide a sense of safety and comfort in the moment and to connect Kluane to her ancestors and the land. Grounding in the moment and through Ceremony is used as a way for Kluane to develop a new set of coping tools as an alternative to dissociating.

Kluane's capacity to regulate emotions and to contain distress levels, intrusive thoughts, and flashbacks is further developed through the Canoe Journey containment exercise, which facilitates the development of an internal sense of safety and Kluane's ability to track this sense. In connecting to her ability to track her own sense of safety, Kluane is empowered to assess current life situations and to measure them in terms of her need for safety. From there, she can make decisions and act in her own best interest. This is a concrete way of reconnecting Kluane to the different choices, skills, and capacities available to her. Dissociation becomes only one possible response among many that are accessible to her at this point in her life. Given the importance of being grounded in one's own sense of internal safety, we end our sessions with the Canoe Journey (visualization exercise).

#### *The Canoe Journey*

I ask Kluane to feel her feet on the ground and to connect to her breath. When she is ready, I guide her through the visualization. In the visualization, I lead Kluane away from the counselling office onto a forest path. As she walks down this path, I ask her to notice the light streaming through the trees, the sounds of the birds singing, and the rustling of the leaves as the wind blows through them. At the end of the forest trail is a river and a large strong, sturdy cedar canoe constructed in the traditional way of the territory. I invite Kluane to step into the canoe.

I visually lead Kluane down the peaceful, calm, and gentle waterway in the sturdy, strong, and balanced canoe and draw her attention to the thousands of ancestors that follow behind her in their canoes. I ask her to take in how the river is there

carrying her and her ancestors “home”. As the canoe reaches the shore of a calm and peaceful island, I ask Kluane to step out of the canoe and explain that there is one place that needs to be visited before going to meet her ancestors in the “safe place”. And this place is far away, on the opposite side of the island. I visually lead Kluane to the other side of the island. Kluane arrives at a waterfall where I invite her to wash her hands of any of the burdens that she carries that are not hers. I ask her to wash away the guilt, the shame, the degradation, the chaos, and the heaviness of colonization. She describes the water turning black as she does this. She watches as the flow of water carries the darkness away. I then invite Kluane to put all of the pain in a basket; she places all of her burdens there. Her grief, anger, rage, fear, disgust, and loneliness are gently placed in the basket, which I guide her to put on a sturdy ancient healing rock at the base of the waterfall. I explain in a calm and soothing voice that the water will soothe her old pain, that the sun will bring new light to it, that the winds will breathe new life into it, and that the trees will protect and guard it. Her young wounds and old pain are being held, honoured, and protected by the greater forces of Creation.

Once this step is complete, Kluane walks to the other side of the island through a trail, taking in all of her surroundings as she does this. I describe to her the sounds and sights of the forest, and I call out to her to listen to the drumming and singing that is off in the distance. As she walks further down the path, I explain that her ancestors have gathered at her final destination and are singing to her a welcoming song from her culture. As she walks closer to the peaceful place, the drums and the voices get louder. She can hear them clearly now. Kluane walks through the rest of the trail to a parting in the forest, and she is met by hundreds of ancestors. I ask her to take in how happy they are to see her. I ask her to take in that the songs that her ancestors sing to her have been sung for thousands of years. These songs come from the many hearts that are deeply connected to hers. I then ask her to notice the loving, joyful, soft, and kind expressions on their faces. She has arrived home to her people, I affirm. And they are celebrating her arrival.

In this place, the ancestors have prepared for her everything she needs: a warm place to sleep, her favourite traditional foods, stories to tell as she rests, and a sacred fire. I turn her attention to the ancestors who are keeping the camp safe and emphasize that she is loved, protected, seen, felt, understood, accepted, honoured, and taken care of here in this calm and peaceful place. After some time of sensing and taking in the presence of her ancestors and the forest, I guide Kluane back to awareness in the counselling office by guiding her back to the canoe and down the river through the forest and into the counselling office. I ask her to bring movement, slowly, to her hands, shoulders, feet, and legs, and to open her eyes when she is ready. I encourage her to connect to her breath and orient to the here-and-now by naming five things she sees, hears, feels, and smells around the office.

The significance of this therapeutic exercise is to connect Kluane to a sense of internal safety. This is done by soothing and calming both her survival system and her attachment system through emphasizing, in various ways, the loving, kind, and protective connections and supports of her ancestors and of All My Relations, all Creation. The purpose of asking her to sense the ancestral kindness and the presence



of nature is to contribute to the creation of a new relational imprint and new experiences of internal safety and calmness. This allows the survival and attachment systems to rest, reset, and regulate, which is an important aspect of trauma recovery.

#### **Note for Non-Indigenous Counsellors**

If you are a non-Indigenous counsellor, it is important not to invoke the culturally specific teachings, metaphors, and techniques in the visualization described above. To do so would be an act of cultural appropriation and would replicate colonial dynamics that run counter to the purpose of the exercise, which is to foster a sense of internal safety through the use of cultural knowledge and connection (Reynolds & Kelly, 2018). Cultural appropriation, with its direct roots in colonialism, activates traumatic experiences and does not offer or provide any comfort or support to Indigenous peoples. Alternatively, a non-Indigenous counsellor could ask their Indigenous clients to describe for themselves a place where they feel safe and connected and to provide openness, time, and support in session for this type of exploration.

#### **4. Reconnecting to “All My Relations:” Safety and Care in the World Around Us**

In addition to connecting to a sense of internal safety using culturally informed grounding and containment practices, Kluane also has the opportunity to connect to an external sense of safety and worth by learning traditional teachings and participating in Ceremony with safe and respectful Elders and knowledge keepers.

### ***Culturally Relevant Ways of Speaking to Attachment Disruption***

In this approach, *attachment* is seen as one’s connection and sacred relationship to Creation/Creator/Great Spirit/Great Mystery; to the Great Spirit of our ancestors; to Mother Earth, Father Sky, Grandmother Moon, and Grandfather Sun; and to the waterways, the animals, the plants/medicines, and the life-giving spirits, known to Indigenous people as *All Our Relations*, a concept that speaks to the interconnectedness of all things. This stands in stark contrast to a psychocolonizing approach that centres on individual nuclear families, whose structure and organization are deeply Eurocentric and heteropatriarchal.

This culturally relevant approach is about fostering a sense of reconnection to Kluane’s place in the world. As a result, Elders and knowledge keepers relay messages about how the Earth never lets us go; how the trees, known as grandmothers, recognize us and are happy to see us; as well as how the water is able to take burdens from us and replace them with restorative direction, guidance, and healing. Kluane learns that all the river, lake, and ocean spirits are uplifted when we visit. The land recognizes and cares for us and is, and always has been, there for us even if we are

removed and dislocated from our own traditional territories. The point of this indigenizing approach is to reconnect Kluane to the cultural knowledge and wisdom that were stolen and to restore her relationship to an Indigenous worldview.

Over the course of her life, Kluane has distanced herself from partners, friends, relatives, and coworkers, because she did not want to feel like she owed anyone anything or could be owned, controlled, or dominated by anyone. Distance and isolation met her need for safety more effectively than did interpersonal closeness. Part of this aspect of therapy involves recognizing how colonial oppression informs her experience of current relationships. For instance, Kluane recognizes the feeling of owing and being owned as having historical resonances directly related to colonialism in general and, more specifically, to her own experience of foster care. Historically, Indigenous peoples were defined under Canadian law as *wards of the state*, as were children in Indian residential schools and in foster care. However, there are relationships—with the Earth, the trees, the waterways, and the moon—that Indigenous people can experience as safe, loving, supportive, consistent, ever-present, and protective. Experiencing these is a primary way of experiencing relationship outside of the colonial model, where relationship is based on exploitation and domination. This is a first and significant step in healing the attachment disruption caused by colonialism and restoring a sense of place, belonging, value, and connection through introducing Indigenous worldviews and traditional teachings.

#### **Note for Non-Indigenous Counsellors**

If you are a non-Indigenous counsellor, it is vital to understand that the teachings articulated above are traditional and are culturally specific to Indigenous peoples. It is important that non-Indigenous counsellors do not use traditional Indigenous teachings as this would be an additional act of cultural appropriation that would defeat the creation of a genuine and accountable therapeutic relationship that is based on principles of safety and respect.

Non-Indigenous practitioners must be critical of the use of the language of attachment disruption and the diagnosis of attachment disorder when naming experiences of Indigenous children who have histories of political kidnappings and forceful removals from their families and communities to “residential schools”. Many Indigenous clients labelled with “attachment disorder” have had histories of multiple placements in foster homes and government facilities that did not deliver belonging and safety. Locating the political problem of apprehended Indigenous youth as a psychological personal failing obscures this violence. This is especially true given how primary, respectful, reciprocal, and balanced relationships are in Indigenous cultures. Naming the Indigenous person as owning the relational problem is a reversal of these realities. The symptoms Indigenous people show up with is an indication of the problem of the settler state, not the problem of Indigenous people.

## *The Role of Ceremony*

At this point, it is important to state explicitly that Kluane participated in Ceremonies that were not geared directly towards addressing her dissociation. Ceremony can be an empowering and powerful gift in reconnecting to Indigenous cultural practices and a grounded sense of Indigenous identity. It is important that Ceremony is conducted in accordance with protocol by safe Indigenous leaders of Ceremony, and both the leader of the Ceremony and the client are aware that there is a major difference between spirit and dissociated parts of self. For instance, Kluane shares that, in the wake of ongoing childhood trauma, she would often hear *spirit voices*, which, if not understood as a sign of traumatic activation and dissociation, might easily be mistaken for spiritual experience. If the Indigenous leader of Ceremony is not aware that dissociation often involves a client having experiences described as *visions* or as having *spirit voices* speaking to them, the client may be left in a dissociative state throughout the course of the Ceremony. Rather than feeling grounded and free after a Ceremony, the risk is that the client is left overwhelmed and disconnected, re-experiencing pain and helplessness from the past, instead of spiritual peace and power in the present.

After a year of working together, Kluane begins to participate in certain Ceremonies that she deems safe. Kluane discloses different experiences of being sexually violated by at least three different individuals charged with leading Ceremonies. The possibility of a lack of safety in Ceremony must be acknowledged while, at the same time, placing the actions of those who violated Kluane within the larger context of colonization. Ceremony itself is not unsafe, but sometimes people who lead, or participate, in Ceremony act out the colonizing practices to which they were subjected (e.g. physical and sexual violence perpetuated by clergy in residential school). We prepare for Kluane's participation in Ceremonies by discussing safety and the credibility of the Elders leading it. Different factors allow Kluane to track her own sense of safety during the preparation of the Ceremony: Kluane invites me to be present, she knows the Elder leading it, and has a good sense of the other participants and whether she feels safe with, and respected by, them. She also knows that she is free to do whatever she needs to do to take care of herself during the Ceremony, even if this means taking a break or ending her participation. Kluane knows the other participants in the Ceremony and has determined that the type of Ceremony is safe enough for her participation and that she has choices and supports within it.

For Kluane, it is important that she participates in Ceremonies that are conducted in the full light of day and out in the open (as opposed to being in dark and more confined places). This way she can remain more confidently oriented to the present and to the environment, which significantly lessens her chances of becoming over-

whelmed and possibly coping with that feeling by dissociating. After much reflection and deliberation, Kluane decides that she would feel safe doing Smudge Ceremonies, a Condolence Ceremony to honour her deceased relatives, a Brushing Down Ceremony, and a Casting Off Ceremony led by familiar Elders in the safety of a group she trusts.

Kluane is empowered by the sense of a safe and supportive connection to traditional spirituality and culture, to a group of Indigenous peers, to Elders, to All Our Relations, and to herself as an Indigenous person. Kluane describes the significance of safe Ceremonies in “finding the path home”. Connecting to traditional teachings and Ceremony provides Kluane with a sense of belonging for the first time in her life.

#### **Note for Non-Indigenous Counsellors**

It is vital that non-Indigenous counsellors not assume a right to suggest or to participate in any Indigenous Ceremony. Instead, you can ask the client about what Ceremonies they have found helpful and what teachings about the Ceremony have been shared with them by the Elders. If the client does not find these enquiries useful, you can ask if they have a way to connect with the Elders now. If not, you can ask permission to help them find Indigenous workers who can connect them with Elders.

Enacting respectful relationships between settler practitioners and Indigenous people, which do not transgress and which resist cultural appropriation, is part of the way out of replicating colonial violence. For Indigenous clients to witness powerful settler practitioners accountably name and resist abuses of power by consciously not appropriating knowledge and deliberately honouring that there are Ceremonies and teachings that we, as settler practitioners, are not invited into, we cocreate respectful boundaries and enact a decolonizing praxis that walks its talk. This structures in an element of cultural safety, which is not just something to get over before doing “the real work”: Structuring accountability and safety is the work (Richardson & Reynolds, 2014).

### **5. Coming Full Circle: Valuation of Self Relationally and in the Heart of Culture**

The final therapeutic response that will be highlighted supports clients in finding their way back to holding their own Ceremonies. For Kluane, coming full circle means engaging in a process of discovering the ancestral cultural knowledge handed down through the ages and affirming her place in an Indigenous lineage that continues into the future. Kluane learns how to acknowledge and nourish the spirits around her ceremonially and how to offer respect to the natural world that provides for her.

Kluane also learns how to connect with her deceased daughter through holding Ceremony on important anniversaries. In so doing, Kluane affirms her own vital spiritual and cultural role as a leader of Ceremony and steps into her power to restore traditional practices for future generations.

## Conclusion

Our experience has taught us that creating and enacting indigenized and decolonized therapeutic practice decrease dissociation. Since beginning this work, Kluane has not made another suicide attempt, she has stopped using alcohol and Valium, and she has stopped cutting herself. Instead, she works to connect to dissociated feelings, experiences, sensations, behaviours, and memories and uses different culturally relevant grounding and containment tools learned in therapy to cope with feeling overwhelmed. She also practices various Ceremonies on a weekly basis. Kluane spoke of what a great honour it was to hear the Indigenous counsellor refer to her as an important person, as a dislocated and disinherited knowledge keeper, medicine person, and healer. Such descriptions defy the pathologizing and colonizing diagnoses that framed Kluane as a damaged, traumatized, and broken person. Leading Ceremonies for herself is a way Kluane can acknowledge the truth of this for herself.

The indigenized and decolonized therapeutic practices featured in this chapter focus on reconnection as a way of responding to colonial violence. Decolonized and indigenized trauma work aims to restore and create connection on multiple relational levels involving the individual, the group, and the larger community. Connection and reconnection occurred with Kluane's self, with her Indigenous counsellor, with the larger historic Indigenous collective, with current Indigenous culture and community, and with All My Relations (land, spirit, ancestors). The discussed practices include the following:

1. Acknowledging how clients are dislocated and disinherited from important cultural roles and knowledge, while
2. Honouring how the ancestral inheritances they embody are still strong and alive.
3. Truth-telling as represented by attending to the politicized sociohistorical context of the client's lived experience.
4. Locating dissociation in colonial processes that cause disconnection and unbearable suffering.
5. Connecting to internal and external safety for the client through helping her acquire culturally relevant tools and resources.
6. Helping clients integrate Ceremony into their lives.
7. Connecting them to safe community and cultural practices.

### Questions for Reflection or Discussion

These questions invite *Indigenous practitioners* to set intentions for indigenizing and decolonizing therapeutic responses to their Indigenous clients' trauma-related suffering.

1. What resonates with you about the work reported here? How do you relate personally, culturally, and therapeutically with these ideas?
2. What specific traditions do you bring to your work? What protocols, teachings, Ceremonies, and practices have you found useful in responding to trauma?
3. What other approaches do you engage with to respond to colonialism?

The following questions offer a framework for *therapists who are non-Indigenous* to begin to investigate their *relationships to colonization* and to develop accountable responses to it. Dialogues that emerge from the following questions can be engaged with peers, during clinical supervision, with teams, and within wider organizations.

4. How am I positioning myself, individually and collectively, on Indigenous territories? How might I act in accord with the protocols of the Indigenous communities on whose land I live and work?
5. How can I bring an awareness of present and historical colonialism to all of my work, even when working with other non-Indigenous persons? How do we collectively, and individually, name and try to unsettle settler privilege (Regan, 2010)?
6. How might we (as individual practitioners, organizations, and professions) address the colonialism entrenched in the traditions of therapeutic and community practice?
7. How might we be directed by, and accountable to, Indigenous people in our work?
8. How are we able to enact genuine inclusivity (Sin & Yan, 2003) and authentic partnership, rather than tokenism, in including Indigenous people?
9. How are we participating (overtly, covertly, unintentionally, or with ethical blindness) in the psycholonization of Indigenous people? In what ways do we perpetrate colonialism and oppression and construct Indigenous people, families, and communities as unwell, broken, and incapable?
10. Given that, as non-Indigenous people, Ceremony is not ours to share, how can we be informed by this indigenizing work and be more useful to the Indigenous people we see in our work in accountable ways that don't appropriate Indigenous knowledge?

## Learning Activities

These learning activities are for *Indigenous counsellors*:

1. In groups, we invite you to share in a circle the different teachings, metaphors, imagery, and techniques that you have called on to help your Indigenous clients restore their relationships to Indigenous culture, history, and identity.
2. In groups, we invite you to share with one another the ways that you have witnessed how colonialism and its *crazy-making* processes directly contribute to your Indigenous clients' presenting concerns and distress.

These learning activities are for *non-Indigenous counsellors*:

1. As a team, or individually, create a list of therapeutic questions that you can ask Indigenous clients that centre them as the experts on their own history and in recognizing the connections between colonial processes, their presenting concerns, and the distress they experience.
2. As a team or individually, brainstorm a list of Indigenous Elders that could come and speak about the impact of colonialism to Indigenous clients who access your program and find the local protocols for both approaching and inviting an Elder to do so.

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# Chapter 14

## Thinking Outside the Box: Integrating Culture, Identity, Academia, and Career/Life Planning with Aboriginal Women



Kathy Offet-Gartner

### Introduction

As far back as 1996, Arbona argued that “educational attainment constitutes the bedrock of career development and choice” (p. 48). With a good educational background, careers tend to offer greater choice, better living conditions, and in turn better health; but historically, for many Aboriginal Canadians, the indifference, disrespect, and mistreatment they experienced within the education system have been a source of suffering (Truth & Reconciliation Commission [TRC], 2015). Nor is education always accessible for all people, because social inequities and injustices still prevail; this is especially true for most Aboriginal peoples (Paquette & Fallon, 2010). Notwithstanding, the need for increased educational attainment was a key finding and recommendation of the Royal Commission on Aboriginal Peoples (RCAP), both when it was released in 1996 and through each of its revisions (RCAP, 2000), a need that was echoed in the comprehensive TRC report (2015). Moreover, Sharpe, Arsenault, and Lapointe (2007) posited that assisting Aboriginal peoples to higher educational achievement has far-reaching social and economic benefits for *all* Canadians. They projected that between 2001 and 2017, Aboriginal people have the potential to contribute “an additional cumulative \$160 billion” (p. 4) into the Canadian economy by providing a more skilled and available labour force. Sharpe, Arsenault, Lapointe, and Cowan (2009) extended these projections into 2026 in their follow-up report saying the impacts of increases in Aboriginal education attainment have even greater potential impacts than originally thought, upwards to \$179 billion. Further, Lynk (2014) also stated emphatically that the link between better educational attainment of Aboriginal peoples to greater socio-economic advancements and contributions to Canadian society are clear and should be broadened to enhance the impact. Predictions like these and the ever-increasing chorus of

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calls for advanced educational opportunities ought not to be ignored, and counselling professionals can assist in the process of creating and supporting such opportunities.

This chapter demonstrates how applying the principles of culture-infused counselling (CIC; Collins & Arthur, 2010a, 2010b) and the revised CIC framework outlined in Chap. 2, can and *is* making a difference in assisting a number of Aboriginal women as they navigate their educational journeys and begin career paths. I hope by offering a conglomerate of client stories and a window into how I have interpreted and applied the domains and core competencies of the revised CIC framework, I can support the *theory-to-practice* translation that can be so perplexing. In no way am I trying to assert perfection, absolutes, or even the “correct” interpretation of the principles involved; rather, I humbly offer my own interpretation and translation through years of practice.

## Cultural Self-Awareness

The core competencies of Domain I of the revised CIC framework described in Chap. 2 require us first to look closely at our own cultural identities so that we might better understand how these influence our counselling practices. I am of Norwegian, English, and Irish descent and a second-generation Canadian. I grew up in the capital city of a prairie province, the fourth of five children born to professional parents who were educated, well read, and intellectually gifted. Books were abundant in our home, trips to the library frequent, and education emphasized. My extended family was close-knit. We spent our leisure time together; my siblings and cousins were my playmates. My maternal grandmother was a frequent visitor, eventually coming to live with us and playing a large role in my life. My mother and grandmother were exemplary models of strong resilient women, my first teachers of social justice ways of being.

I was the natural mediator in my family, often knowing just what to say or do to avert or quickly diffuse a conflict. Friends naturally gravitated to me, sharing their innermost secrets. Both my parents had careers in helping professions, my mother first as a nurse and then as the manager of the residential treatment facility where my father was one of the addiction counsellors. I was often asked to speak to clients’ children. From these experiences, I knew I wanted a career in counselling. I began my formal education the year I graduated high school and have since completed a PhD in Counselling Psychology.

My counselling approach is guided by many theories and life experiences. I am a feminist and a social constructivist. I practice from a strength-based, holistic perspective; I believe that every person is the expert in their own lives and that counselling works through relationship, mutual regard, and positive use of power and privilege. I see counselling as an *active process*, a *developing relationship*, and a *shared responsibility*. I love what I do and feel extremely privileged and honoured to work with people. Much as I am, the clients I work with are often driven by a

desire to provide a better life for their children; their determination to do well in school and in life is a value we share.

### **Reflection**

How do you think this approach to counselling will influence work across cultures? With women? With Aboriginal women? With Aboriginal men?

## **How Culture Influences Practice**

I began my cultural journey as a psychological assistant, working with a group of Aboriginal children who were referred for psychoeducational testing by their rural school. I met all the children individually and as a group, inviting them all to play before administering the tests. Contrary to my original training, which held that all theories, practices, and instruments could be applied equally across all cultures, the test results did not reflect what I saw when observing and interacting with these children. Much to the chagrin of my supervisor and colleagues, I called the only parent who had a phone and arranged to meet with her at home on a nearby reserve. Before hanging up, I added that she could invite anyone who might be interested in her child's education to attend. On the appointed day, I arrived to a full house where people were eating, laughing, and visiting. It was only the appearance of the boy and his mother that confirmed I was at the right home. Shortly after arriving, I heard a drumbeat and a circle formed. Not knowing what to do, I followed suit. After what seemed an extended silence and several guests looking at me, I did what I thought was required: I started by thanking everyone for gathering. With a quickness that belied her age, an elderly lady stepped up and lightly slapped my cheek, telling me to return after I had learned some manners. With that, she and everyone else vacated the house. Suddenly I was alone, not knowing what happened or what to do next. I found my car and left without a word, pulling over a short time later as tears blurred my vision. Not tears of hurt but rather confusion. I knew I had failed to demonstrate cultural sensitivity in some way, and I had failed to assist the boy, the primary objective for the meeting. My training had failed me, because I had no idea what went wrong, what to do next, or to whom to turn.

When I returned to my colleagues, my supervisor lectured me about going and wanted to call the police. Although the action of the Elder was startling, it was not harmful. It made me aware I had blundered; as to how, I was unsure. After a few weeks of asking questions and getting no answers, I returned to find that Elder. She met me at her door, wrapped me in her shawl, and told me she had been waiting for me. This was when my real cultural education began; Kokum, as I came to know her, taught me many things, most especially how to show respect for cultural protocols and practices. Visiting and learning from Kokum for 3 years before moving away motivated me to continue seeking opportunities to work with Aboriginal peoples. My experiences with Kokum taught me the importance of having cultural

knowledge holders and guides to help me increase my cultural competence and effectiveness. The seven compilations offered here could represent any number of stories I have heard throughout the years and reflect some of the knowledge that I gained through my many visits and conversations.

### **Reflection**

What do you suppose the error was that day? How do you think this could be prevented today?

More than three decades since this earliest encounter, I have had many opportunities to work with Aboriginal peoples, working within communities as well as for agencies that assist Aboriginal families. I have developed a strong sense of cultural humility through these interactions. My current position at a post-secondary institution arose from my PhD practicum, which I chose because of its proximity to the Aboriginal community where I had worked for several years. Because I had been asked by Elders to continue supporting their people, my placement at the Student Centre was a win-win opportunity. By this time, I had come to appreciate the seriousness of abiding by the wishes of Elders, and over the years, thanks to their help, I have witnessed many community members achieve academic success they might not have always believed possible.

### **Continued Competency**

Developing multicultural competence (attitudes, beliefs, knowledge, and skills) is a lifelong process with no end point. It requires comfort with ambiguity, a sense of marvel, and respectful curiosity. Having a cultural guide is immeasurably helpful. Continued competency development requires each of us to seek out cultural events, to listen and learn, to meet others, and to become familiar with the practices, protocols, and the cultural helpers who represent those we seek to assist.

## **CIC: Theory to Practice**

To illustrate how to *apply* the competencies in the revised CIC framework (see Chap. 2), I will share examples of culturally infused practices I have used during my work at the university Student Counselling Centre and in the Aboriginal Education Program (AEP). The stories and names of the clients have been changed and interwoven so that no story is presented wholly intact. In doing so, the clients, their families, and their communities remain anonymous. The stories come from Aboriginal women who were attending classes at the university. Although I emphasize the uniqueness of each woman's story, I also highlight how their collective experiences

illuminate important differences between Aboriginal and other students' experiences. All of these women agreed that they were ill-prepared for the rigours and demands of a post-secondary education; many reported being chronically unemployed and receiving social assistance or being stuck in low-paying jobs with little hope of a future career. Their ages spanned from the early 20s to the late 40s; all were parents and most had sole responsibility for their children. All shared a desire to create a better life for their children and their communities, and they all wanted their lives to change, which was the impetus for them to seek assistance. Their stories are striking in their similarity as well as in their uniqueness. Each time a story is introduced, or reintroduced, the woman's name will be bolded.

The presenting issues that emerged through these stories included (a) overcoming issues of racism and ostracism (i.e. being shunned or unaccepted by members of a group, which results in feeling as though one does not *fit in* or *belong*, despite sharing some membership similarities with the group); (b) lack of self-efficacy (i.e. the belief that one has the power to change their circumstances and achieve their goals), self-esteem (i.e. the feeling of being intrinsically worthy and deserving of respect), or a sense of power; (c) homophobia and gender bias; (d) victim-blaming; (e) personal and intergenerational trauma; (f) violence, addictions, and poverty; and (g) an overall sense of imbalance. Rather than focusing exclusively on problem saturation (Guilfoyle, 2015; Hansen, 2006), I will highlight instances of success, resilience, and identity development.

### **Client and Counsellor Cultural Identities and Social Locations**

Each of us has, within us, a number of unique and distinct cultural intersections, some more salient than others in any given situation. Our job as counsellors is to acknowledge and invite our clients to be comfortable with the nuances of their identity in order to articulate their needs in a safe and accepting environment. This requires us to be knowledgeable, caring, and open to exploring various cultural intersections.

## ***Introductions***

Keep in mind, as you are introduced to each *character*, that stories from a number of Aboriginal women have been altered and woven together to represent a single *fictional* person. This has been done to avoid any resemblance to real people. Pay particular attention to the way in which various aspects of their shared and unique social locations influence their stories. You will notice that these characters come to know each other through the group activities that complement our individual work together.

**Alexis** is a single mom of two children, both with special needs; the youngest has just begun showing speech and language development delays, and the eldest has cognitive delays requiring special education programming as well as speech and

occupational therapy. Both of them require a considerable time commitment from Alexis. This means there are less time, energy, and resources for household duties, homework, attending to basic needs, and maintaining a connection to her family and community. Alexis moved from a remote area of the north so that she could access better services for her children. In her new location, she has no family or friends nearby to offer support or assistance; she reports feeling both loneliness and a longing for what was familiar—not surprising, given that this is her first time “south of 60”.

**Cindi** is also a single mother of two children. The father of the eldest child died violently when the child was just an infant. Because of the circumstances involved in this death, the child was removed from Cindi’s care, and Cindi is still not allowed access to her daughter. Following this, she spiralled into what she describes as a high-risk street life that included using hard drugs, engaging in risky sexual behaviour, including prostitution; contracting sexually transmitted diseases; and living with homelessness, poor health, and poor diet that often accompany this lifestyle. Cindi’s family eventually disowned her after she deceived them repeatedly and stole from them to support her drug habits. Cindi says, at that point, she lost the will to live and longed for death, feeling as though there was no hope of ever recovering her child or the love of her family.

Cindi comes to the university through the probation system, where a former employee of the AEP, who is familiar with our counselling services, works as a probation officer. Cindi was offered a reduced sentence if she agreed to leave her former life behind, to maintain the sobriety she began in jail, to enrol in educational upgrading, and to engage in counselling. She identifies herself to me during orientation, although we do not begin our counselling relationship right away. Cindi later shares that her newfound freedom was too much for her. When reunited with her former friends, she relapsed multiple times before realizing she would lose her daughter forever if she continued to “play” in that world.

**Denice**, a Métis, was adopted as an infant by a non-native family. She speaks of her adoptive family as a “good Christian family”, who treated her well; however, she suffered severely from knowing she was different and, therefore, never feeling as if she fit into her small community, nor did she feel she belonged in the city, after she escaped to it. She felt ostracized by both Aboriginal and White people. She reports that it was only after she met a man who initially showered her with gifts, food, shelter, and proclamations of love that she felt a sense of belonging. Unfortunately, this sense of love and belonging was short-lived and came at a cost. Denice realized that he had a problem with drugs, alcohol, and gambling, and she suffered severe physical and emotional abuse throughout their relationship. She shares that he forced her into prostitution to feed his habits, which resulted in Denice’s first two pregnancies. He fathered the youngest of her three children. Despite feeling trapped and alone, Denice says she came to know her man was not “good father material”. Eventually, her concern for her children, and her own health, led her to seek shelter away from him. Denice remains adamant that she will do



whatever it takes to keep her children safe and in her care, not wanting her children to grow up as she had, estranged from family. To gain independence from him, and from her former life, she sought and received assistance through various family violence support services and was provided shelter in staged housing programs for 18 months.

It was through the shelter system that Denice's creative writing won her a university entrance scholarship that includes 1 year's tuition, books, and a living allowance. Seen through a CIC lens, Denice's story reminds us to consider the intersection of multiple realities, which may include the internal cultural conflicts of our clients.

**Jessica**, a partnered mom of four, left school at age 14, because she was pregnant. At 23, she returned to school and was placed in the first tier of the Aboriginal Education Program classes (the equivalent of Grade 10) where the work was all new to her. She thrived, because she was bright, eager, and ready for school this time. She speaks of having no role models regarding school when she was young, because her parents, and everyone else around her, were all early leavers from education. They did not seem to notice when she stopped going, or, if they did, they didn't say anything about it. She minimized her association with her family, afraid to expose her children to the normalized activities of drinking and fighting. As a result, she felt as though she had no one besides her husband. Her friends ostracized her because she was no longer like them, free to do whatever they wanted (e.g. partying, going to late movies or clubs, travelling to powwows, or attending social gatherings) whenever they wanted. Instead, they made fun of her, called her names, and eventually quit calling her altogether. She thought her friends would always be there for her; instead, they were absent and mean. Jessica is the first of her family to return to school, and her partner, the father of all of her children, is supportive and encourages her to pursue her dream of being a teacher; encouragement she says is new to her.

Jessica first seeks counselling to address the heightened stress and fear reaction she has to taking tests. This fear has always been present, though never addressed, which made quitting previously all the more attractive. Historically, she says she became so nervous and "worked up" on exam day that she would get sick and be sent home or to the nurse. She knows it will not be the same in university, so she hopes to find healthier ways to deal with her fears.

**Samantha**, a partnered mom of three children, left the physically abusive father of her last two kids 3 years before and has lived with her female partner ever since. Samantha speaks openly of being gay; she does not like the term lesbian and asks others to respect that. She describes herself as quite shy and insecure about her ability to succeed either academically or in a future career. It is this lack of belief in herself that prompts her to seek counselling. She says she chose me after seeing me in the Aboriginal centre a number of times, often in casual conversation and eating lunch with fellow students. She says it was this familiarity that prompted her to approach me. Samantha says she has a strong aversion to counsellors after a number

of them perseverated on her sexual orientation, often naming her “being lesbian as a contributing factor to the abuse and her inability to settle into married life”; this is the root of her disdain for the term, “lesbian”. Her very first question to me is whether I believe that sexual orientation is something that needs to be changed or “cured”. I assure her emphatically that being gay is just part of the diverse spectrum of human experience and that neither she nor her sexual orientation was in any way responsible for her ex-husband’s abuse. This response encourages her to begin our counselling relationship. Samantha’s story demonstrates the harm that can be done when counsellors are culturally encapsulated; they can easily propagate institutional oppression, in this case, by being both homophobic and victim-blaming.

**Tina**, the youngest of the group, at age 21, is a single mother of a 4-year-old. Tina has a permanent need to use a wheelchair after being beaten and kicked down a set of stairs 3 years ago by her then-boyfriend. Despite many challenges, Tina is determined to maintain custody of her child and has come to school to pursue a career in the sciences, a subject for which she has both love and aptitude and which she believes will allow her to provide for her and her daughter in the future. Tina originally speaks to me about future career options, casually, in the kitchen of the Aboriginal centre on campus. With increased comfort, a counselling relationship begins, and we explore the grief and loss, which she describes as the loss of her youth, future relationships, and her ability to continue as a rodeo and powwow competitor. Along with the love she has for her child, she says it is the belief that she might still be able to have a career in chemical engineering that keeps her going every day.

**Wendy**, the eldest of our characters, at 48, is the mother of six and grandmother of four, all of whom live with her. She attended a residential school and remembers loving it, mostly because there were so many books to read and because she excelled and received recognition, something she says was lacking at home. Despite leaving school following Grade 9, her love of books remained; she read her children’s school books and has always frequented the local library. Wendy returned to school because she feels as though she has missed out and “been robbed”, and she wants to experience the thrill of learning again. This is not an attitude shared by many in her family; most impose on her a fixed identity and see her “place” as at home, raising children, being the matriarch, and preserving cultural practices.

These seven compilations illustrate a number of issues and challenges encountered by many of the Aboriginal women with whom I have worked. A number of core competencies are probably already apparent to you; I hope you will learn to apply these constructs in real time, with real people through the examples I am sharing in this chapter.

## Culturally Responsive and Socially Just Working Alliances

Relationship is fundamental to my personal and professional identities; it is often the instrument of my practice and certainly key to the strong working alliances I have with each of these women. I make it my practice to attend the Aboriginal Education Program's mandatory new student orientation. I share that all students have access to a counsellor 5 days a week through the counselling centre and that I dedicate 2 days specifically to them, 1 day in the counselling centre and the other in the Aboriginal centre. Then I stay and engage in the day's activities, because I believe these are important first steps in establishing strong and authentic working alliances. As a frequent visitor and familiar face, I am not shy about saying hello or engaging in small talk, knowing that this often leads to more serious talk, if not that day, then another. I make a point of conversing with those who know me, fully understanding that I am being scrutinized, because I know newcomers often ask experienced students about me. This practice allows me to establish cultural credibility. At times, students express surprise that their friends seek help, especially from a non-Aboriginal person. I know these are effective and culturally sound referral sources because close to 90 percent of my clients are Aboriginal students.

In order to accommodate more clients, I have created two process groups: one in the Aboriginal centre that is mixed gender and the other in the counselling centre for women only (by request). Offering assistance in a group setting is a familiar practice for many Aboriginal people. Because of the cultural-relational aspect of the working alliance within feminist and social-constructivist practice, counselling goals, activities, and expectations are all grounded in a mutually inclusive and respectful manner that attends to the salient aspects of identity that each client expresses. This means attending to, and acting on, those cultural expressions.

### Reflection

Before moving on, consider the stories and commentary thus far, and identify additional competencies not already identified for you. Being able to translate how the competency is applied is the intent of including case studies in this book.

All but one of these women engaged with me for the first time through exposure at the orientation or the Aboriginal centre. All have continued working with me, individually and in group, because we built relationships grounded in acceptance, positive personal and cultural regard, as well as a genuine desire to listen and assist in whatever ways possible. I have adopted a different way of practicing than most of my colleagues by adapting traditional counselling conventions to fit the cultural needs of my clients. This is especially true at the Aboriginal centre, where I am

much more relaxed in terms of time orientation. I can also encourage and invite the use of cultural practices (smudging, praying, or the burning of sage), because that centre has a cultural adviser available with the protocols and supplies at hand and a vented room to accommodate the burning of these sacred offerings. Appointments are typically made directly with me, not through a front desk or another professional; consequently, students feel cared for, and privacy is maintained. When I am in session, the door is closed, but a notice invites students to slide a note with their name under the door. When I am available, I seek them out, and we arrange an appointment quietly and privately. This is more culturally appropriate than calling in and waiting for weeks for a scheduled appointment, which would be typical for the counselling centre. Students can also avoid sitting in the reception area with a larger group. Some Aboriginal people prefer to seek help in the counselling centre; however, having options allows clients to choose what best fits their needs.

### **Reflection**

Identify some ways in which you might challenge counselling conventions to make your counselling practice more culturally inviting and responsive.

## ***Relationship as a Foundation for Counselling***

It is not easy to draw a clear line between developing a working alliance and engaging in change processes, because from my perspective, change begins to occur in and through relationship building. This next section profiles CIC competencies for relationship building and some initial, primarily microlevel, change processes.

Recall that **Alexis** moved south to have better access to support services for her children's special needs. Alexis was referred to counselling by an instructor who noticed her becoming teary when an assignment was being explained. The instructor knew of the counselling support at the Aboriginal centre, so offered to call on her behalf. When I agree to see them right away, the instructor offers to accompany Alexis and Alexis accepts. When they arrive, it is evident that Alexis has been crying, and it is easy to see she is exhausted. I clarify that she is not obligated to share any information with either the instructor or myself. As with all clients, I explain the importance of counselling being a voluntary relationship. Alexis expresses a desire to talk, so I explain the limits of confidentiality, and she agrees to them. I am transparent with Alexis, explaining that, despite her instructor initiating contact, no information will be given to her without Alexis' written consent, which is a relief to Alexis. The instructor stays long enough to introduce Alexis and, with Alexis' permission, gives a short summary of what occurred in class, as well as commenting that there has been a noticeable decline in performance. The instructor wonders if external pressures are to blame and offers an extension if this would assist Alexis. She then leaves, and Alexis and I continue talking.

In this first session, it becomes clear that Alexis is overwhelmed with all the changes related to the move: the demands of a new city, leaving her small close-knit community to move to a place where she knows no one, finding services for her children, and organizing school. She feels tired, stretched thin, homesick, and lonely. Although our situations are not the same, I respond with empathy, compassion, and a deep sense of familiarity. The solo balancing act of school and kids is all too familiar. My self-disclosure helps normalize the situation, build mutual empathy, and flatten the power hierarchy from expert/professional client to two women sharing. This is consistent with my feminist and post-modern practice (Frey, 2013). Carefully and consciously offered, self-disclosure is ethically sound when therapeutically beneficial (Gutheil, 2010; Ziv-Beiman, 2013). Relating through commonalities provides the bridge that helps us begin exploring ways to address some of Alexis' most immediate needs. Her instructor's offer of an extension is quickly accepted.

Alexis continues to see me biweekly, and I make referrals for her to additional on- and off-campus support services, including a learning assessment. Although she is not as talkative as some, I encourage Alexis to join the weekly Aboriginal women's group. She expresses gratitude, because she no longer feels alone. My suggestion to join the group is motivated by the understanding that connection to others in community is essential for health and well-being, particularly for persons from collectivist cultures. As a result of culturally competent practice, accompanied by a few acts of kindness, and intervening at a systems level, I am able to strengthen our relationship and working alliance.

**Cindi** comes to school via a probation order, and although it was part of the order, she is not initially ready to engage in counselling. Not forcing the issue is important, because even mandated clients have the right to choose whether or not to engage. Waiting for Cindi to state her *readiness* ensures that she feels the power and responsibility to choose. Cindi becomes a weekly regular in both group and individual sessions. She moves from what Prochaska, Norcross, and DiClemente (2013) referred to as the *preparation* to the *action* stage of readiness for change (see text-box below). As we deepen and strengthen our working alliance, Cindi begins working through the many layers of grief and loss in her life: her boyfriend's death, losing custody of her baby, ostracism from her family, loss of her home, and loss of innocence, not to mention her ability to exercise control over her life, her body, or her addictions. I suggest that these issues could be at the root of many of her challenges, and, if addressed, she would likely regain much control. She begins to speak openly of her struggles, first with me and, as she grows bolder, with the group. The women applaud her courage, her honesty, and her tenacity; two are so inspired that they share similar stories. Cindi credits her relationship with me and with the women in the group for her continued growth. Together we find several self-help groups she could attend in the form of sharing circles. Cindi admits that she needs constant support from others, "who are just like me", to stave off loneliness and maintain sobriety; the sharing circle concept makes this support more culturally appealing.

### Stages of Change

The transtheoretical model proposes five stages that suggest readiness for change. Although the model is presented in a linear fashion, there is recognition that clients come in at various stages of readiness and may cycle back and forth through the stages. This model offers counsellors a structure to help determine a client's *readiness* for action-orientated interventions and to identify those better served through relationship, rapport, and trust building.

**Precontemplation:** The client is not considering changes; they do not see the need or deny seeing it, even when others recognize the need for change: *Ignorance is bliss!*

**Contemplation:** The client has some awareness and readiness to make change. However, they can get *stuck* in the *thinking about it, but not ready to take action* mode for long periods: *Sitting on the fence!*

**Preparation:** In the initiation of help-seeking mode, the client is preparing to make changes and recognizes that assistance is required for change to occur. This is often the *new client* stage. Relationship and rapport are most important, increasing the likelihood of the client remaining engaged: *Cautiously checking it out!*

**Action:** The focus is on practicing *the change* behaviours introduced in the preparation stage. If these are introduced too early, the necessary *readiness* will not present, likely ending in failure (*early termination*). Greater chance for success occurs when behavioural changes occur in the action stage: *Practice makes perfect!*

**Maintenance:** The client has been maintaining the change behaviours for more than 6 months, and there is stability and comfort with the changes: *Change is good; life is better!*

**Relapse:** The client returns to old behaviours and patterns. This is not uncommon, and clients must then recycle from contemplation through to maintenance to make more permanent changes: *Fell off the wagon!*

Adapted from "Applying the Stages of Change" by J. O. Prochaska, J. C. Norcross, and C. C. DiClemente, 2013. Retrieved from [http://www.psychotherapy.com.au/fileadmin/site\\_files/events/pdfs/APPLYING\\_THE\\_STAGES\\_OF\\_CHANGE\\_JOHN\\_NORCROSS.pdf](http://www.psychotherapy.com.au/fileadmin/site_files/events/pdfs/APPLYING_THE_STAGES_OF_CHANGE_JOHN_NORCROSS.pdf)

**Denice** is one of the women who speaks of being most helped by Cindi's sharing; following this she really begins to open up. The stories of her peers help her explore the depths of her pain, rage, shame, and grief. Recall that her partner forced her to work as a prostitute and that she felt ostracized by everyone. We go slowly. I encourage her to take her time and to express openly, perhaps for the first time, the pain of feeling as though she did not "fit in". Although she describes her family as loving, they could not shield her from small town prejudice. She believed that a city would give her a better sense of belonging. When she still didn't find acceptance, she felt compelled to attach herself to her abusive partner, whom she believed cared for her.

Helping her to understand how he had preyed on her vulnerabilities opens an avenue to explore the myriad issues that plague Denice, most especially her own cultural identity development.

In exploring her past, I encourage Denice to focus on her resilience, courage, and commitment to her children as a way to reframe many experiences. Providing more than one way to view issues, and highlighting the socio-economic and political constructions of some of the events in her life, helps Denice to experience feelings of self-efficacy and resilience. Embracing CIC in practice requires us to think beyond labels and diagnoses, to move away from problem saturation, to recognize systemic barriers, and to position some problems outside of the person. By adopting this approach, we are encouraged, as counsellors and human beings, to see beyond the problems to the person, who, at the core, is capable and whole; this is effective especially within the safety of relationship, culturally appropriate engagement, and a willingness to mobilize the necessary supports to achieve the client's preferred outcomes.

**Jessica** also notes feeling as though she does not belong. She identifies with Denice, who spoke of "not fitting in and being shunned" by her friends and family; Jessica says that this sense of loss and ostracism is worse than what strangers said and did. She works through these feelings both in group and in our individual sessions. We work together to deconstruct the identity losses and socialized messages she received to shift the focus to her adaptations and resilience and to affirm the positive identity she created. The combined processes of individual and group work help Jessica move through the residual feelings of loss and reduced self-esteem, eventually nurturing empathy for those who had hurt her. Jessica speaks of this shift as "gaining freedom from her past". I liken her transformation to that of a warrior woman, a strong cultural archetype in her matriarchal nation, and one which she embraces. She begins to flourish at school, to engage in class discussions, and to form friendships in the group and at the centre. She says she has "never been happier and is glad" she returned to school. Utilizing cultural knowledge and artefacts can be a powerful tool for change.

**Samantha's** stated aversion to counselling made it particularly important to build rapport carefully and to develop a trusting relationship with her. In the beginning, she peppers me with questions and reveals small bits of her story, seemingly looking for proof that I accept neither her nor her sexual identity. Keenly aware of this, I continue to encourage her to speak freely about her previous counselling experiences, empathizing and acknowledging the institutional oppression that they represent. I invite her to challenge me if she ever feels similarly oppressed, and we move cautiously through widely spaced visits. I introduce the idea of the women's group, knowing there are others who have similar stories with counsellors and sexual orientation. Her attendance is irregular (it is a drop-in group), but something keeps drawing her back. Our slow, careful positioning continues, until 1 day she shows up in tears and asks to see me.

What brought Samantha in is an experience she describes as extreme panic (head spinning, trouble breathing, feeling as though she was going to vomit, and so on) before going in to write a major midterm exam. She says she blanked out, left the



room without speaking to the instructor, and headed to the washroom to vomit. Resisting the urge to bolt, she came to the centre and found me there with my door ajar. I help Samantha work through that experience using a grounding exercise and teaching her about stress and stress-reducing strategies. With her permission, I contact her instructor and obtain permission for her to sit the exam again. This is a first for her: a counsellor helping her with a concrete problem that makes a positive difference. It is the turning point in terms of her trust in a counsellor. Over the next 3 years, we deal with a number of issues: (a) deconstructing abusive relationships she has had in the past, ensuring she knows she is not to blame or responsible for others' actions; (b) normalizing her sexual identity, her partnership, and her parenting; and (c) building on her strengths and love for her children and partner to continue to take steps towards her goal of obtaining a degree, in spite of her doubts about her abilities. I am thankful I was available that fateful day, because I had advocated to counsel *within the community* (at the Aboriginal centre), with the flexibility to meet client needs more immediately in a safe, welcoming, and culturally enhanced environment.

**Tina's** counselling begins with career discussions and quickly moves into exploring her previous relationship, the abuse, and her eventual loss of mobility. Tina is eager and open to engagement, although she is unsure of what to expect from personal counselling. Her previous experience with counselling was related to her physical disabilities, and at one point, a social worker contacted her and suggested she give up her child for adoption. Both of these experiences were emotionally unhelpful. No one had ever asked her about how she came to use a wheelchair, how she felt about it, or the consequences of abuse. Adopting a psychoeducational approach as an inroad to consciousness-raising, I explain the cycle of abuse to help her to externalize the oppression she has endured and to demonstrate that she was and is not to blame. Tina cries with what she names as both anger and relief. She expresses anger that abuse is so prevalent and identifiable, that her young boyfriend had not learned healthy ways to deal with his emotions, that no one stopped him, and that she did not realize she was being abused. Her relief comes in realizing that she is not to blame and that she is no longer involved with abuse. Tina devours the psychoeducational aspect of counselling because she is bright; she engages in learning, reflecting, journalling, and completing homework with so much zest that we quickly explore a breadth of issues in depth. Based on Prochaska et al.' (2013) readiness for change model, Tina has entered the *action phase* resulting in frequent contact, numerous referrals, and connecting with resources.

**Wendy** comes to the women's group after seeing a poster; she knows no one and rarely speaks, except occasionally to say she is grateful to attend. After nearly a year of attending regularly, she hangs back after group, offers to help dry dishes (I always offer food and refreshments), and broaches the subject of seeing me individually. I use the drop-in appointment I keep available immediately following group. I feel it wise to capitalize on the moment. It is more culturally appropriate with Aboriginal people to deal with an issue when it arises than at a scheduled time. It still takes a few sessions for Wendy to become comfortable. It is the discussions of our children

and grandchildren that prove to be the great equalizer that, once again, opens the door for effective counselling. During these conversations, she is able to explore, tentatively, her own sense of identity and purpose outside of being a mother and caregiver, the only identity she recalls ever having and one that seems essentialized and fixed. She admits that she would never have explored this prior to meeting other women, who also struggle with identity issues and are open about their feelings of confusion, inadequacy, and “not fitting in”. Wendy was criticized in her family and community for wanting more out of life than being a matriarch and a culture keeper; as a result, she lacked support and felt isolated.

Wendy feels conflicted between her cultural and familial responsibilities and her childhood aspirations of wanting to be a historian and author. She has almost given up on these dreams, because the pressures are so great. We move slowly to work through her identity conflicts and dissonances, drawing on cultural teachings about the importance of women being the primary keepers of the culture, language, and history. Normally, this involves teaching the children and passing on the fundamental importance of balance among all four domains (mental, emotional, physical, and spiritual). Reconfiguring this teaching to fit with her educational goals enables Wendy to sort through her feelings and to gain a new perspective on her identity, moving from identity loss to reconstruction. To facilitate these insights, we consult with cultural guides and healers, inviting them to our counselling sessions. I also offer some family sessions.

## **Culturally Responsive and Socially Just Change Processes**

Culturally competent practitioners address social justice at various levels of intervention, which naturally evolve as a result of interactions between client and counsellor. At the microlevel, the interventions used were unique to the needs of each of the women; however, often a single intervention has benefits for many. Working from a CIC lens, I plan interventions that lead to more lasting and widespread changes, and I also advocate for broader changes in organizational policies and governance (Gallop & Bastien, 2016). Some of these mesolevel interventions include (a) developing support groups to meet differing needs; (b) writing letters of support and requests for academic accommodations, deferrals, and extensions for coursework and/or exams; (c) assisting faculty to understand the complexities of community responses to loss and grief; (d) offering culturally appropriate, community-based counselling services; (e) explaining academic policies to funders and demonstrating how conflicts with funding policies put students at risk; (f) arranging for basic needs to be met through organizing food hampers and emergency food supplies; (g) creating a women’s group to offer additional support and build relationships among the women; and (h) sitting on university committees to ensure that Aboriginal issues are not ignored or forgotten.

**Reflection**

Take some time to identify the micro- and mesolevel interventions used to work with these women. Notice how these levels can influence each other and can be seen as interconnected rather than discreet.

***Reaping the Benefits***

To help illustrate the micro- and mesolevel impacts of a culturally responsive and socially just approach, I will briefly follow up on each woman's story to highlight the counselling and social justice activities that evolved.

**Alexis** is motivated to continue counselling to work through her concerns for her children, her own fears and frustrations, and her desire to be a better parent. She credits our work together and the connections she has made through the Aboriginal centre and women's group, as "keeping me sane and my kids safe". Many times she states that she would have headed home without these supports. Her belief that education will assist her to care for her children, coupled with the services that are more abundant here than in the North, is the anchor that keeps her motivated and engaged. To attend to her needs in a culturally appropriate way, I encourage her to connect with student-run groups on campus, including the Native Student Centre (NSC). Through these clubs, she is able to connect with other students from northern communities and to reduce her feelings of homesickness. Although not "spiritual", Alexis enjoys being introduced to, and participating in, the cultural events on campus; these experiences are new to her.

**Cindi** also embraces the inclusion of a spiritual component into her counselling experience. I introduce her to the cultural adviser on campus, as well as to a female Elder who works with women in recovery. Nevertheless, after 8 months of sobriety, Cindi relapses and is arrested; however, despite this, she does reach out for help again. I contact her probation officer (PO) and ask him to assist. Cindi does have to spend some time in jail, but she remains determined to continue with her education. Although the semester is nearly complete, because she has done well until her arrest, I am able to help her negotiate course extensions for all her classes. Her PO and I find her a bed in an Aboriginal treatment centre, support she admits she needs to put her addictions behind her. Through this interprofessional collaboration, everything is arranged for the day she is released from jail.

Working with Cindi offers me an opportunity to challenge counselling conventions with the inclusion of cultural resources and cultural guides. Cindi says she misses the group, but she feels she has let everyone down. The women initiate a letter-writing campaign to convey their support, noting that perhaps there is a silver lining, a "second chance", to finally close that chapter in her life. With Cindi's permission, I also contact the Elder she has been seeing, who suggests we hold a women's sweat lodge to send prayers for strength and sobriety. Women from our group,

others from the centre, myself, and one of her instructors participate, something that means so much to Cindi. You might consider this as outside the realm of counselling duties. However my attendance is not a duty; it is a choice; in that lodge, we gather as women to send care and well wishes for Cindi. By demonstrating this cultural inclusivity, I strengthened my relationships with Cindi, the Elder, and the others, resulting in stronger working alliances.

Cindi attends rehab, returns to campus, and completes her coursework, achieving impressive grades. She continues on her healing journey and becomes her own advocate. She helps to organize an addiction self-help group near campus, attends several meetings during the week including the women's group, and continues to see the Elder and me individually. At 18 months sober, she has excelled in school, entered into a stable relationship, has given birth to her second child, and, after finding a lawyer who worked pro bono, has begun the process of regaining parental rights for her first child. Cindi has become an ambassador for counselling and education, crediting both as saving her life and making her now positive future possible.

**Denice**, who identifies so closely with Cindi, also agrees to attend the women's group and various support groups to combat her addictions and to deal with the consequences of her former prostitution and domestic violence. She attends recommended empowerment workshops and connects with the cultural adviser and the woman Elder. In response to her strong sense of racism and not belonging, the Elder and other cultural advisers from the Métis culture assist her in building a healthy cultural identity, something she says was foreign to her prior to seeking counselling support. Denice shares her exploration of the Aboriginal and Métis cultures with her children. She enrolls them in a youth dance group to provide additional exposure. Denice's new found sense of belonging helps her to build self-esteem and to overcome the shyness that dominated her younger years. Her sense of cultural empowerment and efficacy rises as she acknowledges her intelligence and capabilities; she no longer says that instructors give her good marks out of pity or error. She hopes to be a writer, so I recommend that she submit some of her writing to the publication, *Red Words*, and two of her writings are accepted. Her career has begun, and her efficacy affirmed.

Despite earlier successes, **Jessica** "disappears" when it comes time to write her first final exam. Her instructor is part of the AEP and calls me to see if I might assist in locating her. I discover that she is flooded with feelings of fear and dread from her past. Despite being granted exam accommodations, Jessica still does not feel competent or confident to calm herself to write the test. After much discussion, she allows her husband to bring her into counselling; together we work on reducing her stress, while we affirm our belief in her ability to succeed. I advocate for her to write the exam in a counselling centre office, with the instructor present. With the extra encouragement and support, a quiet room, and her husband's hat for luck, she uses deep breathing exercises to write her remaining tests successfully. I also introduce Jessica to other Aboriginal mothers, who have successfully transitioned from school to career, to provide her with the role models and mentorship she lacked as a child. These connections help to reduce her sense of isolation, which helps her to build a

stronger sense of pride in herself and her community. As a result, she becomes very active in the NSC and begins powwow dancing again, something that helps her balance her life and “feel whole again”.

Developing interventions with **Samantha** requires transparency and constructive collaboration; I always present possibilities and make referrals in her presence (recall her mistrust of counsellors). To help her build a stronger sense of community, I introduce her to the student-run Pride Centre, where she becomes an active volunteer. Recognizing my own limitations, I refer her to a counsellor who specializes in LGBTTQI identity, whom she sees twice. We resume our sessions when she says she wants to turn her attention to supporting her children, because her eldest is beginning to display behaviours that bear striking similarities to the father. I suggest a program at the YWCA that aims to help parents and children who have left abusive relationships. After researching the group, we call the coordinator, who connects Samantha to a former participant willing to speak with her. Samantha reports seeing a positive difference in her children’s play and in the feedback teachers give her. Samantha begins to share her long-time desire to become a police officer, something she would not have believed possible were it not for the support and acceptance she has been receiving. This shift in Samantha is consistent with what career specialists (Chemers, Zurbruggen, Syed, Goza, & Bearman, 2011; Krumboltz, 1994; McIleen, Beccaria, & Burton 2013) have asserted: Having a career goal and a positive belief about achieving that goal is paramount to a positive outcome.

Working with **Tina** requires the greatest number of referrals to various resources, which include a referral to health services as a priority. Thankfully she connects well with the physician I recommend, who writes letters so that Tina can access specialized transit, receive academic accommodations, and access physiotherapy to ease her discomfort and to address painful atrophy. Assisting her to set up these services is how we initially spend our time together because she is new to the city. As Tina becomes more comfortable with the process and the services available, she is able to complete these tasks on her own. During our work together, Tina discloses that she has given up on having any form of sexual identity, and referrals to services that deal specifically with spinal injuries help ameliorate this. Working with these services connects her to two support groups: one that deals with grief and loss and another that focuses on sexuality and sexual activity following injury. She reports feeling as if she has been “reborn happier” than she has been for a long time. Connecting Tina with support services for victims of domestic violence helps her understand the abuse cycle, so she is more able to recognize the warning signs, which increase her ability to protect herself from such abuse in the future. She appreciates coming to women’s group, especially when Denice and Samantha talk about how they overcame their experiences of abuse. Denice invites both Tina and Samantha to attend a group at the shelter where she lives. In turn, the three talk about starting a support group on campus, an endeavour we work on collaboratively and bring to fruition.

To address Tina’s longing for her previously active lifestyle, I encourage her to consider some of the wheelchair athletics available on campus. We also talk to the

cultural adviser about the lost powwow involvement, and he mentions that she could be a judge, a drummer, a singer, or perhaps a coach to her own child. He offers to connect her with a person who used a wheelchair who is active in powwow, and Tina agrees eagerly. Lastly, I contact a counsellor who uses horses in animal-assisted therapy to see if it would be possible to include Tina in some riding-related activities. For this, I also help Tina draft a letter to solicit band funding, as the cost is prohibitive. The CIC framework of multilevel interventions promotes interorganizational collaboration and a willingness to campaign for socially just services.

**Wendy** is the most rooted in Aboriginal traditions and beliefs and requires cultural support to work through her conflicts. Engaging Wendy with a female Elder is an important step in assisting her to accept her personal and professional aspirations as congruent with her role as guardian in her family and culture. Wendy's work with the Elder, and with me individually, helps her to recognize that her academic and career success will benefit her family and community, which frees her to engage more robustly as a student. The positive correlation between academic engagement and achievement, when motivated by the desire to assist family and community, is consistent with my own research (Offet-Gartner, 2008, 2011) and that of others (Julien, Zinni, & Wright, 2010; Valaskakis, Dion Stout, & Guimond, 2009). To further support Wendy's academic success, the Elder also suggests having other Aboriginal career women come speak with the women's group on this topic, which reiterates the significance of having positive role models and mentors and the notion that *to help one is to help many* (Maracle, 2013; Offet-Gartner, 2011).

I offer to speak with Wendy's husband and family after she casually comments, "I wish you could just speak to them". We take the idea to the group, to see if others feel the same. Hearing interest, I offer to host an information session for the partners and families of those who have returned to school; it is so well attended that I offer to do it again, this time with the Elder present. Wendy's husband and two of their kids attend both times, each time bringing other family or community members with them. Wendy speaks of how helpful these conversations are in easing some of the tension she has felt at home and in her community about attending school. The next semester, we plan to include her as a speaker, affirming her status as a positive influence and role model, something she says she did not think possible before engaging in counselling and with the group. Small interventions like this can have lasting and far-reaching outcomes, including transforming public perceptions. When Wendy's eldest begins talking about returning to school, Wendy shares that she has always hoped for this, but did not think it would ever happen. She credits the community talks as the impetus for this shift. I wonder if the change in her, as their mother, isn't perhaps a more significant influence.

Without the guidance of the original CIC model (Collins & Arthur, 2010a, 2010b) and the revised CIC framework (see Chap. 2), to support clinical flexibility, I may not have considered some of these outside the box, and culturally responsive, interventions; however, the outcomes speak for themselves. For some readers, it may require a paradigm shift to think about counselling in a new way.

## Conclusion

Historical trauma and negative social constructions have made it difficult for many Aboriginal peoples to consider returning to school, because of barriers of mistrust and racism as well as a lack of efficacy, esteem, readiness, or support (Gallop & Bastien, 2016; Pidgeon, 2008). However, education *is* the way of the future (Sharpe et al., 2009; TRC, 2015) and *is* the bedrock of a career (Arbona, 1996; Brown & Lent, 2013). I believe it is possible for counsellors to assist in this process with the CIC lens. CIC practice requires us to think outside the box, to be creative, and to adapt to the needs of the client to address the impact of these culturally specific traumas and oppressions. The fourth domain of the revised CIC framework, outlined in Chap. 2, requires us to broaden the scope of intervention to include the systems with which clients engage, be they family, friends, funders, employers, institutions, agencies, or communities, and to advocate for our clients, with varying degrees of involvement, referrals, and resources. In all cases, the broader actions I have described within the stories have positive and more substantial results than if they had not been undertaken.

The stories offered within this chapter demonstrate that counsellors can and do make a difference. This is especially true when we are willing to step outside our traditional training, to rethink what counselling *is* and *is not*, and to act accordingly. The need for additional educational attainment and employment skills for Aboriginal peoples is great (Lynk, 2014; TRC, 2015). The time is now for all practitioners to assist in this endeavour, because this task cannot be left to employment or academic counsellors alone. We *can* and *must* all help in this pursuit because, as Sharpe et al. (2007) posited, all of Canada benefits from higher academic attainment and training for Aboriginal peoples. Counselling using a CIC lens can help make this happen with greater efficacy and satisfaction. I hope that these stories have demonstrated this and that they assist with the theory-to-practice translation of CIC to develop as a culturally competent counsellor. There is no escaping culture, so learning to practice in culturally appropriate ways is an important goal that has the potential to assist all of society towards greater equity.

### Questions for Reflection and Discussion

1. Practising from the revised CIC framework outlined in Chap. 2 impresses upon us the need for counsellors to become aware of social injustices, to have the courage to challenge institutional oppression, and to encourage cultural development.
  - (a) Identify some practices and systems that are culturally unjust or excluding in your workplace and in your own practice. If you are not currently in practice, use your imagination or experience with counselling agencies.



- (b) How will you address socially unjust systems in your own practice and in your agency or office? Who would you speak to in order to address these concerns?
  - (c) How might you introduce and encourage greater cultural inclusivity at your workplace? (Hint: these are not always big things; often small changes to the environment at the level of office art can help.)
2. Embedded within the first six competencies is the understanding that each of us has within us a number of unique and distinct cultural intersections, some more salient than others in any given situation. Our job as counsellors is to acknowledge and invite our clients to be comfortable with the nuances of their identity in order to articulate their needs in a safe and accepting environment. This requires us to be knowledgeable, caring, and open to exploring various cultural intersections. This process must of course begin first with us.
  - (a) What steps have you taken to understand your own cultural influences?
  - (b) Which influences are more apparent or more salient than others? Why do the other influences have lesser importance? Is this the same in all circumstances?
  - (c) What privileges are embedded in your cultural identities? Is there a history of oppression related to any of your identities?
  - (d) What biases do you hold and how will you manage these?
  - (e) How will engaging in this series of self-reflections assist or hinder you? Your clients?
3. Self-efficacy has been described throughout this chapter to demonstrate how it impacts personal, academic, and career development.
  - (a) Reflect on what you have learned about this concept through the women's stories. What role did self-efficacy play in each story?
  - (b) What role has self-efficacy played in your own life?
  - (c) Consider ways the notion of self-efficacy can enhance your counselling practice. List three or four examples and articulate how you could introduce and support each concept.
4. CIC practice encourages interventions that involve engaging in social action, which is not limited to the practice of counselling and psychology. I would suggest that CIC is a transtheoretical model that could easily be applied across disciplines.
  - What other disciplines do you think might benefit from exposure to a culture-infused approach?
  - What activities might practitioners in those disciplines engage in when working with a culture-infused lens?
  - What role might counsellors play in introducing this approach to other professionals? What role could you play?

## Learning Activities

1. I have found over the years that some things make counselling in a culturally infused, inclusive way more natural and apparent to others. These include being open with my own personality, showing a willingness to be flexible, and relying on my intuition to know when to reach out to someone and when to quietly wait for another to reach out to me. My advice to new counsellors is simply to be yourself. Ultimately, it is you with whom clients will or will not engage, so trying to be anybody else will likely backfire anyway. As a feminist, a social constructivist, and someone who believes in the appropriateness and efficacy of the CIC model, especially in a community setting, I know that relationship is the best conduit for counselling work. Transparency and honesty are important to me, so modeling comfort with others and myself is a really good way to begin a relationship.

While considering your development as a culturally infused counsellor, take a moment to reflect on the following:

- Which of your personality traits might assist you to work in culturally infused ways? How might you capitalize on these?
  - Which personality traits might hinder or hamper you? What steps could you take to minimize or mitigate these to work in positive ways?
  - Which individuals could assist you to utilize your personality traits to enhance the counselling experience for those you wish to engage?
  - How might you go about building those relationships?
2. CIC requires us to step outside the norms of traditional counselling practice to see all the identities that combine to form the personhood of a client and then to create interventions and seek services that foster self-acceptance and well-being in all areas that are salient to the client. Sometimes this requires inquiry into a past connection the clients thought they had lost and connecting with service providers from a wide array of disciplines. Staying abreast of services in our locales helps significantly, as does using the Internet and consulting with our many colleagues. There is a wealth of knowledge and support out there just waiting to be discovered—don't be afraid to ask—your clients will benefit from your expanded knowledge!
    - How familiar are you with other support services available in your area? Research a few, and identify how to access them should a client need arise.
    - Check to see if there is a repository or directory of services available that you could access or provide to clients.
    - Start to keep a list of professionals you meet, noting the services they offer and how to reach them. This is one way to begin your own resource and referral list, which makes it more personal. I keep business cards in a holder for this very purpose and have found it invaluable. Who do you already know works in service agencies? Connect with them, and become familiar with all the services their agencies provide. Knowing to whom you are referring is always helpful.
  3. Cultural awareness is a must to work with any degree of competence. Much of this kind of learning can be derived from books alone, but attending cultural

centres, celebrations, and festivals is also a great way to broaden your awareness and knowledge *before* a client is in front of you. Of course homogeneity does not exist in any culture; however, exposure does assist and can enable you to meet leaders or helpers who may serve to guide you should you find yourself in need of a deeper lesson. I have found such people happy to help.

- A great place to start expanding cultural knowledge is by visiting cultural centres. Make a list of all the cultural centres in your area, and plan to visit each of them. Seeking out times of celebration is a great way to see the culture as a living entity.
- Make a list of those cultures to which you believe you will have the greatest exposure. These are the ones where you need to focus your greatest effort. Making appointments to speak to advisers and finding out what services they offer are great ways to begin to build relationships and can assist you and your client exponentially.
- Going to gathering places that particular cultural groups frequent (e.g. clubs, restaurants, cities) is also a great way to immerse yourself in the lived experience of that group. Cultural travel means living close to the lives of the citizens, not staying at an all-inclusive resort; this is a wonderful way to gain appreciation and first-hand knowledge of some of the customs and ways of being for cultural groups that are grounded in places.

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# Chapter 15

## Facilitating Economic, Psychological, and Social Acculturation and Adaptation: Socially Just Counselling for Refugees



Noorfarah Merali

### Introduction

I am a first generation, East African Muslim immigrant who belongs to a diverse religious and cultural community that includes immigrants and refugees from over 60 countries, including various regions of Africa, India, Pakistan, Afghanistan, Tajikistan, and Syria. In my community, we value the variability of origins and sub-cultures among community members as a source of significant strength and cultural enrichment, and we consider newly arriving members from all over the world to be our brothers and sisters. As brothers and sisters, we strive to help each other with challenges such as cross-cultural transition and adaptation in the new society, knowing that in decades past, when our own families immigrated to Canada, other community members we had never previously met or known extended the same hands of friendship and support us. The need for compassion toward those in difficult circumstances is particularly important in light of the fact that in the year 2016, we were in the crux of the worst humanitarian crisis in global history, with over 65 million people displaced outside of their homelands (United Nations High Commissioner for Refugees, 2017). The information contained in this chapter will highlight the role that a counsellor can play in providing consolation and facilitating social justice for refugees. In this chapter, I describe the case of a newly arrived Afghan refugee family from my own religious group (but from a different ethnic subculture) whom I was assisting through my volunteer work on evenings and weekends in my cultural community's poverty alleviation program. I brought to the task my professional background as a registered counselling psychologist specializing in immigrant and refugee mental health, as well as 17 years of experience in direct intervention, design, and evaluation of holistic programs to facilitate immigrant and refugee

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© Springer Nature Switzerland AG 2018

N. Arthur (ed.), *Counselling in Cultural Contexts*, International and Cultural Psychology, [https://doi.org/10.1007/978-3-030-00090-5\\_15](https://doi.org/10.1007/978-3-030-00090-5_15)

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integration in Canada, and in teaching and researching cross-cultural counselling at the University of Alberta.

In this chapter, I will advance the thesis that facilitating the successful economic, psychological, and social acculturation and adaptation of refugees in cross-cultural transition requires thoughtful consideration of the interaction between pre- and post-migration realities, cultural and religious identities, and social locations, as well as direct advocacy with host society institutions and systems to alter the existing structure of opportunity and privilege in Canadian society. My supporting arguments will be illustrated through my work with the refugee family and the interventions implemented to respond to the case. To maintain the anonymity of the family, I have used pseudonyms in place of family members' real names and altered family details.

## Case Study and Analysis

The Ahmadjan family came to Canada as refugees from Afghanistan. The family consists of the father (Mohammad, 32 years of age), mother (Sadha, 26 years of age), and five children, ages 1 month to 6 years of age, including four girls—Khushi, Shirin, Jumi, and Fareen—and one boy, named Raminjan. When the Ahmadjan family left Afghanistan, it had already been a war-torn country for decades. The whole education and health-care system had deteriorated due to severe violence, and the limited access to educational opportunities was often reserved for male children due to the influence of the Taliban. In escaping from Afghanistan, the family faced a long, rough journey, traveling on foot and hiding behind boulders, to avoid capture by Taliban fighters. They made it to a refugee camp in Peshawar, Pakistan, which hosts thousands of Afghan refugees. They faced long-term internment in this refugee camp before Mohammad's sister, brother-in-law, and the brother-in-law's relatives, who had already come to Canada as refugees many years before them and who now had permanent resident status, sponsored them to come to Canada. In response to the global humanitarian crisis, in recent years, the Canadian government has taken in over 40 percent more refugees than in previous years and has also expanded its refugee migration categories to create more opportunities for Canadians to come together to sponsor refugees from abroad (Government of Canada, 2016). For the first year following refugees' arrival, sponsors take responsibility for meeting all their basic and financial needs, including housing, food, clothing, as well as any funding for required health services, and school or similar fees.

### *A Roof over Their Heads*

Access to shelter is a basic human right, and shelter is a critical component of refugees' social location that needs to be considered in culture-infused counselling (CIC; Collins & Arthur, 2010a, 2010b) and the revised CIC framework outlined in

Chap. 2. A disproportionate number of refugees arriving in Canada come with nothing but the clothes on their backs due to their abrupt escape from serious violence or severe persecution in their countries of origin, hoping for a better life in the host country. However, in a recent count of homeless people across Canada, it was reported that 235,000 Canadians experience homelessness in a given year, with 35,000 Canadians being homeless on any given night (Gaetz, DeJ, Richter, & Redman, 2016). Studies on poverty in Canada identify refugees as the group most vulnerable to ultra-poverty and homelessness because of their unique conditions of exodus from their home countries, contributing to limited social and financial capital after migration (DeCandia, Murphy, & Coupe, 2014; Preston et al., 2012). Lack of financial assets and of established credit precludes independent home ownership in the increasingly expensive Canadian housing market and serves as a barrier to obtaining safe and affordable rental housing. Sponsorship can help to ease refugees' transition process by putting shelter into place for them as soon as they arrive in Canada. Safe and affordable housing is critical to the well-being and integration of all individuals and families and has been identified as a major social determinant of health (Frankish, Hwang, & Quantz, 2009).

About 6 months after the arrival of the Ahmadjan family in Canada, the relatives who sponsored them and were helping with their resettlement quickly realized that their own limited financial and social resources, as refugees who had been in Canada for only 5 years themselves, were being overtaxed by caring for a family of six people. This was especially the case because the Ahmadjan family had no formal education or skills, which limited their options for gainful employment in Canada. Furthermore, due to the family's long-term internment in the impoverished environment of refugee camps, each child had some type of cognitive, motor, or behavioral impairment requiring extensive support. Expecting the family size to increase to seven people, because Sadha was pregnant upon arrival to Canada, they made the collective decision that they could not continue to take responsibility for Mohammad, Sadha, and their children. The fifth child—a girl, Khushi—was born after 5 months in Canada. One month after her birth, the Ahmadjan family was evicted from Mohammad's sister's home and left to their own devices in a country with which they were completely unfamiliar and where all services available to them were offered in a language they did not understand.

A recent evaluation of Canada's sponsorship program indicated that approximately one-quarter of sponsorship agreement holders had experienced a least one sponsorship breakdown over the past 5 years, suggesting that sponsors defaulting on their obligations to take care of refugee families is a common occurrence (Citizenship and Immigration Canada, 2016). Furthermore, the evaluation report indicated that there has been no formal monitoring process in place for either sponsors or the families they have agreed to support, making newly arrived refugees with limited English language proficiency particularly vulnerable in cases of sponsorship breakdown (Citizenship and Immigration Canada, 2016). When the large Ahmadjan family was expelled from their relatives' home, they went to the only place they knew they could go for help, their local mosque. Religious leaders within the mosque connected them to the religious community's internal poverty alleviation program, where I was volunteering on evenings and weekends, working with families in need.



## ***Becoming Agents of Justice***

Multicultural and socially just counselling with refugees necessitates expansion of counsellor's roles to include ensuring that newly arriving refugees become adequately housed (St. Arnault & Merali, 2018). I invite counsellors working with refugees to reflect upon their own housing situation and the foundational role that shelter plays in their health and well-being. Recognizing our own privileged status encourages us to take action to create opportunities for safe shelter for the refugees we work with. We have a responsibility to assist newly arrived refugees to become adequately housed, which the Canadian Mortgage and Housing Commission (2010) defines as having affordable shelter that is not in need of serious or immediate repair and is suitable for family size and needs, including special needs. Broader roles for counsellors include advocacy with government organizations that provide housing subsidies, liaison with housing cooperatives, and identification of community members who can host families, even temporarily, while they seek appropriate shelter (St. Arnault & Merali, 2018). Neglect of this responsibility would be a social injustice, and negate other interventions a counsellor might implement at the micro-, meso-, and macrolevels.

Through the assistance of religious leaders and their networks within the community, I was able to identify a family who was willing to temporarily host the Ahmadjans while other housing options were being identified and assessed. I also put out a call over email to my own friendship network of families with young children for donations of used baby items (e.g., cribs, slings, rockers), child car seats, family clothing, household items, and furniture for this family. The response was overwhelming. Within a week, donations poured in, including clothing, and more baby items, car seats, and other resources than were needed. I kept many of these items for other families in poverty with whom I was working.

## ***Giving a Family a Leg Up Versus a Hand Out***

Culturally sensitive and socially just counselling involves addressing basic needs of families in cultural transition while equipping them with the skills and knowledge to become self-sufficient in realizing their fundamental human rights (Chung & Bemak, 2012). Refugees from underdeveloped countries that have weak or inaccessible educational systems (and who, therefore, have no formal education) will inevitably face barriers to entry into the Canadian school system and labor market. Even when equally educated, immigrant and refugee groups face significantly worse employment outcomes and lower incomes than their Canadian counterparts (Picot, 2008; Picot, Hou, & Coulombe, 2007). These social determinants of health are often compounded by language, cultural, and religious barriers, as well as perceived and actual discrimination (Chung & Bemak, 2012). Minimum wage jobs are not sufficient to financially support most refugee families in meeting their basic needs, especially if they are large families with many children. For the children, this results in limitations in the food, clothing, and access to technology that is needed to succeed in school. Culturally sensitive and socially just counselling, therefore, involves direct connection of refugee

clients and families to services such as food banks, public libraries, clothing, and furniture donation cooperatives, as well as to programs such as English as an additional language training programs, early childhood education programs to give their children a head start, assistance with school registration for children, and linkage to vocational training opportunities for adults (Chung & Bemak, 2012).

In conjunction with reaching out to seek the donations above, I called the local food bank to arrange weekly food hampers for this family to address their basic subsistence needs. The hampers are provided based on family size, so they included enough milk, bread, eggs, fresh fruits and vegetables, pastas, and canned soups to keep the family going week to week. Because of differences in national diets and types of foods consumed in their country of origin, the family would likely need the support of their temporary host family to learn how to prepare and consume some of the foods in the hampers with which they were unfamiliar, such as the pastas and canned soups. In an effort to provide pragmatic support, I spoke to the host family to make them aware of this issue and to prepare them to provide that support. I also connected the family to a public library close to where they were living with the host family so they could access free computer classes, computers, and family reading programs. The social worker volunteering with this case and I also linked them to a children's toy cooperative, so the children's environment could be filled with opportunities for play-based stimulation.

### **Reflections on Privilege**

In this stage of working with the family, I noticed some significant changes in me. I became cognizant of many simple things I take for granted—like having a roof over my head and food on the table for each meal. I began to experience these privileges as true blessings and developed a deeper sense of gratitude than I had ever felt before. When I went out to a restaurant, I could no longer leave leftovers, because I couldn't handle wasting food, knowing that there are entire families who don't have any food to eat. I found myself cleaning my home many more times than I usually would, because caring for the roof over my head became more important than ever before once I realized that so many people didn't have secure shelter. Furthermore, I grasped how well-positioned I was to live in a neighborhood where I had quick and easy access to all health and social services. This consciousness-raising led me to contemplate some difficult ethical questions embedded in a social justice framework:

- How can I go about passively enjoying having a good quality of life, while others are living in such hardship?
- How can I refrain from actively taking steps to connect the family to community resources for food support, affordable housing, and other services when I know that as newcomers to a completely different society than the one they left, they will not be able to identify and access basic needs support resources on their own?

Our training as counsellors emphasizes maintaining personal and professional boundaries. Do we need to question professional boundaries that would lead us to maintain a sense of aloofness from clients' life difficulties and prevent us from doing more to reduce their suffering?

As I acknowledged my own social location as a middle-class professional with access to more than the basic necessities of life, a desire was ignited in me to take many more steps to help the Ahmadjan family. The family was in urgent need of financial support, and their relatives in Canada had failed to fulfill the responsibilities of their undertaking with the federal government to meet the family's basic needs. So, the first step I took to address their financial situation involved interprofessional collaboration by connecting the family to a local immigration consultant who spoke their language (Farsi). The consultant assisted them to report and file a default of sponsorship obligations, which is basically an official government report indicating that the sponsors have failed to follow through in meeting their contractual obligations with the government to provide support for them in the initial years after their arrival in Canada, so that they would become eligible to receive social assistance in Canada. Next, I asked our volunteer social worker to assist the family in applying for social assistance and to advocate for expedient processing of the application, given the family's dire circumstances. The government response was positive; social assistance was quickly activated for them.

The mother was serving as primary caregiver for five children, so only the father could look for work. He quickly found a job at a car wash that paid minimum wage. This was the best he could do considering his limited knowledge of English and lack of formal education. The social assistance the family was receiving even when paired with the father's minimum wage income was not sufficient to house and feed a family of seven. Therefore, the social worker volunteering with the case and I assisted them to apply for a government housing subsidy, for which they qualified. Finally, 4 months later, there was an opening for them in a subsidized housing complex.

They moved into the housing complex only to discover it was in a crime-ridden neighborhood where drugs and alcohol were used in the open spaces, where physical fights broke out between people in broad daylight, and where prostitution was happening nearby. The mother feared for her safety and the safety of her children in this environment; she was worried about letting the children out to play. The father, Mohammad, gave his son to his sister, believing that he deserved a better life and education, which his sister and her husband could provide. The Ahmadjan family kept the female children. After a few weeks of living in the new place, a neighbor told the mother, Sadha, that someone was killed in the house they were living in. A few days after that, Sadha began waking up in the middle of the night with visions of blood on the bathroom floor. Two of her daughters started waking up in the middle of the night too, also saying they saw blood on the floor. The mother and girls believed the soul of the person killed in the house was not at rest or hadn't reached salvation. This triggered a retraumatization because Sadha was already experiencing post-traumatic stress after witnessing severe violence in Afghanistan and losing her sister and mother in a sudden bomb blast.

## Creative Responses to Trauma

Multicultural and socially just counselling must consider both the history and present circumstances of refugees to fully understand and respond to their mental health needs. The events in this case illustrate how trauma experienced prior to migration may be compounded by trauma after migration, particularly for refugee families in poverty who are living in low-income, crime-ridden neighborhoods. Examples of trauma experienced by refugees include facing serious personal injury while trying to escape from their countries of origin, being tortured, and/or witnessing the effects of war, genocide, and mass violence (Murray, Davidson, & Schweitzer, 2010). Common manifestations of post-traumatic stress include nightmares about the events, daytime flashbacks, difficulty sleeping, hypervigilance, a belief that the world is a very dangerous place, and turning anger inward through self-blame or survivor guilt about negative events befalling significant others (American Psychiatric Association, 2013). Language, culture, childcare, and transportation barriers may limit access to mental health services and community social services for family members experiencing trauma and other mental health concerns that stem from fears for their own safety (Murray et al., 2010).

### Reflections on Learned Helplessness

The term *learned helplessness* was originally coined by Seligman through experimentation with classical conditioning. When an animal was exposed to repeated and unavoidable harmful stimuli over which it had no control, it learned not to try to take action in future exposures (Abramson & Seligman, 1978). Abramson and Seligman refined the concept in their work with human beings to take into account the perceived cause of harm. If the cause is perceived as internal (my fault), stable (unchangeable), or global (overgeneralized), then people are disempowered, lack a sense of agency, and unlikely to resist or make attempts to effect change.

When Sadha was informed of a killing taking place in her home and it triggered retraumatization, I initially had an intense reaction characterized by deep sadness, frustration, and helplessness. Seeing the housing as an unsafe and traumatizing space felt like too much to deal with after all the effort and work required to finally get this family into housing that was appropriate for their family size. My reaction was amplified by the fact that we would be looking at a waiting list of several more months to try to switch them into another subsidized housing unit, and I had nowhere to place this family in the meantime. I realized that I was beginning to feel the same learned helplessness that the family was likely experiencing until a few moments of meditation and prayer for the family led me to a spiritual intervention idea.

I have been reminded about the importance of spiritual competency, as a core component of cultural competency through my work with refugee families, whose worldviews are often anchored in spiritual assumptions and beliefs. In fact, in our study on refugee homelessness, St. Arnault and myself (2018) found that refugees identified spirituality as one of the most critical pathways out of homelessness, in the sense that drawing on spiritual or religious beliefs and practices helped them to overcome housing obstacles and facilitated their resilience. I called the leaders of the mosque to ask if they could pay a special visit to this family to perform religious or cultural rituals that are typically performed in funeral ceremonies in Afghanistan to place the souls of the person(s) who died in the Ahmadjan family's current home to rest. The religious leaders were very open to this idea and arranged to visit the family the same week. They performed the rituals in the bathroom, the site where the blood presented in their visions. The rituals made a tremendous difference for Sadha and her children. Starting the night after the rituals were performed, they all slept peacefully through the night again. Sadha, however, continued to have daytime flashbacks of the bomb blast that killed her mother and sister, because these traumas had been reactivated by the move to this crime-ridden neighborhood. According to Sadha's own reports, her post-traumatic stress was further fueled by her social isolation in Canada. Because she was no longer in touch with the relatives who abandoned her and her family, she had no real social supports here. She was alone or with the kids most of the time, and any time her mind was free, it would wander to the trauma. I connected Sadha to specialized trauma counselling at the *Centre for Survivors of Torture and Trauma* at a local immigration agency, which had access to Farsi-speaking interpreters. The agency also provided access to childcare, while Sadha received services.

### ***Safety in Numbers***

Culturally responsive and socially just counselling for refugees requires safety planning and community action and engagement, above and beyond accessing individualized trauma support. Safety refers to freedom from danger, or to a condition where an individual is protected from hurt, injury, or loss (Safety, 2015), and is considered to be a basic human right. In crime-ridden neighborhoods, special precautions and steps are needed in going about one's daily life to increase feelings of safety when traveling to and from one's home. Sadha and the children needed rides to the specialized trauma counselling service she was referred to, because they had no car and no knowledge of the local transportation system and the agency was located far from their neighborhood. Waiting outside for the bus was not a safe option, given the criminal activities in their neighborhood, which posed a risk to their sense of safety. Therefore, I arranged for community volunteers to provide rides for Sadha's weekly appointments; the donated car seats were used in the drivers' cars to transport the children. To address the social isolation fueling the trauma, I asked the social worker, who shared the family's language and subculture, to introduce the Ahmadjan family to several other families newly arrived from Afghanistan after prayer times at the local mosque. This social connection went a long way to help the family feel a sense of support and belonging and to provide them with a safety net in their new host society and community.

## *Community Connections*

Newcomers who have not moved into regions with established ethnic communities of their own backgrounds often have limited social support, which makes social integration of refugees a major priority of socially just counselling (Chung & Bemak, 2012; Sue & Sue, 2016). Barriers to communication with members of Canadian society may further preclude the formation of new relationships and contribute to a sense of isolation, while refugees gradually acquire English as an additional language (Merali, 2008). Refugees also struggle to form relationships with members of their own communities who live in the same region, because they lack knowledge of the host society, including existing places of worship, cultural centers, or community associations. As a result, newcomers often experience feelings of social isolation and alienation (Merali, 2008; Sue & Sue, 2016). Social support is one of the most powerful buffers against mental health problems (Commission on Social Determinants of Health, 2008); therefore, it is critical to build supports for populations who are vulnerable to pre- and post-migration trauma. Furthermore, accessing community social support and stumbling on a Good Samaritan who is willing to advocate for a refugee in the pursuit of affordable and safe housing has been found to be a critical pathway out of homelessness after arrival in Canada (St. Arnault & Merali, 2018). Counselling needs to involve connecting refugees like the Ahmadjan family to community, religious, and cultural supports; promoting their inclusion in Canadian cultural, social, and religious life; and facilitating their development of a sense of belonging, as well as a sense of home.

As another means of helping the Ahmadjan family adapt to their new lives and integrate into the community, I took steps to ensure that the female children still residing with the family had access to early childhood development and educational opportunities during the daytime, which responded to both safety concerns (because the neighborhood and the parks within it were not safe areas for the children to play or explore) and their needs for cognitive/motor stimulation and behavioral intervention. I hoped that these opportunities outside of their immediate home and neighborhood would promote the long-term upward socioeconomic mobility of the family, because the children's education, learning, and development would be an asset to them in creating a sustainable livelihood in their cross-cultural transition and adaptation process. At the time, the 4-year-old daughter, Jumi, was barely babbling, let alone speaking; the 2-year-old daughter, Shirin, had a fine motor delay; and the oldest daughter, Fareen, had significant behavior problems and temper tantrums. I asked the volunteer social worker in the poverty alleviation program to help the family apply for a daycare subsidy for each child. Families with incomes below the poverty line are eligible for government subsidies for each child's early childhood education. The subsidies were approved a few months later. Despite obtaining the subsidy funds for each child, however, we quickly realized that the costs for accredited daycare programming varied based on age and were a minimum of \$200 above the subsidy funds allotted for each child: about \$600 to \$800 above what the family could afford. So, in collaboration with the social worker, I researched various daycares in the city until we found a United Way funded daycare serving families in

poverty. As a result of our advocacy for the Ahmadjan family, the daycare waived the differential fees above the government subsidy amounts. The daycare took all the children, except the newborn.

After 6 months in daycare programming, we witnessed some beautiful miracles. Jumi, the 4-year-old with impaired speech development, was singing entire short songs like “Happy Birthday!” The sounds were music to the ears of the volunteer drivers we had recruited to transport the children to and from daycare each day; similarly, Shirin, the daughter with impairment in fine motor skills, was showing significant improvement. The children were so excited to go to school every morning. Their progress over such a short period of time gave the social worker and me a renewed sense of hope for the future of this family. Daycare was a game-changer! My activities in advocating for the family with the daycare to make children’s programming more affordable for them, and the positive outcomes in improving the children’s quality of life exemplifies the type of counsellor advocacy promoted by a social justice-oriented approach to counselling (Chung & Bemak, 2012; Ibrahim & Heuer, 2016).

With the majority of the children in daycare, the focus shifted to the parents’ acculturation into Canadian society. Sadha was able to enroll in daytime English as an additional language (EAL) classes at the same immigration agency where she went for counselling, because that agency could also provide childcare for her youngest daughter while Sadha was in class. We also helped Mohammad enroll in evening EAL classes twice weekly at a local community center, because this would likely improve his prospects for better paying employment. Part of the long-term plan for getting the family out of poverty was to link Mohammad to vocational training in one of the skilled trades after he completed his EAL classes. We anticipated that once his job prospects improved and both spouses had a better grasp of English, they might be able to move into a better neighborhood, and we could assist them in navigating the public transportation system to meet their daily needs. We waited on this step, because the difficulty and complexity of their life situation clearly required a phased approach to implementing interventions with the right timing. Basic needs were our first priority, followed by fostering safety and encouraging long-term planning, and then preventing multigenerational transmission of poverty through education and development for the children.

Things seemed to be going smoothly with the Ahmadjan family for several months after the implementation of all these interventions. Then we hit another major problem. Sadha came to us in a state of emotional despair, stating that her husband Mohammad wanted another child, and he would not take “no” for an answer. He very badly wanted to try for another son. She shared with us that she almost died during childbirth, due to serious complications, when her youngest daughter was born. Sadha felt that, as a woman, she had no option except to go ahead and try to give her husband another child, although this involved risking her health, and there was no guarantee it would be a boy, given that four out of five of their children were daughters. Besides the risk to Sadha’s health, the thoughts at the forefront of my mind related to how the family would financially survive with another child, when they could barely meet their needs currently and have needed so much help to get to a point where they were making progress.



## He Versus She: Son Preference

Worldviews, and their embedded sociocultural narratives and cultural norms, differ across various nondominant groups (Ibrahim & Heuer, 2016), and gender equity and women's participation in reproductive decision-making is not culturally universal (Dudgeon & Inhorn, 2004). This poses a challenge to tenets of counselling theories that assume that all individuals have the potential and opportunity to achieve self-actualization. In some non-Western cultures, family planning is not factored into economic planning, leading to increasing family sizes even among families in ultra-poverty. Gender ideologies characterized by a preference for male versus female children have been identified among a number of nondominant cultural groups; this preference can contribute to large family sizes when most existing children are girls (Dudgeon & Inhorn, 2004). Counsellors need to attend to how these ideologies may result in selective neglect of female versus male children and in presenting major barriers to girls and women fulfilling their potential. Ibrahim and Heuer (2016) argue that counselling should begin with an accurate understanding of the client's gender positioning within the family, social group, and community and how this relates to both acculturation experiences and life goals/outcomes.

### Reflections on Gender Bias

In response to Sadha disclosing her feelings of pressure to have another child, I found myself wondering what good another boy in the family could do, because all the girls and the rest of the family would suffer due to a descent further into ultra-poverty. Moreover, what good would another child do if all the children ended up motherless? I knew I needed to think carefully about how to approach this situation with the Ahmadjan family, so as not to privilege my beliefs about gender equity above the beliefs of Mohammad, the father. I shared the family's religion but not their specific cultural frame of reference; I am of African descent, and in my cultural group, education for girls is highly valued. In fact, we believe that if you can only educate one child in the family, it should be the girl, because she will eventually become a mother and her education will be a lifelong asset in transmitting education to her children and family.

I recognized my own gender-related views as culturally-biased and ethnocentric. So, in working with this family, I needed to brainstorm ways to focus on the family's financial difficulties, for which they were seeking help and to encourage them to take into account how adding children to the family would affect them overall, regardless of the gender of an additional child. I also had to respond to my own personal and professional responsibility to uphold the human rights of the women and girls in the family without threatening Mohammad's familial position. I struggled with this and consulted with a professional colleague, who also practices cross-cultural counselling, to identify a culturally sensitive and ethically appropriate solution.

## Balancing Cultural Responsivity and Human Rights

Culturally responsive and socially just counselling involves collaborating with refugee families to understand their cultural beliefs and worldviews, particularly gender ideologies related to child-rearing and how these may contrast with counsellor beliefs and values, in order to plan effective interventions that uphold women's human rights. In multicultural and gender sensitive therapy, counsellors need to continuously reflect on their own culture and gender and its meaning and impact in their lives. They must also situate these beliefs in relation to those of the clients or families with whom they work, if they are to develop a strong therapeutic alliance in the face of disparate belief systems (Ibrahim & Heuer, 2016; Nelson-Jones, 2011). The process I went through with Sadha and Mohammad illustrates such a reflective practice. Interventions such as gender inclusive parenting education, connection to community supports, and psychoeducation that emphasizes the value and contribution of girls to families support work with immigrant and refugee families to ensure the basic needs and foundational human rights of daughters are met as fully as those of sons. To help families exit the cycle of poverty, it may also be critical, especially for those who keep trying for sons, to link education on family planning to economic planning (Dudgeon & Inhorn, 2004).

After consulting my colleague, I decided to approach the issue of another pregnancy through a financial intervention. I asked an accountant working with the economic planning board in our religious community to provide a pro bono budgeting session in a home visit with the Ahmadjan family. The dual purpose of the session was to encourage financial literacy and to help both parents understand the limits of their present finances in providing for all family members' needs. The cost of having an additional child to care for was calculated into the family's budget, so the family could see clearly how this would impact the livelihood of all the existing family members. Through this dialogue, both Sadha and Mohammad became conscious of the link between having more children and difficulty exiting the poverty cycle.

To encourage both parents to show regard and caring for all their children, regardless of their gender, we also connected them to a cross-cultural parenting class at a local immigration agency, offered by the social worker working with me in the poverty alleviation program. It was hoped that participation in the cross-cultural parenting program would facilitate parental efforts to enable all their children to reach their full potential in Canadian society. The class was framed as part of their cross-cultural transition process, another means to help them acculturate to life in Canada. The financial and social stance taken in these interventions led the family to be very receptive. For example, because both the mother and father were asked to enroll in the cross-cultural parenting class, the father did not feel singled out or challenged in his own belief system and was willing to reconsider having another child. The social intervention through the cross-cultural parenting class encouraged the parents to attend to the human rights of all individuals in the family in a non-threatening and non-challenging way and within the family's own patriarchal framework.

## Case Analysis and Summary

Through an analysis of the lived experiences of the newly arrived Ahmadjan refugee family and the interventions I implemented with them, it becomes evident that refugee counselling requires a phased CIC approach with a social justice lens that begins by addressing the basic needs that are foundational human rights and social determinants of health. These basic needs include housing, food, and safety in one's environment. To ensure that refugees' basic needs are provided for and that their human rights are protected in Canada, counsellors will often need to advocate for refugee clients with government and community services. These interventions will help to alter the structure of opportunity in the host society to ensure that refugees receive the needed social and economic benefits/entitlements (e.g., housing and daycare subsidies) that will enable them and their children to develop a sustainable livelihood.

During the cross-cultural transition process, many barriers may be encountered such as lack of formal education or interruption of children's schooling because of refugee camp internment, lack of proficiency in English, cultural and social beliefs related to child-rearing and gender inequality, and mental health challenges stemming from pre- and post-migration events. Transforming barriers into opportunities for growth in the new society requires a holistic approach, which focuses on culturally responsive change processes. By recognizing the intersections and interactions between the various life challenges and familial circumstances, we can help (a) prepare refugee families for upward socioeconomic mobility by helping them pursue child development programming and adult EAL and educational opportunities and exercise their reproductive decision-making rights with consideration of their financial futures, (b) build their psychological coping resources and well-being, and (c) help them form social ties with others for ongoing support. Key sources of support and resilience in the face of poverty and cross-cultural adaptation can often be found within the cultural and religious communities appropriate to the family. Involving religious leaders and community members in the performance of healing rituals or in providing other supports can be an excellent adjunct to the interventions counsellors can implement. My work with the Ahmadjan family illustrates that addressing the issues of poverty and homelessness among refugees in cross-cultural transition requires extensive collaboration with both cultural/religious and secular community services (e.g., food banks, public libraries, settlement agencies, donate-a-ride projects, toy lending cooperatives, daycares, specialized trauma support programs). I had to expand my counsellor roles beyond one-on-one intervention in my office to entail a high level of external community engagement, without which families like the Ahmadjans would be left to suffer while I continued to enjoy a satisfying quality of life. I believe that it is this level of engagement and advocacy for our refugee clients that constitutes truly compassionate care.

### Questions for Reflection or Discussion

1. In reading about the life situation of the Ahmadjan family after their arrival in Canada, what have you realized about your own social location in relation to refugee families?
2. What aspects of your social location and life circumstances do you often take for granted?
3. Which social justice actions do you feel compelled to become involved in after considering the thesis and arguments advanced in this chapter?
4. How might you now alter your usual approach to counselling when you work with refugees?
5. What specifically would you do differently and why?

### Learning Activities

1. Use an Internet search engine to look up Abraham Maslow's *hierarchy of needs*, and consider the implications of his model for what is typically included or excluded in counsellors' roles and responsibilities. Next, choose three different theories of counselling to examine critically. Review the tenets of each theory in terms of the nature of the client-counsellor relationship, the underlying assumptions about optimal human development and functioning, and the types of interventions suggested to facilitate change. Consider the following questions:
  - Which of the theories do you believe support an expansion of counsellor roles to take direct action to improve a client/family's environment and life situation when working with refugees like the Ahmadjan family? Why? How?
  - Which of the theories limit a counsellor's ability to take direct action to improve an individual client or family's environment and life situation? Why? How?
2. Cultural competency within the revised CIC framework outlined in Chap. 2 requires spiritual competency. The majority of cross-cultural counselling competency models stipulate that counsellors become comfortable discussing and exploring spiritual influences on clients' lives and considering spiritual avenues or resources for problem resolution. They also emphasize the need for counsellor self-awareness about their own spiritual stance and self-reflection on spiritual or religious biases. In working with the Ahmadjan family, I drew on religious leaders to help implement a death ritual to ease traumatic stresses felt by the mother and children after they became aware that a murder had taken place in their home prior to their tenancy.

Working in pairs, engage in the following tasks and dialogues to further evaluate how spirituality plays into counselling:

- Discuss what you would need to know about the Ahmadjan family's faith or spiritual framework in order to be able to help them effectively. How would

you go about getting this information or asking about it? How you would frame questions about spirituality that would help you generate intervention ideas for the family?

- The Ahmadjan family is a Muslim family. What preconceived notions do you have about the religion of Islam? If you were the person helping them, how might you go about assessing whether your current assumptions and ideas about Islam are accurate or inaccurate in relation to the lives of this family?
  - Reflecting on the case as a whole, which other presenting problems in their lives might lend themselves to spiritual intervention? Rationalize your answers to your partners.
3. This case study highlights differences in beliefs about gender equity among various subcultures and families within subcultures that can affect the rights and opportunities accorded to or withheld from girls and women. In this case, there were two areas where gender inequality played out: the priority placed on the welfare and educational opportunities of Raminjan, the boy in the family (i.e., he was given to the father's sister to take care of so he would have a better life), and the mother's limited say in reproductive decision-making related to having another child, despite the risks to her health. I chose to balance out opportunities for the female children with the male child, by getting the female children into quality early childhood education programming. I also chose to address the mother's limited power over reproductive decision-making through a financial intervention, focusing on the state of poverty the family was in, rather than by addressing this issue directly in the marital relationship through couples counseling. Working in pairs, discuss the following questions:
- What other ways/interventions can you think of to respond to inequality of concern for the welfare and opportunities of the boy versus the girls in the Ahmadjan family? How would you implement each intervention in a way that encourages and supports this family's agency?
  - What other interventions or approaches could you have used to address Sadha's limited power in reproductive decision-making? What steps could you take to ensure that any intervention you consider will help rather than hurt the mother and the family relationships in compliance with the principle of responsible caring in the *Canadian code of ethics for psychologists*?

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# Chapter 16

## Refugee-Serving Multicultural Therapy Practicum: An Example of a Culture-Infused, Service-Based Training Program



Ben C. H. Kuo

### Introduction

Grounded in three decades of progress, from soul-searching to maturation, the multicultural counselling competency movement has now arrived at a critical juncture in its development. The push towards engaging in critical introspection, examination, and refinement within the field of multicultural counselling is well-reflected in the tenets and the principles of culture-infused counselling (CIC; Collins & Arthur, 2010a, 2010b). Specifically, the revised CIC framework introduced in Chap. 2 highlights the need to expand and transform existing multicultural counselling practices and training to incorporate changes in the broader societal systems and community spheres and to promote social justice and advocacy. The revised CIC framework urges counsellors to attend to the underutilization of counselling services; to address barriers for individuals, families, or communities; and to develop relationships within the community to support consultation and referral for culturally diverse clients. Similarly, counsellors are compelled to apply a systems-level lens to case conceptualization and intervention planning and to consider shifting target of change from internal elements to external factors that influence clients' well-being. Finally, adopting the revised CIC framework is intended to address transformative changes that need to occur at the micro-, meso-, and macrolevels to enable counsellors to promote multiculturalism and social change, either with or on behalf of clients.

However, concrete examples or models of multicultural counselling and social justice interventions that encompass more comprehensive changes for clients and counsellor, or therapist trainees, at these multiple levels are currently rare. Exemplars of multicultural counselling training that are grounded in experiential, service-based learning models and that incorporate the learning of multicultural counselling skills

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through working directly with actual, diverse clients are rarer still (Kuo & Arcuri, 2014; Kuo & Boucher, [submitted](#)). For this reason, I will describe, as an example, a multicultural therapy practicum that offers a new direction and approach to experiential diversity counselling and social justice education for therapists. It is a refugee-serving therapy practicum course I developed and have taught regularly since 2007, at the University of Windsor (UW) in Ontario, Canada. This therapy practicum course is designed to train advanced clinical psychology Ph.D. students to provide direct, free counselling and therapy services to community-referred refugee newcomers in the Windsor-Essex area. As a culture-infused model of clinical training, grounded in a university-community collaboration, the practicum incorporates the theories and principles of multiculturalism, social justice and advocacy, community outreach and service, experiential learning, and traumatology into its training and therapy provision.

In recent years, within the field of multicultural counselling training, there have been increasing calls for the discipline to develop critical teaching and learning strategies to enable therapists to translate multicultural knowledge and awareness into demonstrable culture-infused counselling/therapy skills and to engage in social change and advocacy. Working under close supervision with multinational refugee survivors, who have a history of torture, trauma, and a complexity of needs, provides a unique learning opportunity for therapists to develop and exercise multicultural counselling and social advocacy competencies. I will argue that this refugee-serving multicultural therapy practicum, which is grounded in an experiential learning framework and a university-community collaboration, represents a distinct, culture-infused, service-based training model that promotes trainees' learning of therapy, helping skills, and personal growth through attending to refugee clients' diverse needs at the micro-, meso-, and macrolevels.

In presenting this service-based model of multicultural therapy training, I speak from the position of an academic faculty member, a clinical/therapy training instructor, a researcher, a practicing psychologist, and an immigrant to Canada, who was born and raised in Taiwan and educated in both Canada and the USA. This positioning provides me with the analytical lens through which I view the state of multicultural and social justice counselling and training, the needs of immigrant and refugee newcomers, and this multicultural therapy practicum. I will first describe the service-training framework of the multicultural practicum by depicting the contextual, conceptual, and structural characteristics of the training model, highlighting its culture-infused nature. Then, in the second half of the chapter, I will present a client-therapist case dyad to further illustrate the inner working processes, the therapy interactions, and the impacts of this practicum from the vantage points of the refugee client as well as the student therapist. This case dyad makes explicit the system and community-wide mesolevel of interventions and learnings being adopted by the therapist throughout her work with this particular client.

## **Background Characteristics of the Multicultural Therapy Practicum**

Before entering academia, I began my career in the community, first as an immigrant settlement worker in a social services community centre and then as a counsellor in a family services agency in Toronto, Ontario. In those capacities, I had the opportunity to provide counselling and various social services to English-speaking clients as well as non-English speaking Chinese immigrant adults, adolescents, couples, and families residing in the Greater Toronto area. These front-line experiences gave me a unique understanding of the divergence between the needs and perspectives of the community and those of academia, the gulf between practice and theory, and the gap between the reality faced by practitioners out in the field and their academic training/education. This is an example of higher-order critical thinking that is required of counsellor educators, committed to multicultural counselling and social justice, if we want to ensure that our training is relevant and responsive to both student and community needs. Although I have had the good fortune of designing and teaching a multicultural course for clinical psychology graduate students at UW for the last 15 years, I often wondered how well a stand-alone, one-semester course could enable my students to incorporate and translate their learning of multicultural principles into actual counselling practices and clinical interventions. I was not satisfied with the single-course, didactic model of multicultural counselling training, even though it typifies the most common approach of cultural training for counsellors in the field today. I wanted to take multicultural counselling to the next level, so to speak, to allow student trainees to integrate multicultural theories, concepts, and principles with actual practice experiences through more creative, challenging, and hands-on modes of learning. Hence, the multicultural therapy practicum described below was borne out of an initial dissatisfaction and a later aspiration on my part.

### ***Contextual Backgrounds of the Practicum***

In 2006, I formally established the course, Multicultural Counselling and Psychotherapy with Refugees Practicum, with the support of my home department, the Department of Psychology at UW. The objectives of developing this multicultural practicum were twofold. First, the practicum course was designed to meet the training needs of clinical psychology graduate students, because the majority of the students in the UW programs had very limited exposure to working with clients who are members of nondominant cultural groups within Canada (specifically, non-Caucasian/European Canadians). The practicum was intended to offer therapist

trainees a culture-infused training environment in which they could implement and translate their acquired, cognitive-based, multicultural knowledge and awareness from previous course work into actual, behavioural intervention skills and working relationships with clients of diverse language, religious, and cultural backgrounds. Secondly, the practicum was initiated as a creative response to the seriously underserved psychological and mental health needs of a growing refugee population in the local Windsor-Essex area, so the practicum represents a community-oriented and social action-driven response initiated by the university department in an attempt to help address an existing mental health service gap in the community. Both practicum objectives, to advance an experientially and skill-focused multicultural training strategy and to improve the psychosocial conditions of a disadvantaged multicultural population, correspond directly to emergent critical issues in the multicultural counselling literature (Priester et al., 2008; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006) and the propositions of the revised CIC framework.

### **Responding to Underserved Populations**

The origin of this multicultural therapy practicum began with a letter from the community. In the spring of 2006, I received an appeal letter from the emotion-support worker of the government-assisted refugee program at the Multicultural Council of Windsor and Essex. The letter described the seriously underserved needs of refugee clients who were being settled in the Windsor area in significant numbers. Most of these refugees were survivors of torture and trauma in their countries of origin. Consequently, they came with enormous psychological, emotional, social, and physical needs. The letter was an urgent appeal to registered psychologists in the area to consider offering pro bono mental health services to this growing population. The letter went on to describe the circumstances of five refugee survivors who were desperately in need of counselling intervention and emotional support. The letter moved and affected me deeply – the image of these refugees, and many others, and the injustice of their not being able to access the much-needed psychological help lodged in my head! I felt that doing nothing was not an option and that I ought to help somehow, but I was not sure how. Amid this emotional turmoil, an idea came! I asked myself: “Is there a way, as a clinical psychology faculty member, I can utilize my current resources to facilitate a mechanism to meet the psychological needs of refugees and, at the same time, develop the clinical and multicultural training needs of my students?” In the end, I found the answer to this question in the creation of this university-community, multicultural therapy practicum that serves refugee clients.

The multicultural therapy practicum itself is part of a larger in-house clinical training practicum for senior doctoral students in the Adult Clinical Psychology track. Each year, four or five student therapists are enrolled in this training. It is a

required 8-month practicum that extends over two academic semesters, September to April (Kuo & Arcuri, 2014; Kuo & Boucher, [submitted](#)). All students enrolled in the practicum have previously completed a course in multicultural counselling/therapy (i.e., Multicultural Issues in Clinical Practice) as a prerequisite. Distinctively, this multicultural practicum is founded on a university-community collaboration involving UW's Department of Psychology and the Multicultural Council of Windsor and Essex, a local agency, as the community partner. The Multicultural Council is a large-scale immigrant- and refugee-serving social service organization in the greater Windsor-Essex area. The collaboration was established on the basis of sharing mutual resources and expertise. The Department of Psychology offers free therapy and mental health services to refugee clients referred by the Multicultural Council; the agency provides the vital practical and logistic support that makes it possible for refugee clients to attend the therapy sessions on a regular basis, including transportation (e.g., taxi service), language interpretation services, and ongoing case management. The Multicultural Council assigns each client a designated case manager, who functions as the facilitator and liaison between the client and the therapist. This model of university-community partnership is distinctive in its inclusion of these supports for refugee clients' psychosocial and practical needs at the mesolevel.

### *Target Clients*

The client recipients of this practicum service are *government-assisted refugees* (GARs), who are serviced and referred by the Multicultural Council. Many GARs arrive in Canada from war-torn and conflict-ridden countries (e.g., Iraq, Syria, Bhutan, Somalia, Kenya, Congo, Nepal) and have witnessed and experienced extreme forms of social injustice, such as torture or trauma, in their countries of origin. In our practice, we see that these GARs or *refugee survivors of torture and trauma* (hereafter referred to as *refugee survivors* for brevity) face yet additional forms of social injustices upon arriving in Canada, including the experience of discrimination and a serious lack of psychological treatment and mental health services to support their acculturation and resettlement (Vasilevska, Madan, & Simich, 2010). At the same time, refugee survivors represent highly heterogeneous individuals and groups, with diverse backgrounds, demographics, and identity characteristics across nationality, ethnicity, language, religion, regionalism, education, socioeconomic status, migration status, and history domains. For example, over the last few years, in our practicum, we have seen refugee clients originating from Iraq, Somalia, Myanmar, and Bhutan with a mixture of Muslim, Christian, and Buddhist religious backgrounds. Most recently we have been witnessing a large wave of Syrian refugees being resettled in the City of Windsor and across Canada and, hence, being referred to our therapy practicum for counselling and psychotherapy.

In fact, according to a recent, official government recent report (Government of Canada, 2017), between the fall of 2015 and mid-2017, Canada had received and resettled 400,000 refugees originating from Syria. To put Syrian refugees' situation in perspective locally, in Windsor alone, over a short span of 14 months between November 4, 2015, and December 31, 2016, the city had received 1389 Syrian refugees (City of Windsor, 2018).

The critical issues they face in adapting to Canada are as diverse as their demographics, including language, financial, legal, medical, social, cultural, and psychological/emotional concerns (Kuo, Huang, Keshavarzi, & Taylor, *In revisions*; Rousseau, 2017). In fact, most of these refugee clients attend therapy with multiple needs. For instance, we have seen a middle-aged Iraqi woman with symptoms of PTSD and chronic back pain from previous injuries; an older Somalian man with a disability who was tortured and imprisoned back home and was dealing with extreme social isolation, poverty, and conflicts with his neighbours; and young Nigerian man in his 20s struggling with a diagnosis of HIV and with conflict between his sexuality and his devoted Christian faith.

Effective CIC with refugee survivors calls for creative, flexible, and community-based interventions, as well as problem-solving that goes beyond the typical micro-level, client-therapist-only, conventional counselling or therapy (Gorman, 2001). Due to GARs' unique backgrounds, needs, and the significant cultural distances between them and clinical psychology graduate students (i.e., predominantly English-speaking, Canadian-born individuals), working with GARs offers student therapists an unparalleled learning opportunity to engage and refine their competencies and skills in multicultural therapy and social justice advocacy.

### ***Conceptual and Philosophical Bases of the Practicum***

Refugees' experiences of torture and trauma are complex, involving social, moral, and ethical injustices and injuries (Kuo et al., *In revisions*). Therefore, I grounded the training practicum in a number of principles for the intervention and healing processes for refugee survivors. These include (a) incorporation of a social-ecological transactional framework, established on the basis of multiculturalism and traumatology, (b) utilization of a multilevel and multifaceted intervention and helping approach, and (c) involvement of interprofessional collaboration or collaborative client-centred practice (American Psychological Association [APA], 2010; Gorman, 2001). Culture-infused counselling and mental health services for culturally diverse clients, such as refugees, can be most effectively accomplished through incorporating and integrating the support of various professional and community sectors, with the therapist being the central advocate (Kuo et al., *In revisions*). These concepts represent supportive and relevant operating elements in a client's mesosystem and

exosystem, according to Bronfenbrenner's (1979) social-ecological theory. According to Bronfenbrenner's social-ecological theory, the *mesosystem* represents the connection, interplay, and interaction among an individual's most immediate microsystems, such as family, school, and peers. On the other hand, Bronfenbrenner confers to the *exosystem* to denote the various resources available to an individual at the community-level, including supportive networks, social services, school resources, health/welfare services, and legal services (Bronfenbrenner, 1979). Hence, this social-ecological framework forms the foundational underpinnings and the governing principles of this service-based multicultural practicum.

In terms of training philosophy, I attempted to establish the practicum on the basis of (a) experiential learning for multicultural counselling education, especially through cultural immersion programs and/or supervised multicultural practice and (b) development of therapist trainees' skills in advocacy, outreach, and interprofessional-community collaboration at the mesolevel, incorporating critical elements of the clients' mesosystem and exosystem in the helping process (Barden & Greene, 2015; Smith et al., 2006; Vera & Speight, 2007). Ultimately, this practicum-based training aims to afford students a direct, hands-on opportunity to implement and hone their multicultural competencies across the CIC domains of cultural awareness, reflection on social location, and culturally responsive and socially just working alliance and change processes, with the support of multicultural supervision. In the context of this practicum, multicultural supervision refers to a supervision approach and process that is grounded in the principles of multicultural counselling competency and views *culture* and its influence as a core aspect of person's personhood, identity, and helping relationship.

### ***Structure, Content, and Learning Conditions of the Practicum***

Owing to the specific objectives of this service- and community-based practicum and the unique refugee survivor client population it serves, I resorted to multiple experiential teaching and learning modalities to help create a supportive and stimulating learning environment for the trainees. Prevailing multicultural and diversity education for counsellors in the USA and Canada has been criticized as very much limited to the in-class didactic course model and as being narrowly focused on increasing trainee's cognitive knowledge (Cates & Schaeffe, 2009; Pieterse, 2009). For this reason, I wanted to offer my students a more challenging and more comprehensive learning experience through this practicum. Thus, the methods of training and instruction used in the practicum include both didactic and experiential elements, which address training topics and issues that cut across the CIC levels of intervention.



### **Cultural Competency Development: Supervised Predoctoral Internship Training on Multicultural Therapy**

One of the most rewarding clinical training experiences in my career stems from my full-year predoctoral internship training at the *Student Counselling Services* at Iowa State University in 2000–2001. Of particular significance to my own cultural competency development was the opportunity I received to undertake a *multicultural and diversity*-focused rotation during that internship. Although I had already accumulated some counselling and clinical experiences with immigrant, ethnic, and racial minority client populations by that time, it was this training rotation that opened me up to an even broader scope of diversity issues, including sexual orientation, first-generation college students, native/aboriginal cultures, and religiosity. Not only was I assigned to work with clients from diverse cultural backgrounds with varied cultural-clinical issues of which I had no previous experience, but I was also given support and guidance by several supervisors who had expertise and experience in multicultural counselling services and training. It was within this training and supervisory learning environment that I began to process and integrate what I had previously learned about the concepts, principles, and ideals of multicultural counselling and to implement them in a *real* and *hands-on* manner. The affective and relational components of my learning, through interacting, connecting with, and sometimes being challenged by my diverse clients, were tremendous, and they could not be replaced by any amount of reading or studying multicultural principles or case examples. The experience was so profound that I still use many case anecdotes from my internship days to help illustrate concepts in my teaching of multicultural counselling and clinical supervision today. Because of this training experience, I have become a strong believer that only through experiential learning, working directly with clients, will a counsellor come to fully appreciate the many nuances and intricacies of the counselling relationship and become an effective counsellor. The development of multicultural counselling competence is no exception to that rule. This conviction is reflected in the present multicultural therapy practicum.

### ***Didactic Training Component***

The student therapists begin the practicum with the basic knowledge they gained from the multicultural counselling and psychotherapy course. The initial 6–7 weeks of the practicum uses a small group seminar format devoted to orienting student trainees to the overall structure and operation of the practicum course. Students are given a list of assigned readings that deal with literature pertaining to critical cultural, clinical, ethical, procedural, and logistic issues relevant to working with refugee survivors. Students facilitate and present the various topics to their peers in the class setting under the instructor's guidance. In terms of macro as well as micro

topics related to refugee survivors, the didactic component of the practicum reviews issues of social, psychological, and political nature: consequences of torture and trauma, PTSD symptoms, recovery, acculturation and cultural adjustment, multiplicity of cultural identities, cultural/language barriers, and psychotherapy models associated with working with this population. Additionally, other micro- and meso-level topics concerning how to conduct therapy with language interpreters, manage therapists' vicarious traumatization, and handle ethical and procedural concerns unique to this university-community partnership, which has an interprofessional team of service providers and stakeholders (e.g., student therapist, case manager, language interpreters, faculty supervisor), are carefully reviewed and discussed in this segment of the training. Of note, training and discussion around the subject of vicarious traumatization is of particular importance for counsellors and therapists working with refugee survivors of trauma and torture because of the unique characteristics and histories of this client population. Vicarious traumatization (also known as secondary traumatization) refers to the phenomenon by which a therapist is significantly affected by his/her client's life events expressed through the therapy work, such as the client's experiences of trauma, injury, or serious harm. Vicarious traumatization can lead to changes in the therapist's view of self, others, and the world.

### *Experiential Training Component*

Beyond this didactic learning component lies the hands-on, skill/behaviour-oriented, experiential training component that constitutes the mainstay of this multicultural therapy practicum. Domains III and IV of the revised CIC framework highlight the importance of counsellors' ability to assess and remove current systemic or organizational barriers that are impinging on the health and well-being of culturally diverse clients. Accordingly, this component of the practicum is designed to prepare student therapists not only to work proficiently with their refugee clients at the micro process therapy level but also to expose them to working within an interprofessional collaborative framework involving the partner community agency and other potential service providers and stakeholders within the refugee clients' meso-system and exosystem.

For example, to enable student therapists to work with a language interpreter effectively in therapy, a 2-hour training workshop titled Therapeutic Use of Interpreters is delivered to the trainees. The workshop is instructed by an invited, outside instructor who teaches professional language interpreters at the local college. Through lecture, discussion, and role-play, the seminar is intended to orient trainees to the intricacies of communicating with clients who use a different language; the involvement of the language interpreter in the therapy process; and the procedural and ethical implications of this trio-therapy arrangement. As well, a community visit and outreach component is built into the early part of the practicum. The course instructor brings the students on an outreach visit to the off-campus partner agency, the Multicultural Council. At this event, the student therapists are formally introduced to the agency and its services for refugees and meet directly

with the coordinator and the case managers of the refugee resettlement program so as to begin building a working relationship. The respective roles and responsibilities of the therapist, the supervisor, the case manager, and the agency coordinator on this interprofessional team are clearly defined and specified at this outreach meeting, prior to receiving client referrals. Moreover, to evaluate the effectiveness of the services provided through the practicum, a meeting between the case managers, the coordinator of the Multicultural Council, the student trainees, and the practicum course supervisor is held at the conclusion of the practicum. In this meeting, partners in this university-community project share and discuss ideas and successes, as well as issues that arose over the past year, to seek ways to strengthen and improve the partnership in providing support for future refugee clients.

These and other training activities expose students to knowledge, skills, and resources above and beyond in-class multicultural learning for helping refugees. They allow students to counsel and to help their clients from a more comprehensive, community-grounded, meso-framework. This training and intervention approach transcends the narrowly prescribed one-to-one client-therapist interaction that is typical of Western counselling and psychotherapy practices. As a result, this multicultural training model aligns with the American Psychological Association (APA, 2010) recommended social-ecological model of interventions in addressing refugees' distinctive cultural and psychosocial needs.

In the following section, I present a therapy case example to further demonstrate and highlight several principal features of the refugee-serving multicultural therapy practicum. Although the case example involves counselling interventions at the micro-, meso-, and, to a lesser degree, macrolevels, I will focus more on the changes and interactions between the client and the therapist at the mesolevel, incorporating and involving elements of the *mesosystem* and the *exosystem* of the client. In particular, I hope to highlight aspects of community-based intervention, outreach, advocacy, and interprofessional collaboration. To ensure anonymity for the client, the demographic backgrounds of the client and the therapist, and certain details related to the therapy process, have been modified in the case description below.

## **Case Example of Luah and Crystal**

### ***An Overview of the Case and Its Therapeutic Processes***

The present case is based on a dyadic therapy between Luah, a 45-year-old Karen-speaking female refugee client from Burma, and her therapist Crystal, a 29-year-old, Caucasian Canadian female clinical psychology student – a therapeutic working relationship established over 10 therapy sessions within the multicultural therapy practicum. At the start of the therapy, Luah had been married to her husband for 12 years and was a mother of three children, aged 5, 9, and 11 years old. Luah, her husband, and her extended family identified themselves as Christians of the Karen ethnic minority in Burma. Luah and her family had been in Canada for 2 years as

GARs. Back in Burma, Luah was raised in a large family with 11 younger siblings. She had very limited education and grew up facing considerable poverty, hardship, and persecution in Burma as a consequence of being a member of a religious and ethnic minority group in that country. Prior to coming to Canada, Luah spent 15 years living in a refugee camp in Thailand, where she met and married her husband. Consequently, Luah's personhood is characterized by a complex intersection of multiple identities, including being a woman, a mother, a wife, an eldest daughter, a refugee newcomer, a devout Christian, a Karen, and a person of low socioeconomic and education backgrounds, both back home and in Canada.

Luah was referred to Crystal by her case manager at the Multicultural Council, and the therapy was conducted with the assistance of a Karen-speaking interpreter. Initially, Luah reported having chronic health problems (ulcer and stress-related migraines) as well as being highly distressed, easily distracted, and having concentration difficulty, frequent nightmares, and insomnia. Luah reported that her difficulties were worsened, and she was grief-stricken, after she learned about the unexpected death of one of her beloved younger sisters, who resided in another city, shortly her first appointment with Crystal. Additionally, during the first few sessions with Crystal, Luah hinted at some marital tensions with her husband and "emotional pains," about which she was unwilling to elaborate at the time. It was not until the midpoint of their therapy work, after Luah had developed sufficient confidence and a close therapeutic relationship with Crystal, that Luah disclosed more about her lived experience related to the marital discord between her and her husband. Subsequently, in the 7th session, Luah confided to Crystal that her husband physically abused her and that, the night before, he had made a verbal threat to hurt the children. Luah reported the abuse as having continued on and often for several years. From that point onwards, Crystal's therapy with Luah immediately switched into a crisis counselling mode. With the support of Crystal, Luah decided to leave the abusive relationship, taking her three children with her, and subsequently pressed charges against her husband.

The subsequent counselling and support for Luah compelled Crystal to utilize and implement diverse helping, problem-solving, and intervention approaches and skills in a focused yet culturally-sensitive and flexible manner. With the support of her practicum supervisor, Crystal gradually expanded her role and the therapy to include outreach visits with Luah and her children at the shelter, psychoeducation and consultation for Luah, social advocacy for practical and logistic needs on behalf of Luah, and negotiation and facilitation of various social, community, and religious resources and organizations in support of Luah across the micro-, meso-, and macrolevels.

## **Highlights of the Key Processes of the Case**

In the section below, five unique elements of this live, training-service multicultural practicum are highlighted, elaborated, and illustrated through a close analysis of Crystal's therapy with Luah.

### ***Development of Cultural Knowledge in Preparation for Working with the Client***

During the initial didactic, seminar portion of the training, Crystal was both nervous and excited about the prospective of working with, and providing therapy to, refugee survivors. Through the class readings, topical presentations, and guided discussions in the weekly practicum class, the clinical perspectives of Crystal and her peers, as novice therapists, were challenged and expanded. They came to learn and appreciate the complex therapeutic, cultural, and social issues faced by refugee survivors on a day-to-day basis. The on-site outreach visit at the Multicultural Council and the workshop training on working with language interpreters opened Crystal's eyes to additional dimensions of helping beyond what she had already learned in the coursework of her clinical psychology program. Within this learning context, Crystal gained macro- and mesolevel knowledge about Canadian immigration policy regarding refugees, specific settlement programs, services tailored to refugees and immigrants, and locally available social and health resources for refugees. This information was both informative and, at the same time, overwhelming for Crystal. However, she realized that her perspectives on therapy and helping with culturally diverse community clients were being stretched and broadened effectively.

Participating in a role-play exercise in a mock therapy situation involving a language interpreter, during the *Therapeutic Use of Language Interpreter* training workshop, helped ease some of Crystal's initial anxiety about working with language interpreters in therapy. The workshop provided her with some concrete in-session skills to tune into multiple channels of communication within the client-interpreter-therapist triad. In addition, upon receiving the case assignment to work with Luah, Crystal immediately searched the Internet, and the available literature, to learn about the country of Burma, its cultures, and the sociopolitical history related to the Karen-speaking, Christian ethnic group of which Luah was a member. Through this process, Crystal was further exposed to, and learned about, the macrolevel historical and sociopolitical conditions associated with her client. Not only did this newly acquired cultural knowledge equip Crystal with some basic, culture-specific information about Luah's background, but also the information challenged some of Crystal's previously held preconceptions and stereotypes. For instance, prior to this research Crystal thought that Burmese people belonged homogenously to the Buddhist religion. Crystal's efforts to increase her cultural knowledge and awareness about the client's background characteristics underscore Domains I and II of the revised CIC framework, which focus on awareness of both client and counsellor cultural identities and social locations; specifically, counsellors are cautioned against misusing general cultural knowledge in ways that stereotype clients, and it encourages therapists to continually readjust their cultural lens to include new knowledge.

### ***Removal of Service Barriers and Bridging of Service Gaps***

One of the major contributing factors for the underutilization of mental health services among racial and ethnic populations in North America is logistic and/or involves institutional service barriers (Sue & Sue, 2016), which include service availability and accessibility. Consequently, to better serve refugee newcomers, the multicultural therapy practicum sets a priority on overcoming or minimizing potential logistic barriers that might hinder refugee clients from attending therapy through the university clinic. Even before meeting Luah, and being able to work with her, Crystal had to proactively advocate and problem-solve around three immediate, pragmatic obstacles that might have directly and indirectly impacted Luah's ability to attend therapy: language, transportation, and childcare. Compelled by these necessities, Crystal first contacted Luah's case manager at the agency. With the case manager's assistance, a Karen-speaking language interpreter was identified and secured through the agency's Translation and Interpretation Services. Further, extra care was taken to acquire a female interpreter, because of the sensitive nature of Luah's presenting concerns and the need to respect Karen culture's code surrounding communication restrictions between women and men. Crystal, secondly, requested and arranged a regular taxi (reimbursed by the agency) to transport Luah from her home to the clinic for the scheduled appointment and then to drive her home after the session, which resolved the transportation concern.

Thirdly, Crystal sought a childcare arrangement for Luah's youngest child to free Luah's time up to come to the therapy sessions. The solution did not come easily, due to Luah's time and financial constraints. Fortunately, after creative and persistent negotiations among Luah, the case manager, and Crystal, a low-cost community program for children at another local social service agency was obtained for Luah's 5-year-old son during the weekly therapy time. While these pragmatic needs might seem somewhat trivial and involve services that are *taken for granted* by more affluent, well-supported, non-refugee/immigrant clients, advocating for these concrete auxiliary support services were vital in bridging the structural gaps in accessing mental health services for refugee clients like Luah (APA, 2010). These case management and advocacy efforts characterize culturally responsive, good therapy practices in working with refugee newcomers; they went a long way in ensuring a stable and lasting therapy working relationship between Luah and Crystal.

### ***Attention to the Client's and the Therapist's Multiple Identities and the Intersections Among Them***

Domains I and II of the revised CIC framework stipulate that therapists' ability to discern the most salient cultural identity and awareness of the intersection of multiple identities of their diverse clients constitutes a critical aspect of their

multicultural counselling competency. At first glance, there existed a conspicuous cultural distance between Luah and Crystal, given their respective distinct backgrounds and personal characteristics. Unquestionably, Luah, being a mother in her mid-40s and a Karen-speaking refugee newcomer from Burma, who did not speak English and held a Christian faith, stood in a stark contrast to Crystal, a highly educated professional and graduate student, a married woman without children, in her late 20s, who is a native English speaker and a Canadian-born citizen with no strong affiliation to any religious faith. However, as the thesis of this chapter argues, this cultural distance provides an exceptional opportunity and learning condition for therapists to develop, exercise, and strengthen their multicultural counselling and social advocacy competencies.

As a case in point, when Crystal began to work with Luah, she was made keenly aware of their cultural distance and the need to carefully attend to Luah's multilayered identities and to how the identities and cultural forces faced by Luah interfaced with her own identities. Based on the previous multicultural knowledge Crystal had gained through reading about racial and ethnic identity and the ongoing multicultural supervision she was receiving in this practicum, Crystal was made aware of Luah's cultural identities, the intersections of various identities, and how these influences might impinge on Luah's worldviews, well-being, and decisions, as well as on Crystal's approaches to interventions and case conceptualization. As an example, Luah's initial reluctance to disclose her domestic abuse experience in therapy was more accurately understood and construed as a consequence of combined multilayered identity forces and cultural influences. Her avoidance of disclosing the domestic violence to Crystal could be attributed to her unique social locations and multiple identities: her culturally prescribed gender role identity as a woman, who should tolerate her husband's misconduct; her ethnocultural norm and taboo against sharing family *dirty laundry* with outsiders; her entrenched Christian belief that she must forgive her husband's wrongdoing (*turn the other cheek*) and hope and pray for his repentance; and her conditioning as a mother to want to keep the family intact for her children's sake. In addition, Crystal was aware that Luah's lack of resources, information, and familiarity with Canadian systems made it difficult for her, as a refugee, to seek out the external help that was available. Seeing Luah's dilemma in this cultural and contextual light, Crystal was more able to approach Luah with a greater sense of cultural empathy and to work with more accurate conceptualizations.

In regard to the specific issue of domestic violence, with the support of the group supervision, Crystal worked out a multipronged approach to help Luah explore and negotiate through diverse cultural expectations and external forces. Crystal opted to tactfully and gently probe Luah's concern, while providing Luah with timely psychoeducation – information about domestic violence, child abuse, and their effects on and resources for victims. She also clarified with Luah the Karen culture's prescribed norm about family violence and its means of resolution, appealed to Luah's Christian beliefs and teachings against violence, encouraged her to confide her "emotional pains" to trusted clergy in her church community, and affirmed her strong will and determination to protect her three children from harm in her role of mother.



Moreover, Crystal's first-hand contact through therapy with Luah, a refugee woman, in this experiential training environment, forced Crystal to reflect upon her own identities and social locations. In terms of gender identity, the issue of domestic violence triggered strong emotional reactions for Crystal, because she considered herself to be a feminist and a vigorous proponent of gender equality. She was strongly opposed to violence against women and children. In exploring the suspected domestic conflicts with Luah, Crystal came to realize the challenge of keeping her own cultural and professional values and assumptions in check and refraining from reacting or making judgments based on her instincts and reflexes. These included Crystal's own beliefs about marital relationships, spousal rights, and the use of corporeal punishment for disciplining children, all of which are rooted in the dominant European Canadian culture and differed substantially from Luah's Karen cultural norms and standards.

The therapy work with Luah further prompted Crystal to reflect upon her own identity as a Canadian-born, second-generation immigrant, born of first-generation immigrant parents from central Europe. Even though Crystal was a native-born Canadian citizen, she recalled the migration experiences and hardships her grandparents and parents had undergone as foreign-born immigrants in Canada. Crystal recounted her own struggles while trying to *fit in* with other non-immigrant kids in school and the need to negotiate the intergenerational cultural differences between herself and her parents and between Canadian mainstream values and her parents' more "traditional" beliefs. At the same time, through witnessing Luah's many disadvantages as a refugee, Crystal came to reevaluate and acknowledge the many privileges associated with her own social location. This first-hand, reflective process of learning not only deepened Crystal's own sense of personal and cultural identity but also helped foster her clinical and cultural empathy towards Luah and her family's struggles as refugees.

### ***Engagement in Community Collaborations and Social Advocacy Interventions***

The opportunity to integrate community-based resources and advocacy interventions into the process of counselling and psychotherapy with refugee survivors marks a distinctive feature of this model of multicultural therapy training. The high degree of basic subsistence needs among refugee newcomers in the areas of language, finance, housing, health care, employment, legal, and immigration concerns significantly affects their overall physical and psychological well-being (APA, 2010). Consequently, culture-infused and responsive therapy interventions for refugee newcomers invariably entail advocating for additional logistic and subsistence supports by the therapist with, or on behalf of, their clients. As stated in the thesis of this chapter, this service-based and community-partnered multicultural therapy

practicum offers an ideal learning ground for therapist trainees to engage in advocacy services as they work to support refugee newcomers.

Incidentally, throughout the process of providing therapy to Luah, Crystal was compelled to assume the role of a change agent both with and on behalf of Luah on many occasions. This began with negotiating interpretation, transportation, and childcare services for Luah. On the day of reporting the domestic abuse, Crystal accompanied Luah and acted as her emotional support, guide, advisor, negotiator, and, of course, therapist and mental health-care provider throughout the process. Crystal's helping roles were clearly expanded as she advocated for, and helped Luah navigate through, the complex and overwhelming processes involved in reporting the abuse and pressing charges against her husband. Crystal had to step in and act as Luah's advisor and spokesperson as they met and dealt with a steady stream of helpers: police officers, nurses, and medical staff at the hospital; social workers from Children's Aid Society; and Luah's case manager, interpreter, and shelter staff.

Crystal's advocacy role continued even after the day of reporting the domestic violence. To ensure that Luah's therapy was not interrupted while Luah and her children were living in the women's shelter, Crystal requested the approval of the practicum supervisor and permission from the shelter director to allow her to see Luah on-site at the shelter to continue their therapy work. As a result, adjustments were made to the protocol of the practicum to include community outreach to accommodate the need of clients, such as Luah – an adjustment that was deeply appreciated by Luah. In addition, with Luah's consent, Crystal further advocated with the Children's Aid Society on behalf of Luah to acquire counselling and emotional support services for her three children. Through these efforts a social worker was secured and assigned to work with Luah's children to help address their adjustment difficulties and their emotional, social, and education needs.

Also, during a meeting between Luah and Crystal, Luah privately expressed to Crystal the difficulty she and her children were having with the unfamiliar Western food being served at the shelter. Realizing that this issue was significantly affecting the quality of their lived experiences in the shelter, Crystal brought the concern to the attention of the shelter coordinator. Through communicating with the shelter staff, Luah was given permission to prepare her own food in the shelter. Interestingly, this exchange unexpectedly prompted the shelter to reexamine their operational and governing policies around cultural sensitivity and accommodation for their clients, which led to some policy changes on the part of the women shelter, particularly around their clients' culture-specific or religious needs and accommodations. This stands as a good example of organizational changes that can be brought about through a therapist's activism and social advocacy on behalf of clients and the disadvantaged. Crystal came away from these learning experiences with a new perspective on, and appreciation of, the helping role and the helping process. Participation in changes at the institutional, mesolevel again broadened Crystal's previously held view as to what constitutes useful, culture-infused counselling and psychotherapy for clients with diverse backgrounds.

## ***Learning Through Group Supervision and Experiential Reflection***

As an experientially based multicultural training, another key feature of the practicum is its emphasis on culture-infused supervision and trainees' personal reflective learning. Within the structure of this practicum model, ongoing support for the therapist trainees and monitoring of their therapy work with refugee clients are provided through a 2-hour, weekly group supervision class that includes all the practicum students. The philosophical foundations of this multicultural supervision approach are grounded in multicultural and traumatology principles and community and social justice services. During these weekly supervision classes, Crystal and her peers took turns reporting on the progress of their therapy work with their respective refugee clients, as well as presenting and discussing selective clips from their videotaped therapy sessions. While the supervision is coordinated and guided by the course instructor/supervisor, an additional focus of the group supervision is to allow trainees to develop and hone their competence and skills in providing peer consultation for each other and to further their peer supervisory skills. The supervisor also offered additional individual supervision to Crystal and other trainees, on an *as needed* basis, at the initiation of either the trainee or the supervisor.

In her reflection, Crystal identified the intimate small group supervision approach in this practicum as invaluable. Crystal noted that, given the complex nature of her therapy work with Luah, she appreciated the ability to brainstorm and to garner many different perspectives, opinions, and suggestions for tackling difficult situations with Luah from her peers and the supervisor. Furthermore, having the opportunity to share her own struggles with Luah with her peers and, in return, hearing her peers share similar struggles with Luah with their refugee clients was very reassuring and validating for her, as a novice therapist learning about a new-to-her cultural situation. For example, during the group supervision, students talked about and processed their anxiety over having to manage the therapy process with the additional involvement of a language interpreter in the session; their struggles with trying to connect with refugee clients across language differences; and the emotional reactions they felt from listening to refugee clients' account of their traumas. Their shared experiences and the support they received from each other during this group supervision helped them normalize challenges they faced working with refugees and reinforced the learning they gained through the practicum.

Moreover, as part of the course assignments, Crystal and the other trainees undertook the writing of *critical incident journals* following each therapy session. This activity enabled trainees to reflect on, assess, and document their own learning processes and personal development through treating refugee survivors, with a special focus on the changes in their cognition, affect, and behaviours. The written content of these reflective journals also became the source of discussion and processing for trainees during the weekly supervision class. The combination of the small-group supervision and the therapists' own guided and reflective learning experience served to make this multicultural therapy training model deeply experiential and acutely meaningful for the students.

## Conclusion

There have been increasing calls for the multicultural counselling and training movement to respond to rising social justice issues (Arthur & Collins, 2016; Ginsberg & Sinacore, 2015), as well as to find *best practices* in advancing new methods of promoting culture-infused counselling practice and education (Kuo & Arcuri, 2014). In this chapter, I describe a novel, experiential approach to multicultural counselling and psychotherapy training for clinical psychology Ph.D. students: a live, training-service-based therapy practicum that incorporates into its training of students services for refugee survivors through social advocacy, community collaboration, and multilayered interventions. This hands-on, culture-infused practicum attempts to challenge and expand the scope, the methods, and the mandates of conventional multicultural counselling coursework, which is dominated by didactic, cognitive-based teaching. Through the case example of Luah and Crystal, the therapeutic benefits and the training potentials and challenges associated with this new multicultural therapy practicum were highlighted. This training model allows therapist trainees to participate directly in their clients' changes, both within, and outside, of the therapy room. It facilitates trainees' reflection on their development of clinical and multicultural competencies in relation to their own learning and through their service contribution to community-based clients at the micro-, meso-, and macrolevels of the revised CIC framework. As such, the multicultural therapy practicum stands as a promising, innovative model for training, preparing, and facilitating multicultural counselling and social advocacy competencies for future therapists and counsellors.

### Questions for Reflection or Discussion

1. The multicultural therapy practicum described in this chapter challenges counsellors to bring about changes at the micro-, meso-, and macrolevels and to engage in social advocacy, particularly when helping clients from nondominant populations. Think of an encounter or experience (personal or with your client) in which you had to act or respond to the situation at two or more of these levels (e.g., having to advocate for, or speak on behalf of, yourself or a peer/client in the face of a higher authority). Describe what that experience was like for you and the implications for you as a counsellor.
2. In reading the case example of Luah and Crystal, what struck you most about this particular case? If you were Luah's counsellor, what would you have found most challenging about working with Luah? What does this suggest about your current level of awareness of your own cultural identity and the cultural characteristics and identities of refugees?

3. In what ways were the counselling processes and relationship between Luah and Crystal different from, or similar to, most client-counsellor interactions? Which aspects were key to developing an effective and respectful working alliance with Luah?
4. I have argued that hands-on, experiential learning involving direct contact with culturally diverse clients is a helpful, perhaps even necessary, element in developing a counsellor's true multicultural counselling competence, particularly in terms of acquiring multicultural skills and building a culturally responsive and socially just relationship. Take a few minutes to consider what opportunities or avenues you might undertake in your current training or practice setting to increase your opportunity or exposure to working with clients of diverse backgrounds.

### Learning Activities

1. Find someone you know who is a relatively recent refugee or immigrant (migrated to the host culture within the last 10 years). Request an interview with this individual to learn about this person's experience as a newcomer, including both positive and negative aspects of the person's migration both prior to and after their arrival. Then, place yourself in this person's shoes and think about what kind of help you would need from a counsellor.
2. In helping refugee and immigrant clients, counsellors who use the revised CIC framework outlined in Chap. 2 should be familiar with local social services and resources available to newcomers to support their counselling work with these populations. Research the services or programs in your neighbourhood or community that are designed to serve and support newcomer populations. Collect this information for your own resources.  
If permissible, make an appointment and plan a trip to visit your local immigrant-refugee serving centres/organizations and other social services agencies, such as shelters. Orient yourself to these support services and, better yet, establish a working relationship with the staff in these organizations.
3. It is beneficial and eye-opening for counsellors to experience what it is like to conduct counselling and therapy with the aid of a language interpreter. If you never have such an opportunity, try doing the following exercise. Conduct a mock interview or counselling session with someone (i.e., a classmate or colleague), *the client*, who speaks a different language from you, and another bilingual person, who speaks both the language of your *client* and your language, as the language interpreter. Process your experience and reactions after the exercise with your *client* and *interpreter*.

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**Part III**  
**Future Directions**

# Chapter 17

## Culture-Infused Counselling: Moving Forward with Applied Activism and Advocacy



Nancy Arthur

### Introduction

The field of multicultural counselling has shifted from a focus on the cultural identities of clients and other people to emphasizing that counsellors are also cultural beings. Self-awareness of personal cultural identities is a foundation of practice. Indeed, the starting point for developing mutual cultural empathy is to deeply engage in reflection about personal worldviews, identities, and social locations – our own and those of the people served by counsellors. The emphasis on reflection and awareness is integral for practising cultural humility (Hook et al., 2016) and to be open and curious about the lifeworlds of other people. Although cultural sensitivity is necessary, it is not sufficient for practising from the revised culture-infused counselling (CIC) framework described in Chap. 2. It is important for counsellors to move beyond cultural sensitivity and mobilize action, within the working alliance and beyond (Arthur & McMahon, in press; Mosher et al., 2017). It took a long time for culturally responsive practices to be considered as core to ethical practices with all clients (Arredondo & Toporek, 2004; Pedersen, 2001). Currently, there is strong momentum to position social justice as central to ethical practice in the field of multicultural counselling (Fouad, Gerstein, & Toporek, 2006; Ginsberg & Sinacore, 2015; Kennedy & Arthur, 2014). It has been more than a decade since the call for social justice counselling was introduced to multicultural counselling (e.g. Ratts, 2009; Speight & Vera, 2004; Vera & Speight, 2003). Perhaps at the end of another decade, we will look back on the field of multicultural counselling and notice that socially just change processes are commonly practised. However, that will take a concerted effort to continue to make advances in the conceptualization and practice of multicultural counselling.

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N. Arthur (ed.), *Counselling in Cultural Contexts*, International and Cultural Psychology, [https://doi.org/10.1007/978-3-030-00090-5\\_17](https://doi.org/10.1007/978-3-030-00090-5_17)

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In this concluding chapter, the discussion focuses on moving forward with CIC and strengthening a commitment to applied activism and advocacy. Readers are encouraged to target professional learning to enhance their competency in the four domains of the revised CIC framework presented in Chap. 2. Contemporary issues for the practice of CIC are described, including calls to action for reconciliation and reform to address historical oppression and current social inequities. Controversies are discussed related to the political nature of counselling and the tensions between supporting clients to adjust to systems versus challenging and changing systems. Readers are invited to reflect about advocacy and social activism and how they can take action, individually and collectively, as allies for social change. CIC involves intentional action, based from an ethical stance of social justice, to guide professional roles and responsibilities for challenging and changing systems.

## **Counsellor Education and Supervision: Strengthening Pedagogy**

Culturally infused and socially just professional practices are fundamental to CIC (Arthur, [in press](#); Collins & Arthur, 2018) and need to be matched by innovative pedagogy in counsellor education. In particular, more research is needed about ways to infuse theory and practice related to social justice in counsellor education (e.g. Arthur & Collins, 2015a; Brown, Collins, & Arthur, 2014; Sinacore, Ginsberg, & Kassan, 2012; Sinacore & Kassan, 2011). Students are often confronted with the requirement to be prepared with competencies that are disconnected from critical discourse within the curriculum of counsellor education programs or confined to one specialist course. Students require mentoring and practical opportunities to apply complex concepts beyond the classroom and in community contexts (Collins, Arthur, Brown, & Kennedy, 2015; Sinacore & Kassan, 2011). Social justice pedagogy needs to shift from a competency orientation to a more holistic and comprehensive approach to social and classroom interactions that involve critique about power and privilege and the relative influences of people's social locations (Gazzola, LaMarre, & Smoliak, 2018). Curriculum content also needs to be connected to the realities of practice, such as managing value conflicts, working with limited resources, competition between agencies for public funding, managing caseloads with complex client concerns, and how to practise advocacy and activism within the constraints of public agencies. Experienced practitioners have indicated that they want to learn more about how to translate ideas about social justice into action, and many would like more training and education on social justice (e.g. Arthur, Collins, Marshall, & McMahon, 2013). On an encouraging note, practitioners have offered many examples about how they have enacted culturally responsive and socially just change processes in their work, both formally and informally (e.g. Collins, Arthur, & Brown, 2013).

More professional resources are needed that offer examples of how counsellors implement applied activism and advocacy to promote change on multiple systems levels. Part of the rationale for producing this book was to contribute to filling that

gap. The voices of counsellor practitioners are essential for moving the field of multicultural counselling further. Theory informs practice and practice informs theory. Moving beyond the rationale to substantiate culture and social justice as core concepts for multicultural counselling requires strengthening the translation of concepts to practise applications. As noted in Chap. 1, significant updates have been made to codes of ethics and standards of practice to support counsellors to integrate culturally responsive and socially just practices in their professional roles. However, counsellor practitioners who adopt CIC have a great deal to contribute to future revisions of practice models, codes of ethics, and standards of practice.

As the authors of the previous chapters illustrate, counsellor practitioners are able to apply social activism and advocacy in their roles to address social justice. Examples of such applications are encouraged as part of case presentations and discussions in individual practice settings and also as part of the agenda of professional training and development functions, such as conferences. It is through such venues that counsellors can learn from each other and engage in the challenging conversations that move the field forward. For example, in a field-testing process, topics identified by students and counsellor practitioners through research were presented in a workshop at a national conference (Arthur & Collins, 2012). Topics included ethics, values conflicts, privilege and power, forms of social advocacy, and how to advance a social change agenda. The feedback obtained from counsellor practitioners at the workshop helped to better understand issues and solutions for counsellor education. Consequently, a selection of material was published in a professional resource (Collins & Arthur, 2018) and has been used to inform curriculum in graduate education. This example shows how research can be used to bridge the connections between theory, practice, and professional education.

### *Culture-Infused Counselling Supervision*

It has been identified that the quality of the relationship between counsellors and supervisors is important for improving the relationship between counsellors and their clients (Arthur & Collins, 2015b, 2016; Bernard & Goodyear, 2014). Presumably, the supervisory relationship can be intentionally leveraged to parallel many of the same processes that occur between counsellors and their clients. For example, in a trusted supervisory relationship, the exploration of intersectionality and personal cultural identities (Peters, 2017), social locations, and experiences of privilege and disadvantage may be used to model such exploration with clients. Developing a trusted working alliance between supervisors and supervisees can help supervisees feel more confident about building and negotiating a strong working alliance with their clients (Bernard & Goodyear, 2014).

One of the more challenging conversations for supervisors and supervisees is about how power and privilege are influential in their relationship and how power and privilege might play out in relationships with clients. Transparency about such issues in supervision offers possibilities that might otherwise remain unexplored but critical for the dynamics between supervisor and supervisee and between counsel-

lors and clients. In tandem, discussion of contextual influences on client's presenting issues may lead to new interpretations and potential actions identified through supervision. In supervision designed to enhance multicultural counselling, attending to social justice advocacy is essential (Fallender, Shafranski, & Falicov, 2014).

The cultural auditing process (Arthur & Collins, 2010a; Collins, Arthur, & Wong-Wylie, 2010) outlined in Chap. 2 offers useful prompts to encourage conversation about foundational concepts related to culture and social justice through supervision. Supervisors on campus and in the field are responsible for taking the lead to discuss the connections between clients' presenting issues and potential links with social inequities (Arthur & Collins, 2015b, 2016); otherwise, supervisors are complicit in perpetuating the status quo through not attending to social justice issues in counselling and modelling other forms of advocacy (Mackie & Boucher, 2018).

The supervisory literature tends to be written with students represented as supervisees and supervisors as experienced counsellors. Some supervisors are leading the field and infusing culturally responsive and socially just approaches to supervision in community-based practice settings (Arthur & Collins, 2016, 2017). Yet, some supervisors may not have had professional education related to supervision, multicultural counselling, or multicultural counselling supervision (Fallender et al., 2014). It is often the case that supervisees are more up to date about conceptual knowledge that is embedded in counsellor education and can share their expertise with the practice expertise held by their supervisors. As counsellor educators plan to enhance curriculum content related to multicultural counselling and social justice, it would be remiss to neglect the input and learning needs of supervisors who provide hours of supervision and training in community-based practice sites.

### *Continued Professional Learning*

To reiterate a point made in Chap. 1, the process of gaining cultural competency is not a single event, rather a lifelong journey of discovery and growth. Readers are invited to reflect on their learning about culturally responsive and socially just practices, outlined in the revised CIC framework presented in Chap. 2 and as applied by the authors in chapters that followed. Through targeting learning goals and processes, readers can identify specific topics, strategies, and ways to integrate their learning into practice (Toporek & Reza, 2001). Continued professional learning is more than identifying specific competencies and checking them off a list. Learning about culture and social justice to inform applied activism and advocacy is ongoing throughout our lifeworlds and throughout our professional careers.

During the course of more than 30 years, an abundance of material has been published to substantiate multicultural counselling competency. There have been recent advances made in the development of competency frameworks to incorporate a strong emphasis on social justice and action to address systems change at multiple levels (e.g. Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015, 2016). However, more research is needed to explore how students and professionals actually use these resources to expand their competency and ethical practice with all

Four Domains of the Revised CIC Framework and Core Competencies	Targets for Continued Learning	Strategies and Resources	Evidence of Application
<p><b>Domain I: Salience of Client and Counsellor Cultural Identities</b></p> <ol style="list-style-type: none"> <li>1. Reflect critically on your own cultural identities.</li> <li>2. Assess and appreciate the cultural identities of your clients.</li> <li>3. Acknowledge the subjectivity of your worldview and cultural identities.</li> </ol>			
<p><b>Domain II: Critical Reflection on Client and Counsellor Social Locations</b></p> <ol style="list-style-type: none"> <li>4. Assess critically the relationship between culture and social location.</li> <li>5. Evaluate and challenge the social injustices that impinge on the health and wellbeing of nondominant populations.</li> <li>6. Analyze critically the discrepancy between your social location and that of your client(s).</li> <li>7. Commit to values-based, culturally responsive, and socially just practice.</li> </ol>			
<p><b>Domain III: Culturally Responsive and Socially Just Working Alliance</b></p> <ol style="list-style-type: none"> <li>8. Establish a culturally responsive and socially just metatheoretical lens.</li> <li>9. Foster mutual cultural empathy with clients.</li> <li>10. Engage in cultural inquiry about client identities and social locations.</li> <li>11. Nurture constructive collaboration with clients.</li> <li>12. Collaborate to co-construct preferred outcomes that are responsive to cultural identities and social locations.</li> </ol>			
<p><b>Domain IV: Culturally Responsive and Socially Just Change Processes</b></p> <ol style="list-style-type: none"> <li>13. Collaborate to co-construct change processes that are responsive to cultural identities and social locations.</li> <li>14. Implement and evaluate culturally responsive and socially just interventions at the microlevel in collaboration with clients.</li> <li>15. Implement and evaluate culturally responsive and socially just interventions at the mesolevel in collaboration with, or on behalf of, clients.</li> <li>16. Engage in social justice action at the macrolevel on behalf of clients.</li> </ol>			

**Fig. 17.1** A framework for continued learning and competency development. (Adapted from Toporek & Reza, 2001). (Note: The domains and core competencies in this table are an evolution of the culture-infused counselling model created by Collins and Arthur (2010a, 2010b). Copyright Arthur & Collins, 2017; Collins & Arthur, 2017)

clients. Recent competency frameworks take a more integrated approach, to draw connection to the development of awareness, knowledge, and skills within each core principle of the domains. After reading the chapters in this book, readers are encouraged to revisit the revised CIC framework discussed in Chap. 2 and described in Fig. 17.1. Readers will notice degrees of overlap between the content of the Ratts et al. (2015, 2016) competency framework and the revised CIC framework and competencies in four domains presented in Chap. 2, even though they were developed independently. Readers are encouraged to determine specific areas for continued learning and professional growth, strategies, and resources for competency development and to determine ways to apply and evaluate their targeted learning goals in practice (Toporek & Reza, 2001). In addition to competency frameworks, there are practice guidelines that address specific populations while taking contextual influences and intersectionality of identities and social locations into account (American Psychological Association, [APA], 2017). Again, readers are referred to the examples of practice guidelines outlined in Chaps. 1 and 2 for resources from which to self-assess and select topics for continued professional development.

In addition to the resources outlined in the introductory chapters of the book, readers are encouraged to access the reflection questions and learning activities that chapter authors provided at the end of each of the chapters in this book. Chapter authors customized this material to help readers consider how key concepts are applied in practice. The reflections and learning activities offer a variety of individual and small group exercises that are designed to be provocative and practical. Both directly and indirectly, many of the reflection questions and learning activities at the end of the chapters are designed to support counsellors with knowledge and practices about applied activism and social advocacy.

When discussing the emphasis in CIC on social justice and multiple system levels of intervention, students have shown a range of reactions, e.g. curiosity, passion, confusion, feeling overwhelmed, excitement, guilt, and shame. I was reminded by a student that not everyone is starting in the same place and that it might take more time and more experience to fully adopt the model and/or find ways to integrate the ideas into practice. This was a good reminder to enter into the lifeworld of people where they are and to not make assumptions.

There is a parallel discussion about our expectations for clients and if counsellors might inadvertently impose an agenda of expecting clients to want to be fully out in all aspects of their lives, strive for bicultural identity, and/or stand up for their rights at a pace or in ways that might not be comfortable or even safe for them.

This deep discussion occurred as students expressed concerns about their unintentional biases of helping that might come from a place of privilege and power, through imposing their knowledge as a preferred agenda, for clients who do not see or have resources to make change, and how our views might



not fit their life realities. We have also discussed the assumption that giving up privilege is a take-away position and it is hard to give up power. However, we also considered the nature of power that would be given up and the benefits that might occur – for ourselves and for other people – through sharing power and revising our social relationships.

Through self-assessment, counsellors implementing CIC can identify their areas of strength and challenges for practice. Counsellors are encouraged to share ideas for practice and identity topics for future professional development. For example, as part of strategic planning around cultural competency, a group of counsellors in a community-based practice recognized that they needed more understanding about Indigenous worldviews to inform their community outreach services. Another group of settlement counsellors in an immigration agency identified that they needed more information about CIC in their work with newcomers with complex needs. In a post-secondary setting, counsellors invited a consultant to discuss cultural influences on the presentation and treatment of trauma. To clarify, one workshop or training event does not end the need to pursue ongoing learning and expand cultural competency. These are only a few examples of how individuals have identified common learning needs and maximized resources for professional learning.

The cultural auditing process (Arthur & Collins, 2010b; Collins et al., 2010) introduced in Chap. 2 also provides counsellors with a tool for everyday practice and for targeting professional development. Through self-assessment, counsellors can discover which of the 13 process steps they are more comfortable using and which processes or prompts associated with the tool may be linked to goals for continued learning. The cultural auditing process can be customized for working in specialist areas of counselling (e.g. Arthur, 2017). Counsellors may want to consider new prompts and ways to incorporate cultural auditing into individual, group, and family counselling and into supervision, including peer supervision.

The resources that are mentioned in this section of the chapters are tools that can be used to augment formal learning about multicultural counselling. However, there are many informal ways that people can learn more about culture and social justice in the local community, through volunteer work, through participating in local events, and through informal means such as popular media that is centred in particular cultural contexts. Travel is a good way to gain perspective about other countries and cultures and also helps to gain perspective and self-awareness about personal cultural identities. However, travel is not always about going to other countries; it is a metaphor for the journey of discovery within and beyond the boundaries of one's usual home context. Whether through formal or informal means, counsellors are encouraged to continually seek opportunities to enhance their learning for CIC.

## Taking Action Forward: Enacting an Ethical Stance of Social Justice

The chapters in this book offered case examples, using a CIC lens, to inform practice at multiple systems levels. The chapter authors were intentional about modeling the ways that the four domains of the revised CIC framework were infused and adapted for their professional practices. Authors contributed case studies to demonstrate how they have enacted advocacy through social-just change processes – with individual clients, on their behalf, through working in the community, and in efforts to change policies and practices of agencies, organizations, and public programs and services. Many of the system-level interventions, illustrated in the chapters, involved standing as allies with their clients, on behalf of clients, or on behalf of the public to address matters of social inequities and social injustice. Although many of the chapter authors have personally experienced the issues they targeted to write about in their chapters, that is not a prerequisite for working as an ally. Working alongside people who face social injustices, in collaboration with them, is a way for counselors to use their personal and professional power towards social change. The chapters illustrate how authors have taken up the notion that the *professional is political* (Arthur & Collins, 2014) through fostering culturally responsive and socially just change processes. In essence, the chapter authors have demonstrated how they enact an ethical stance of social justice through applied activism and social advocacy.

One of my colleagues, who reviewed some writing that I sent to him, replied that he could not support such a negative portrayal of Indigenous people. I was surprised at his response and asked my colleague to help me to understand his concerns. The issue actually turned out to be my issue and one that I did not recognize as unconscious bias. I had reviewed the literature, pulled in key authors who were well published, of which many were known as leaders and experts. My colleague pointed out that the portrayal of Aboriginal people in their writing, and now in mine, reinforced negative stereotypes. I had to agree, because with this new learning and perspective, I had to look at my writing from a new lens and try to disrupt the colonial views that were implicitly permeating my views. The conversation with my colleague prompted me to reflect about my previous experience with people who identify as First Nations, Metis, or Inuit and how little I knew about their lives, from their point of view. I felt alarmed about the exposure of my role in “othering” and for being complicit in perpetuating bias. At the same time, this example has led to confusion about how to draw attention to social issues without overly focusing on health disparities or the negative consequences of oppression. My colleague offered a challenge to write from a strength-based perspective and I appreciated that advice but also want to avoid the

generalizations of platitudes and superficial levels of compliments that I have seen in writing about resiliency. My learning is ongoing, and I appreciate that colleagues will interrupt social narratives, conversations, and other forms of communication that convey meanings, often taken for granted, that continue to harm and oppress.

Within the Canadian context, there is growing recognition that not all Canadians have been served well by the professions of psychology and counselling. As introduced in Chap. 1, there are long-standing issues related to the legacy of residential schools and colonial practices directed at Canada's Indigenous Peoples (Fellner, John, & Cottell, 2016; Reynolds & Hammoud-Beckett, 2018). Psychology, as a profession, has been part of the colonial legacy of oppression through adopting Eurocentric and settler worldviews, through participating in assessment and treatment protocols that were culturally oppressive and racist. Perhaps the biggest concern has been the amount of time taken to acknowledge the ways that psychology, as a profession, has contributed to the harm of Indigenous Peoples in Canada. Beyond acknowledgement, action is needed to move forward with recommendations for reform and for reconciliation. In 2018, the Canadian Psychological Association endorsed the task force report, *Psychology's Response to the Truth and Reconciliation Commission of Canada's Report* (Task Force on Responding to the Truth and Reconciliation Commission of Canada's Report; Truth and Reconciliation Commission of Canada, 2015). This report addresses the historical and current ways that the profession of psychology has been directly and indirectly responsible for forms of oppression and marginalization against Indigenous Peoples in Canada. The task force report stipulates a two-part statement of accountability:

1. Acknowledgement of accountability for harms done to Indigenous Peoples in Canada on the part of the profession of psychology, including an articulation of the specific harms done and a formal apology to Indigenous Peoples in Canada on behalf of the profession.
2. A position statement providing direction on how to move forward toward reconciliation between the field of psychology and Indigenous Peoples, and how psychology can support Indigenous Peoples in Canada moving forward. (p. 7).

The task force report outlines guiding principles for working with Indigenous Peoples of Canada, including the study and practice of psychology and guiding principles related to specific areas of psychology, such as assessment, treatment, research, education, program development, program evaluation, and advocacy and social justice. This report offers more than a response to the Truth and Reconciliation Commission of Canada's (2015) findings; it offers an example of leadership to guide advocacy for reform and reconciliation. The statements linked to psychology's response emphasize the importance of addressing past harms and psychology's role in providing ethical and culturally responsive support to Indigenous Peoples in Canada.

When many newcomers are interviewed in the media, it is often premised by an expression of gratefulness for living in Canadian society. Yet, the realities in the lives of many newcomers are that they are barred from fully participating in Canadian society due to structural barriers that lead to unemployment and underemployment, such as the lack of recognition for their international education, credentials, and work experience. There are pressures in many programs aimed at job support for newcomers to accept job placements and help newcomers obtain work, any kind of work, as soon as possible. Often known as survival jobs, some newcomers may feel pressured to accept underemployment that does not match their credentials or education obtained in other countries, out of the need for income, and through believing a prevailing narrative that entry-level jobs lead to better jobs. How long they should remain unemployed, to search for paid work that is commensurate with their skills and qualifications, is a test of their resources and resourcefulness and the quality of support offered to them. Some survival jobs may help to socialize people to the labour force, to develop local experience, and to begin building a network for making a transition to meaningful employment for which they are qualified. In reality, many newcomers become stuck in a cycle of working long hours and do not have equitable access to upgrading their credentials and to language support and the combined hours with family care, leaving little time, energy, or resources for upskilling. The evaluation of job-support programs and the employment counsellors is often based on jobs secured versus consideration of the quality of the job or sustainability for longer-term career development. Counsellors who work with newcomers can provide direct support but also work to change systems that address credentialing issues, funding for transition and language support, and adequate resources for counselling. At a broader level, due to labour market conditions, advocacy with employers is essential for increasing access to employment. As a receiving country, we can do more at multiple levels to develop policies and programs that support newcomers to move beyond survival jobs and to move forward with their lives in meaningful and fulfilling ways.

Another recent initiative illustrates the advocacy and social activism that can take place through the leadership of individuals and the collective power of professional associations. The International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (IPsyNet) is made up of organizations around the world that are committed to the human rights, health, and wellbeing of individuals who identify as lesbian, gay, bisexual, transgender, intersex, queer, or sexually and gender diverse people (LGBTIQ+). At the time of writing this chapter, professional associations in 17 countries have endorsed a Statement by IPsyNet regarding the needs of LGBTIQ+ people through advocacy on several levels, includ-

ing direct psychological care, research, portrayal in the media, and public policy. The Statement consists of seven parts, and the final part, noted below, selectively illustrates the importance of advocacy for social inclusion, both within the profession of psychology and in the public realm.

Psychologists' lack of information and misinformation about LGBTIQ+ people and identities can perpetuate discrimination, stereotyping, and the potential for physical and mental health abuse. We advocate for the inclusion of LGBTIQ+ people as experts and as active, equal partners in research and policy development for research and policy initiatives that concern them. We support the development of psychological research and education that is not hetero- or cis-normative (e.g., Clarke, Ellis, Peel, & Riggs, 2010). Moreover, we provide psychological knowledge to psychological networks, organizations, policymakers, the media, and the public. Finally, on the basis of scientifically grounded knowledge, we advocate for greater awareness of the health and wellbeing needs of LGBTIQ+ people to improve public policy and LGBTIQ+ communities. (IPsyNet, n.d., Statement and Commitment Section, paragraph 7)

The two documents illustrated in this chapter offer strong examples of advocacy to support anti-oppressive practice. Readers are also referred to the examples of standards of practice and codes of ethics that were presented in Chap. 1. One noticeable difference in the documents highlighted in this chapter is the directness of the statements that name historical oppression practices and current processes of marginalization. Recommendations to move the field forward are more explicit and action-based. At the same time as the professionals are challenged to self-examine and take responsibility for past harms, there is a need to move forward with practices that are proactive, anti-oppressive, and strength-based.

There can be a lot of resistance against moving forward, if individuals do not see themselves associated with past harms and oppressive practices. For example, in discussions with students, one of the most challenging conversations in curriculum has been to support students to examine their roles and responsibilities for past harms and oppressions, e.g. homophobia, racism, sexism, and treatment of persons with disabilities (Arthur & Collins, 2012; Collins & Arthur, 2018). When individuals have not been directly involved, do they own a sense of collective responsibility? Gaining awareness about past oppressions is a window to examining current and future practices. To deny the occurrence of historical oppression within Canada, and in other countries, ignores important contemporary matters of the long-term effects of colonialism, institutionalized racism, and White supremacy (Reynolds & Hammoud-Beckett, 2018). Claiming the position that you were not directly involved in historical oppression is not the same as remaining neutral or apolitical (Speight & Vera, 2004). Rather, counsellors and psychologists need to consider how colonial attitudes are perpetuated, explicitly and implicitly in insidious ways, (e.g. settler worldviews of superiority and dominance). In practising CIC, it is unacceptable to state that cultural oppression is irrelevant, if you were not directly involved. Rather, adopting an ethical stance of social justice as part of CIC requires professionals to resist complacency about the status quo and take up the hard work of ameliorating social inequities and fostering people's growth and development.

## *Collaboration for Social Justice Action*

As a member of professional associations, it is important to be familiar with ethical guidelines, standards of practice, and position papers that guide inclusive and anti-oppressive practices. At the same time, professional associations are made up of people and counsellors and psychologists who can contribute their practical expertise to make sure that such documents are up to date and relevant for practice. Within disciplines, professionals can advocate through their professional associations for policy change by local and national governments that may have major implications for resources allocated to programs and services directed at mental health. Professionals can also work together through allied relationships to enact activism and advocacy. Many of the complex issues related to social injustices require professionals from multiple disciplines to come together in planning and implementing forms of social activism and advocacy. Together, professionals can address social inequities with additional strength of perspectives that could be garnered from the work of any single profession.

It took a long time to figure out my roots in counselling psychology and what they stand for. Reflecting back about experiences on interprofessional teams triggers both positive and negative memories. I recall my experience as a practicum student in an outpatient mental health setting. There was an unspoken hierarchy that played out in staff interactions and in client care – psychiatrists, physicians, psychologists, social workers, and nurses, all jostling for power, lobbying for their opinions to be counted in case conceptualization and treatment planning and for ways to position their discipline in the organization. I was labelled as a student and quickly stripped of any former expertise, so my membership on the treatment team was precarious, at best. This experience raised many questions for me about how best to prepare students with foundations in their chosen discipline while also supporting them to effectively participate in interprofessional and collaborative care for clients.

In contrast, in various roles as a registered psychologist, I can reference times when working on interdisciplinary teams shifted to strong interprofessional collaboration. It was a combined team effort to respect each other's perspectives that led to meaningful interventions with clients whose presenting issues were complex and could not be addressed by a professional from one discipline. There were tangible results when we worked together with clients in ways that far exceeded any of our individual capabilities. I am now involved in coordinating and participating on interdisciplinary research teams. It takes a lot of time and effort to reach the point where we are engaging in ways that lead to a rich exchange of perspectives, but we almost always end up with ideas for research and applications in practice that are stronger than any one of us could have created alone.

It is important for counsellors to acknowledge that social justice action, such as applied activism and advocacy, is integral to their professional identity, roles, and responsibilities. It is not uncommon to hear reactions that designate the complicated work of changing external systems to other professions (Mellin, Hunt, & Nichols, 2011), e.g. social work. This attitudinal barrier creates additional strains and fosters a hierarchy of helping professions. One profession cannot manage the volume of social inequities that continue to exist in our society. It is critical that helping professionals aligned with the practice of counselling incorporate a social justice stance as part of ethical practice (Arredondo & Toporek, 2004; Arthur & Collins, 2015b). Working from a common value base and determining mutual goals can be the glue that motivates professionals to collaborate, while encouraging discussion and debate of divergent opinions. Coming together across professions can stimulate creative thinking and shared resources in solidarity. Collective action through interprofessional practice can be used to benefit clients and change public attitudes and participation in programming aimed at enhancing people's mental health and wellbeing.

However, interprofessional practice is more than getting professionals from different disciplines to meet together; it requires professionals to hold additional skills such as client-centred care, communication, understanding role clarity, conflict resolution, team functioning, and effective leadership, in order to maximize the effectiveness of teams of professionals (Canadian Interprofessional Health Collaborative [CIHC], 2010; Suter et al., 2009). It is important for counsellors to have role clarity about what they can offer as part of interprofessional teams (Arredondo, Shealy, Neale, & LaPearl, 2004).

In comparison to other allied health professions, counsellors from the discipline of psychology are not often included in research on interprofessional collaboration. Although counsellors need to be involved with other professionals in the provision of mental health services, there is some evidence that they do not fully embrace collaborative practice (Goodwin, MacNaughton-Doucet, & Allan, 2016). Further research is needed to determine how collaborative practice might be integrated into education and training for multicultural competence and for fostering organizational-level systems change (Oelke, Thurston, & Arthur, 2013). As noted in Chap. 2, it is important that change agendas are negotiated in collaboration, so that intentions for social justice are guided by the people whose lives are most affected. A key aspect of interprofessional collaborative practice involves participation by service users, including clients, their families, and members of the community as shareholders with expertise for contributing to intervention planning, program planning, and policy development.

## **Applied Activism and Advocacy for Social Justice**

Working within a CIC framework involves advocacy and activism for social justice. Taking a passive stance or doing nothing to address social inequities that impact people's mental health is actually going along with and perpetuating the status quo. It may not be intentional, but the insidious nature of social inequities is present in many



aspects of daily living that we choose to see, or not, whether we implicitly go along with policies and practices or whether we are complicit through not taking a stand and trying to change systems. It is critical that professionals use their professional power to influence a change agenda for overcoming inequities that continue to perpetuate misunderstanding and marginalization of people with less power in our society.

Applied activism and advocacy have been visceral and emotional for me, and I have let my reactions serve as a sign that I am not adjusting well to systems. Sometimes it is the physical and emotional discomfort, which I experience as a tightening of my shoulders and that flutter in my stomach when I experience disapproval in the reactions from others, e.g. reactions such as dismissing my comments, attributing my idea to someone else with more power, the rolling of the eyes, the heated silence, or the e-mail that is strategically circulated to show the repercussions to me or to my colleagues for stepping out of line or speaking up about less popular issues. I have discussed what it is like for other colleagues who are far more vocal and who take action more often or more intensely than I do. I also tried to engage colleagues who sit passively through situations or discussions when I know they are concerned about how a *policy or practice* is going to impact other people negatively; doing nothing is a stance. At times, I wonder if it is just me, but I never wonder anymore if it is worth the price – perhaps that comes with experience and a stronger sense of security in my professional positions. It has been a process of development to integrate my beliefs about social justice into a more congruent personal and professional identity – that journey continues.

Some readers may feel that they have little power or feel that they are also working within severe restraints imposed by government policies and/or the limited mandates of funders. Indeed, at the same time as members of the public we serve deal with relative degrees of privilege and advantage, there are parallel experiences in the working lives of professional helpers. Many professionals report feeling restrained by the mandates of their agencies that focus on remedial interventions and the quantity of clients served, with little time to engage in actions that might be aimed at education, prevention, or health promotion. Some practitioners have stated that they lack time and other resources, including support from their managers or peers to engage in social justice action (Arthur, Collins, McMahon, & Marshall, 2009). It is a common experience that many professionals find it hard to change systems that have operated in particular ways over time (Prilleltensky & Stead, 2012). However, when we talk about systems, we are really talking about people who work in systems. There are varied opinions about the degree to which forms of advocacy and allied relationships for social action are viewed as legitimate and formal practices. Moving forward with the revised CIC framework presented in Chap. 2 means finding ways to engage in culturally responsive and socially just

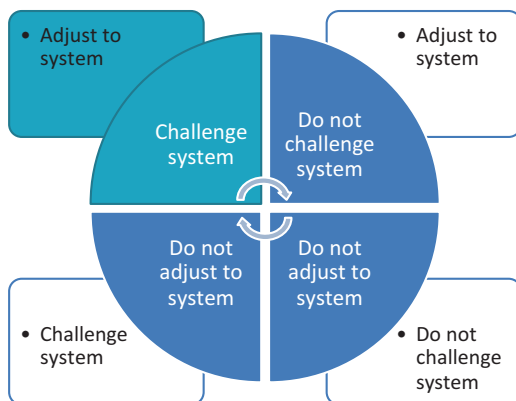
change processes. Counsellors design interventions at micro-, meso-, and macro-levels in collaboration with or on behalf of clients and the public to address conditions that lead to distress and mental health concerns (APA, 2017; Bronfenbrenner, 1977, 1979). Yet, the advocacy and social activism roles embedded in CIC are not always straightforward. Contextual influences in clients' lives are multifaceted, and the working conditions faced by counsellors are complex. The call for social justice action in CIC is not intended to be one method or a prescribed set of actions. It is a highly personal commitment, as an individual and in collaboration with clients, with members of the public, and with other professionals. Each of us has to decide what we can address with what energy and resources that we can devote to social justice at different times in our personal and professional life.

### *Adjust or Challenge?*

One of the main tensions in the field of multicultural counselling is the degree to which counsellors are involved in helping people adjust to systems or to make change in those systems, coined as the adjust-challenge dilemma (Prilleltensky & Stead, 2012). Figure 17.2 illustrates the dilemmas and possibilities faced by clients and by counsellors as they negotiate adjusting to the external systems in their lives and/or finding ways to challenge the system.

Essentially, the adjust-challenge dilemma refers to the realities that people face as they attempt to adjust to systems in the world around them while also challenging those systems and creating change. Both counsellors and their clients encounter these dilemmas. It is feasible that both counsellors and their clients can be initially aligned in their views of presenting issues and views of potential interventions, but these are more typically constructed and negotiated during the course of counselling. It is entirely possible that counsellors and clients may fundamentally disagree or have contrasting visions about the nature of change required and the process of moving towards desired change, due to contrasting worldviews.

**Fig. 17.2** Adjust to systems or challenge systems: positioning culturally responsive and socially just interventions. (Adapted from Prilleltensky and Stead, 2012)



In many instances, clients seek counselling because they are not adjusting well to some aspects of their lifeworld and the external systems they encounter. The experience of distress or discomfort is often a motivating factor for clients to seek professional help. As noted in Chap. 1, help-seeking behaviour is bounded by cultural norms. The nature of help provided is tied to conceptualizations of what needs to be changed and how change should occur, again connected to the cultural contexts of clients' lives. At one level, clients may be asking for help to change one or more systems in their lives, in recognition that they are not able to thrive in existing conditions. Alternatively, clients may request help to adjust to a system, but they do not believe they are in a position to challenge the system, without tremendous personal costs, or they lack resources, e.g. time, energy, and knowledge, and feel overwhelmed about the energy required to attempt systems change. Some clients may be supported in their efforts to accept adverse conditions in their lives through finding existential meaning or through discovering personal strengths. For other clients, counselling may offer new perspectives and strengthen a narrative of change that was not seen as previously possible. Unfortunately, some clients may feel isolated and experience disenfranchisement in the world, when they do not feel they are adjusting to one or more systems, nor do they want to challenge those systems. Living outside of the systems within one's cultural context may have tremendous personal costs, such as stigma, loss of significant relationships, and losing access to social resources.

Some clients may expend a great deal of energy challenging systems when they believe that systems are unjust and/or they refuse to fit in or give up fundamental values that contrast the values of prevailing social systems. Clients may seek counselling to learn strategies and to develop skills and access resources for challenging systems. Unfortunately, the price of challenging systems for some people is at a huge personal cost that can impact their mental health. In many cases, clients and counsellors are working on an agenda to help clients adjust to systems while also finding ways to challenge systems and maintain positive mental health.

If the dimensions of adjustment to systems or change systems were placed on a continuum of change, there is concern that counsellors may be socialized to work more on the end of a spectrum that is based on helping clients adjust to systems. The emphasis on remedial interventions, in which counsellors' main role is to help clients adjust to difficult and adverse conditions in their lives, is the mode of helping that is often most sanctioned (Kennedy & Arthur, 2014; Vera & Speight, 2003). In such situations, the locus of intervention is primarily placed on the internal systems of clients, helping them to gain coping skills or augment their strategies for adapting to external systems. Unfortunately, the mandates of many public counselling agencies are primarily directed at the end of the spectrum that emphasizes adjusting to the system, with fewer resources and even punitive measures directed towards counsellors who would prefer to devote more time to changing external systems (Arthur et al., 2009).

Not all counselling is focused on social justice. Counselors can practice counseling that assists in the production of people to fit tidily into assigned categories and adjusts their desires for their lives to fit with unjust social systems. Without a concern for social justice, counselors can respond to the production of personal distress in completely individualistic terms, with little concern for the damage done by pathologizing discourses. Such counsel-

ing acquiesces in the face of injustice without challenging it. The cause of social justice requires us to examine such practices and to reconstitute them for more valuable purposes. (Winslade, 2018, p. 26)

The quote offers a vivid reminder that counselling that is not situated with a social justice lens risks therapeutic harm to clients (Davidson & Hauser, 2015; Sue, 2015). CIC requires counsellors to consider the contextual influences on clients' lives and the degree to which systems in clients' lifeworlds are oppressive and/or enhancing. As noted in Chaps. 1 and 2, CIC involves an ethical commitment to social justice and to examining the systems of power that surround people's lives. However, counsellors have to be careful not to impose a social justice agenda on their clients, who may have legitimate reasons for not wanting to attempt change in the systems around them. For example, a client who is in an abusive relationship may resist against leaving the relationship, due to the realities of potential loss of extended family and community connection. If the client's agenda is to stay within the relationship, the counsellor may feel torn about conflicting personal values or want to pursue a different outcome for the client.

Working solely on helping clients to adapt to aversive conditions in their life contexts is contrary to the goals of CIC and the ethical stance of social justice. Within the counselling relationship, there may be many opportunities to introduce a social justice narrative to help the individual shed self-blame and feel more empowered or to take small steps in safe ways to change external systems within their life contexts. It is prudent to remember that all conversation with clients is an opportunity to help them feel empowered through giving voice and witnessing their experience. Conversations can be introduced to address sociopolitical influences on clients' presenting concerns and to engage clients with discourse that may result in change in the direction away from oppression and towards social justice (Paré, 2014; Winslade, 2018).

Critical reflection is needed about the ways that counselling support may unintentionally perpetuate power systems and buy into narratives of oppression, only treating people's symptoms of distress and not challenging systems. Counsellors have to guard against aligning with the view that external systems change is beyond reach. Change occurs over time and across contexts. Counsellors can support clients to gain new perspectives and resources to work towards personal change and social justice now and in their future lives. At the same time, counsellors have to be mindful of the degree of systems change that clients are consenting to, both within the counselling relationship and beyond the counselling relationship, to avoid imposing a change agenda. There may also be times when counsellors have to take a stand against a change agenda that violates human rights and people's dignity. For example, conversion therapy has a long history, yet it is now considered to violate people's human rights and is considered to be unethical (IPsyNet, 2017). Advocacy and social activism can be applied to social issues that lead to people's distress and experiences of mental health concerns. In turn, advocacy can be applied to the professional systems that govern the practices of counsellors to examine out-of-date methods of change and lobby for protection of the public.

## Summary and Conclusion

The original model of CIC (Collins & Arthur, 2010a, 2010b) and applications of the model (Arthur & Collins, 2005, 2010a, 2010b) emphasized people's non-dominant identities. However, there are limitations to that position. First, people are arbitrarily divided into binary categories of dominant and non-dominant. Second, assumptions are made about the uniformity of people's experiences, across time and across life situations. Third, people's identities are not fixed; identities are negotiated and changed across contexts, over time, and according to situational demands. It should not be assumed that identity is "constant, enduring, or persistent" due to changing contextual influences (Marsella, 2018, Definition of Identity section, paragraph 3). Fourth, the positions espoused in this chapter are informed by the *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* (APA, 2017); CIC takes into consideration people's relative experiences of privilege and marginalization and can be applied in counselling with all clients, regardless of their social location. Adopting a stance of cultural humility is fundamental for gaining an appreciation of people's cultural identities and for determining the potential relevance of people's social locations for presenting issues. Working from a more inclusive CIC lens overcomes the question of "who counts?" in multicultural counselling to an appreciation that foundational concepts and systems approach to interventions can be applied to all clients. However, that does not dismiss the responsibilities of counsellors to apply the principle of equity, through recognizing that people's lives are not the same, but bounded by relative experiences of privilege and disadvantage.

A social justice stance is an ethical imperative in CIC (Arthur & Collins, 2015d). What has been strengthened in the revised CIC framework outlined in Chap. 2, and illustrated in all chapters in this book, is the importance of infusing a social justice lens in all domains of professional practice. Individual client needs are served through taking a contextualized systemic lens for appreciating their concerns and for designing relevant interventions with them and on their behalf. Counsellors who practice CIC also think systemically about ways to interrupt social discourses that disempower and marginalize people. Counselling is an important role for constructing meaning and interventions directly with clients to address social inequities. The revised CIC framework presented in Chap. 2 emphasizes working at micro-, meso-, and macro-systems (APA, 2017; Bronfenbrenner, 1977, 1979). Counsellors have important roles to play through enacting applied activism and advocacy to address social change. Beyond recognition of the barriers that impede people's health and wellbeing, CIC involves addressing the sociopolitical structures in our society that influence people's experience of power, privilege, and oppression.

Counsellors hold professional power and counselling is a political act. Counsellors can resist pressure to preserve the status quo and actively engage in social activism and advocacy. CIC and challenging systems are interconnected, as the roles and responsibilities of counsellors are connected to systems change. For many individuals, the insidious nature of oppression and marginalization becomes internalized through social processes that negatively label and marginalize people's cultural identities and social locations. CIC is a framework that can be used to help clients connect

their lives to sociopolitical contexts. Counsellors can work directly with clients to infuse a social justice narrative in change processes. Through the introduction of potentially new and inspiring explanations and co-constructing alternatives, clients may be supported to visualize new possibilities for living within systems and for changing systems. Counsellors also have roles and responsibilities to address systems changes at micro-, meso-, and macro-levels, in collaboration with clients and on their behalf, and to promote positive mental health and wellbeing for the public. The work of counsellors as advocates and social activists addresses sociopolitical influences that are internalized by individuals and incorporated into the policies and practices found in social institutions. In collaboration with clients, members of the public, and other professional disciplines, counsellors actively address the influences of cultural contexts, identities, and social locations in pursuit of social justice.

### **Discussion and Reflection Questions**

1. What does it mean to you as a professional to take an ethical stance of social justice?
2. Reflect on the following sentence from this chapter: “Taking a passive stance or doing nothing to address social inequities that impact people’s mental health is actually going along with and perpetuating the status quo.” When have you been more inclined to go along with social injustices and not take a stand? What has prevented you from taking action? What would you need now to shift from a passive stance to more active roles of applied advocacy and activism?
3. Refer to one of the case examples in earlier chapters. Reflect on how the counsellor has incorporated interventions to help clients adapt to systems and to challenge systems. What other strategies might be used to strengthen interventions for challenging systems in the context of the client’s lifeworld?
4. Discuss how social justice can be addressed with clients directly through counselling conversations to disrupt social discourses that lead to marginalization and oppression. Discuss and debate whether or not counselling as an intervention is enough to create social change.
5. Which chapter in the book had the greatest impact on you? Which chapter was the most challenging for you? Discuss the reasons and the implications of your reactions for your professional roles as a counsellor.
6. Share your goals for continued professional learning. Brainstorm ways to enhance professional development and to evaluate the impact of your learning.
7. Describe the unique roles that counsellors play on interprofessional teams. Critique your experience related to interprofessional collaboration, noting the positive aspects, the challenges, and what has led to effective collaboration.
8. Identify two or three barriers in practice settings for enacting social advocacy roles. Discuss what counsellors can do collectively to change the culture and practices within organizations that hire counsellors.

## Learning Activities

1. Develop a plan for enhancing your multicultural competency, based on the following steps:
  - First, review the revised CIC framework outlined in Chap. 2 and the competency framework developed by Ratts et al. (2015, 2016).
  - Second, identify which specific competencies you will target for continued learning.
  - Third, consider which facet of the competencies requires your attention, e.g. attitude, knowledge, and skill.
  - Fourth, determine the strategies and resources that you will need to help you reach your targeted competency learning.
  - Fifth, look for opportunities to apply and practice your competency development.
  - Sixth, determine ways to evaluate the effectiveness of your learning in applied practices.
  - Seventh, discuss your learning journey and applications with colleagues to gain their input and to share your discoveries.
2. Review the Task Force Response to the TRCC's Report, [https://www.cpa.ca/docs/File/Task\\_Forces/TRC%20Task%20Force%20Report\\_FINAL.pdf](https://www.cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf)
  - What was a key learning for you about historical oppression?
  - What stood out for you about the need for psychology to respond to the TRCC report?
  - What is an action from the recommendations in the Response that you will commit to individually and/or through collective action?
3. Ask other students or counsellors to share examples of working with clients to address social justice at the micro-level. Discuss what is in common between those interventions and what is unique.
4. Referring to Fig. 17.1 in this chapter, think about specific clients you have worked with and how your role has helped clients to adjust to systems and/or challenge systems. Share ideas about what helps counsellors and clients to feel supported for challenging systems.
5. Read the IPsyNet Statement and Commitment in support of LGBTIQ+, <https://www.cpa.ca/docs/File/Position/IPsyNet%20Statement%20English.pdf>. Identify ways that the Statement addresses change at the micro-, meso-, and macro-levels of systems. How can counsellors incorporate principles from the Statement through affirmative practices at each level?
6. Research an article on a social issue of interest to you that outlines connections to people's mental health, e.g. immigration, LGBTIQ+ rights, intergenerational trauma, equity in the workplace, unemployment, poverty, etc. Share your findings from the article, and discuss counsellors' roles in addressing social issues through macro-system change.



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