CHAPTER OVERVIEW

This chapter encourages readers to understand the self as a multicultural being. A person living in the United States needs to see that the self is a product of one or more specific cultures and interaction of cultures. Multicultural competencies are not just skills or methods that we use in counseling. Based on a multicultural competence development model, developing a multicultural identity is the foundation and indispensable first step for counselor multicultural competence development. Along each of the dimensions of diversity, there are dominant and subordinate groups, and there are systems of privilege and oppression. The identity development for members of dominant and subordinate groups faces different challenges. This chapter focuses on the multicultural identity development for those who have a dominant-group membership in a given area (minority identity development will be covered in Section 4). It is critical that counselors-in-training (especially when they have dominant-group membership) develop new social and cultural consciousness about the existence and harm of isms and move from being oblivious to them to taking responsibility to eliminate them and advocate for the victims.
SELF-ASSESSMENT OF PRE-EXISTING AWARENESS AND KNOWLEDGE

- What cultures do I have?
- In what ways can I see myself as a cultural being?
- How is my identity (the sense of who I am) related to any cultural variables in my life?
- How do I categorize or label myself in terms of race, ethnicity, nationality, sexual identity, social class, religion, age, and ability/disability?
- What “social experience” do I encounter as a result of my identities?
- What dimension of my identity is most significant for me?
- What does it mean to be (my race or ethnicity), (my gender), (my social class), (my sexual orientation), (my age), (my ability/disability status), and so on?
- What unearned privileges have I enjoyed? For what reasons?
- What experiences of social oppression have I had? For what reasons?

LEARNING OBJECTIVES

After reading this chapter, students will be able to do the following:

1. Recognize the diverse dimensions of their own cultural identity
2. Become aware of the fact that everyone has a cultural identity along each dimension of human diversity
3. Recognize the need for further development of each one of their own identities in the cultural contexts of society
4. Articulate some of the implications of each dimension of one's identity on others
5. Recognize some of the unearned privileges and disadvantages they experience as the result of being who they are
6. Recognize that each individual plays a role in the society that treats individuals differently based on their personal, cultural, and social identities
7. View oppression and discrimination that people experience in the context of a diverse society
8. Take responsibility for their own contribution to the social oppression of others
The Case of Samuel

Samuel is a 42-year-old successful Caucasian male lawyer who presented to therapy with the expressed desire to overcome his “social anxiety” and depression and develop a healthy romantic relationship. In the intake session, he said he was not sure who he was and did not feel comfortable with who he was. It was apparent that despite having had many successes, he felt a deep sense of dissatisfaction with his life. When asked specifically about his sexual orientation, he said he was gay but had never been in a long-term relationship with another man. He said that he had two sexual encounters with men in the past and a number of short-term relationships with women but never any sort of long-term romantic relationship. Samuel also reported that he frequently felt nervous in social settings and wondered if there was something “wrong” with him. He had a number of supportive friendships, yet he was haunted by general feelings of loneliness that he could not banish. His mood was generally low, and he had great difficulty articulating his feelings.

Samuel was generally active with coworkers and friends, frequently going to local social events such as parties, concerts, and sports games. He reported that he had liked these events in the past, but they have grown increasingly uncomfortable for him, though he did not really know why. Samuel said that his professional peers generally like him, but he did not trust that they would like him if they knew he was gay. He said he experienced significant work-related stress. He no longer felt comfortable around his coworkers and found his work to be boring and unrewarding. Samuel drank about eight to 12 servings of alcohol nearly every night but stated that he did not feel like it was much of a problem.

Samuel is an only child and has a strained relationship with both of his parents. His father was a hard worker and provider, but he had a significant problem with alcohol and was not emotionally present. He described his mother as overly critical and a perfectionist. He was raised in a small rural town where there were literally no openly gay people that he was aware of. He has not disclosed his sexual orientation to anyone except for one close friend. He felt that his law partners would not accept his sexuality, and he was afraid that his family would reject him, too. He stated that he was motivated for therapy, and money was not an issue for him, but he did not know how therapy can work for him.

GUIDED PRACTICE EXERCISE 6.1

How Do You Feel About Samuel?

Read Case Illustration 6.1 about Samuel. In small groups of three to four classmates, use the following questions as your guide to share with the group how you feel about him. Please challenge and help each other in this process.

(Continued)
If we compare how we each feel about this client and his concerns, it will probably become apparent that who we are and how we interpret and view ourselves does influence our perception of and experience with our clients. Although we may tell ourselves that our task is to empathize with the client and work for him, we may inadvertently miss signs, pay too much or too little attention to certain aspects of his life, or let our life experience color our perception and assessment of his experiences. Any aspect of our cultural identity, such as our gender, sexual identity, racial/ethnic background, age, or our social class status, may influence how we see and conceptualize Samuel's concerns and how we feel his pain.

Although we may not be fully aware, we bring ourselves as cultural beings into the relationship with our clients. Our attitudes, beliefs, and values along with our own life experiences will influence our perceptions and evaluations of and experiences with our clients. Obviously, if we want to help the culturally diverse, we need to be able to hear their stories accurately, validate their experiences, respect their identities, and advocate for their well-being without letting our own biases block the way. This can be challenging and even impossible if we do not feel the relevance of culture and cultural context in our own lives or view ourselves as cultural beings, especially if we are not aware of how our life experiences have biased our perceptions, shaped our worldviews, and contributed to others’ social experiences. Thus, developing a multicultural identity is critical and necessary on our journey toward multicultural competence.

**A Model of Multicultural Competence Development**

Based on our knowledge of the literature on multicultural competence development and years of experience in offering teaching and training activities in this area, we developed a model of multicultural competence development (Figure 6.1).
Figure 6.1  Multicultural Competence Development Model

As illustrated, the foundation (Stage 1) of multicultural competence is a *multicultural identity*. To offer effective counseling, competent counselors have to know who they are, what they stand for, how they have experienced society, and what roles they play in the society where they and their clients cohabit. With a multicultural identity, the counselor will be able to identify with and understand the culturally diverse or socially marginalized.

At Stage 2, a *multicultural consciousness* will be developed, based on the understanding of social structure and systems of privileges and social oppression. This multicultural consciousness will allow the counselor to hear clients’ life narratives unfiltered by personal bias and see the world from the perspectives of others, especially the culturally diverse and socially marginalized.

At Stage 3, a *multicultural personality* is developed; it shows interest and effort in learning about individual differences in social contexts for all people, including the culturally diverse and socially marginalized. With a multicultural identity as the foundation and understanding of the system of oppression and privilege, the counselor will be able to address the intersection of client identities when working with the culturally diverse.

Finally, in Stage 4 *multicultural ability* is developed to facilitate social justice advocacy and therapeutic prevention and intervention strategies.

While a desired developmental process from the lower stages to higher stages is implied by the model, counselor development may not always be linear and will move back and forth among stages. As the world changes, multicultural competence needs to progress, resulting in a lifelong enrichment process. Notably, the development of basic counseling skills (e.g., validation, respect, advocacy) and the practice of multicultural counseling (e.g., being aware of one’s own biases, understanding clients in social contexts) are always ongoing accompanying processes.

**Why Do We Need to Develop a Multicultural Identity?**

In our culturally diverse society, individuals’ cultural identities are formed and exhibited through interactions with others with different cultural backgrounds. In these interactions, individuals may consciously or unconsciously contribute to each other’s sense of self, social position, and relationships. Due to the power differential between groups that is rooted in history as well as present social structures domestically and internationally, those who are in high social power positions may let their biased attitudes and beliefs influence their perceptions of others who are in lower power positions and are racially or culturally different from them, favoring those who are similar to themselves (in-groups) and stereotyping dissimilar others (out-groups). There is certainly no exception in counseling settings, where such conscious or unconscious acts of cultural biases may have detrimental impact on culturally diverse clients.

The traditional identity theories (e.g., Freud’s psychosexual development, Eric Erikson’s ego and social identity development) seemed to imply universality in identity development and failed to take into full consideration the influence of individuals’
cultural and social statuses, positions, and experiences. It has to be recognized that the diverse makeup of the United States and its international connections automatically makes every resident multicultural, although many have the privilege not to recognize this fact. Those who are in the dominant and privileged groups along any diversity dimension often do not acknowledge that they have cultures like those who are in minorities. The reason is that the dominant groups are in the position of power, and their culture and cultural values fill all areas of life (including the science and practice of counseling), which becomes the standard and the norm on which their sense of right or wrong, good or bad, acceptable or unacceptable, or healthy or unhealthy is based. It is difficult for individuals born into these privileged positions to see or feel the need to view themselves as cultural beings or even see culture as relevant to them. What they are brought up believing is the background, history, and context of their lives, and they may not be able to recognize the relevance of culture without a deliberate and concerted effort to see it.

One example of the privilege of not seeing culture as relevant is the color-blind attitude and ideology regarding difference in skin color. White people, who are not disadvantaged due to race, can choose to be color-blind or deny that race matters. It is not uncommon for White people to say that they do not see skin color and that they treat everyone the same. While this belief may reflect self-perceived good intention, it in fact serves to justify the current unjust social order and makes White people feel more comfortable with their relatively privileged standing in society (Fryberg, 2010). Clearly, most persons of color do not feel supported by this color blindness because it denies their negative experiences due to racism, rejects their cultural heritage, and invalidates their perspectives (Williams, 2011). They likely feel that race does matter to them as they regularly encounter difficulties due to race in various areas of life, including employment, income, access to education and health care, and so forth. Color blindness does not foster equality or respect, and it is a form of racism (Neville, Awad, Brooks, Flores, & Bluemel, 2013).

Another familiar example is the “Don’t Ask, Don’t Tell” attitude and military practice regarding gay and lesbian individuals. Military policy from 1993 to 2011, it denied the very basic rights of thousands of military servicemen and women. They could not present themselves honestly, take care of their partners and families with recognition, protection, or health/housing benefits, or reunite with loved ones in public upon returning from deployment. The emotional and psychological effects of this policy also permeated civilian parts of the society. Those who are not members of the lesbian/gay/bisexual/transgender/queer (LGBTQ) communities place the same injustice onto LGBTQ individuals. Because they do not have to examine what their sexual identity or gender identities mean to them, heterosexual individuals minimize LGBTQs’ psychological existence by claiming that “no one wants to know, so you don’t tell.”

Individuals tend to act to verify their conceptions of who they are in their existing social context with others; in turn, their individual acts not only reflect society but also reinforce the patterns of behavior and interaction among all coexisting people and groups that constitute the social context (Stets & Burke, 2003). Without conscious
efforts, it is often difficult for some individuals to see that it is the social structure or context that gives them the privilege to act, to achieve, or to succeed in certain ways, and their behaviors further strengthen this structure. The more the privileged exercise their privileges, the more struggles the marginalized have to endure. One example is attributing lack of success among the oppressed to personal failures rather than to the unjust system that offers differential access to individuals for success. For instance, the “glass ceiling” that prevents women from reaching positions of power, the lack of access to health service for those with low socioeconomic status (SES), and the “illegality” for gay couples to marry exemplify the fact that individuals are shaped by social structure. If those longtime country-club-goers are not aware (or unwilling to recognize) that their social identity as the rich made them beneficiaries of U.S. political institutions’ biased economic policies (Enns, Kelly, Morgan, Volscho, & Witko, 2013), it will be hard for them not to view the poor as less hardworking, less intelligent, or less capable than they are. This view is consistent with the identity theory that sees self as the product of society, and there is a reciprocal relationship between the self and society (Stryker, 1980).

Counselors’ perception and understanding of their multicultural self may directly influence how they view and understand their clients’ experiences and how their clients experience them. The essence of multicultural counseling is viewing clients within cultural contexts in which both the counselor and the client play a role; for example, the roles may be in opposition, such as oppressor versus victim (Duan & Smith, in press). The danger is obvious if the counselor fails to recognize himself or herself as a multicultural being. It will be all too easy and convenient to readily conceptualize an African American male’s “black rage” as an intrapsychic issue, a Latino’s low graduate record examination (GRE) score as reflecting low intelligence, a transgender or “in-questioning” person’s gender identity as abnormal, a person in a wheelchair as less capable, an individual with a foreign accent as incompetent, a client complaining about hostility he sensed when using food stamps in an affluent town as feeling insecure, and so on.

In order to help our culturally diverse clients heal and gain corrective experiences from negative consequences of oppression, it is unacceptable and intolerable that we as counselors act out our own isms. It is not even good enough that we claim to be non-ists (such as nonracists, nonsexists, and nonheterosexists) who recognize that isms exist and are harmful but then fail to confront, challenge, or correct them. We as counseling professionals must be anti-isms (i.e., antiracism, antisexism, and anticlas-sism) and actively combat social oppression. In doing so, individuals from marginalized and oppressed groups can feel safe with us, validated by us, and with our help, understand their own experiences in ways that will not further push them down but encourage them to rise up. In order to achieve this level of therapeutic gain, we must have a clear sense of our own cultural identities and become multiculturals who readily perceive (and help our clients perceive) client experiences in social and cultural contexts. As multiculturals, we are expected to assist in the pursuit of social change and social justice so clients can heal and grow.
Developing a Multicultural Identity

A Definition of Multicultural Identity

The definition of multicultural identity as it applies to a professional counselor is multi-dimensional; what it means to develop a multicultural identity can be explained as follows:

Defining one's personal and professional roles with a set of attitudes, beliefs, values, motives, experiences, skills, and practices that enables one to accurately understand and effectively intervene on behalf of clients and communities in our culturally pluralistic society. A necessary component of this identity is being a non- and anti-ist in all dimensions of diversity and supporting social justice for all.

A multicultural personal identity allows the individual to recognize himself or herself as a cultural being who experiences unearned social and cultural privileges

GUIDED PRACTICE EXERCISE 6.2

My Views and My Consciousness

In groups of five to seven students, read each of the following statements and share with each other your views and reactions.

- A real estate developer who is among the top 1% of asset holders said this to a news interviewer: “The poor should try to emulate, not envy, the rich—we work harder” (Bloomberg, 2014).
- One White male said to a group of men of color: “You give us White men a hard time for blocking your progress—we don’t. The question is about you—why don’t you go out and make a place for yourself? I see you equal to us” (Lee, 1994).
- Born a biological male, Nicole identified as a female at the age of 2. When she was in the fifth grade, she was banned from using the girls’ bathroom, which led to a high-profile legal battle (Jeltsen, 2014).

Questions for Reflection

1. What are the different reactions to these statements among your group members?
2. What correct answers were you looking to apply?
3. How might you address any defensiveness you are experiencing?
4. Describe any pain you may have experienced for any party involved. If you did not feel any pain, why do you think that might be?
5. In what ways do you feel that your reactions reflect your cultural identity and/or consciousness?
6. Which of your reactions/feelings do you think will be helpful/unhelpful if you are the counselor for the person(s) of lower power in these stories?
and/or disadvantages while also acknowledging the prejudices and biases that he or she holds toward others. A multicultural professional identity informs the formation of a multicultural consciousness and prepares the counselor to develop both intellectual and emotional capacity for helping those who are socially oppressed and/or culturally diverse. The development of a multicultural identity (personal and professional) is a lifelong journey that requires continuous learning.

**Dimensions of Multicultural Identity**

Individuals with different demographic characteristics, such as age, sex, skin color, SES, or religious affiliations, may experience different social and cultural contexts within the same society. With or without open acknowledgement, people are perceived, treated, and evaluated differently simply because of their demographics. Such social contexts and experiences may trigger individuals to think, feel, and act in certain ways and derive a sense of self in relation to their perceived group memberships (Hogg & Vaughan, 2002). According to social identity theories, this is how an individual's social identity is formed, and all individuals have multiple identities due to their group memberships along different dimensions of human diversity. For instance, individuals may have a racial identity, sexual identity, religious identity, national identity, and so on, reflecting the sense of self derived from their perceived social group memberships.

Our cultural and social identities do not exist in isolation, in static mode, or in single dimension. The meaning of individuals' identities is determined not only by the individuals but also by how others treat them, interact with them, or view their social statuses. For example, being a Latino immigrant may or may not lead a youth to feel as if he doesn't belong depending on the situation, such as the neighborhood he lives in or school he goes to. Also, the saliency of each individual's identities may change at different places or times. An international Chinese female student in a wheelchair on a college campus may feel her disability as most salient in some situations (e.g., when she has to rely on the campus transportation service to move between buildings), but in others the most salient might manifest as her being non-American and Chinese (e.g., in-class discussions on topics related to cultural values). Additionally, social identity theorists point out that individuals may experience different levels of identity, such as personal, family, and national (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). Being an American may have different meaning when the person is in the United States versus when the person is overseas.

Regardless of the complexity and nuances discussed above, all individuals who live in this diverse country have to face the issue of cultural identity whether or not they choose to recognize it. It is because no one has the choice not to interact directly or indirectly with others from different cultural backgrounds. Only those who are in the dominant group can afford the privilege of ignoring their cultural identity. An understanding of our cultural and social experiences as related to each of our group memberships, including membership in both privileged and disadvantaged positions, and the roles we play in others’ social and cultural experiences is critical to our multicultural identity development. Moreover, the development of a multicultural identity both
personally and professionally is imperative if counselors are to succeed in understanding clients’ multiple cultural identities.

**Challenges of Multicultural Identity Development: Dominant Group Identities**

A significant aspect of group identity is the issue of power or social dominance. There are always dominant and subordinate groups, and social power is distributed accordingly with the dominant group having more power over the subordinate groups. This power differential is translated into privileges for the dominant group and unfair treatment and oppression for the subordinate groups. Unfortunately, both in literature and in people’s everyday lives, the dominant-group identities tend to be less visible than those of nondominant groups, which is due to the privilege of the “no-need-to-know” attitude of the dominant-group members. Multicultural researchers have pointed out that the dominant-group identity development is integral to a true understanding of the nature of privilege and oppression and genuine appreciation of multiculturalism (Worthington & Mohr, 2002). To illustrate how a dominant group such as an ethnic or racial group has the power of maintaining its role of dominance in the system of social and cultural stratifications, Doane (2005) stated the following:

> I define a dominant ethnic group as the ethnic group in a society that exercises power to create and maintain a pattern of economic, political, and institutional advantage, which in turn results in the unequal (disproportionately beneficial to the dominant group) distribution of resources. With respect to intergroup relations, a key element of dominance is the disproportionate ability to shape the sociocultural understandings of society, especially those involving group identity and intergroup interactions. (p. 376)

Although there is a developmental process for members of society to develop their cultural or group identity—dominant or subordinate—it is most challenging, yet critical, for counselors-in-training to develop a multicultural identity that challenges the existence of isms for any of their dominant-group memberships, such as being a White American, a male, a cisgender person, a heterosexual, a person without disability, a member of middle or upper class, and so on. A generic social identity development stage model by Jackson and Hardiman (1994) can be used to describe common attributes of individuals at different levels of dominant-group identity. This model identified five stages—no social consciousness, acceptance (passive and active), resistance (passive and active), redefinition, and internalization—that are progressive in nature and describe a journey from no or low social consciousness to high social consciousness regarding the existence and impact of social privilege and oppression. This generic model, along with several other existing specific identity development models, will be used in our discussion of dominant cultural group identity development in several selected areas that are emotionally salient for many people, especially subordinate-group members. This discussion will help us envision a path toward a multicultural identity.
BECOMING MULTICULTURALLY COMPETENT

Racial and Ethnic Identities

Most White European Americans are not particularly aware of their racial identity, which is clearly a privilege, but their attitude and behavior in relation to people of color reflect their racial identity and contribute to the cultural climate for subordinate racial and ethnic groups. Thus, it is critical that White counselors strive toward developing an antiracist identity so that they can relate to clients of color in a truly respectful manner and provide them with effective care. To describe the process of White racial identity development, several theoretical models identify progressive stages, from lower to higher, as markers of development. Although individuals generally move from lower to higher stages, there is fluidity between stages, and individuals can stay at more than one stage at a time or regress from higher to lower stages. Environmental factors such as place and time, social climate, and significant political or cultural events play an important role in individuals’ experience of their racial identity. Based on a number of previous theoretical models, Sue and Sue (2013) present a 7-step descriptive model that is focused on the following basic assumptions:

1. Racism is an integral part of U.S. life, and it permeates all aspects of our culture and institutions (ethnocentric monoculturalism).
2. Whites are socialized into the society and therefore inherit all the biases, stereotypes, and racist attitudes, beliefs, and behaviors of the larger society.
3. How Whites perceive themselves as racial beings follows an identifiable sequence that can occur in a linear or nonlinear fashion.
4. The status of White racial identity development in any multicultural encounter affects the process and outcome of interracial relationships.
5. The most desirable outcome is one in which the White person not only accepts his or her Whiteness but also defines it in a nondefensive and nonracist manner. (p. 331)

Seven Phases of Development

Naïveté phase. White persons at this phase feel relatively neutral toward people with racial and ethnic minorities and tend to be innocent, open, and spontaneous regarding...
racial differences. This phase may be brief with individuals who show little racial awareness (i.e., young children) but are starting to “associate positive ethnocentric meanings to his or her own group and negative ones to others” (Sue & Sue, 2013, p. 331).

**Conformity phase.** Ethnocentric attitudes and beliefs dominate this phase in which individuals show minimal self-awareness about their own racial identity and strong belief in the universality of their cultural values and norms. Some characteristics of the naïveté phase and uncritical acceptance of White supremacist notions may be present. “Consciously or unconsciously, the White person believes that White culture is the most highly developed and that all others are primitive or inferior” (p. 332).

**Dissonance phase.** White persons enter this phase when they are forced “to acknowledge Whiteness at some level, to see the conflict between upholding humanistic non-racist values and their contradictory behavior” (p. 332). Oblivion to racial issues breaks down, they feel conflicted over irresolvable racial moral dilemmas, and they become increasingly conscious of Whiteness. Individuals at this phase often experience feelings of guilt, depression, helplessness, or anxiety.

**Resistance and immersion phase.** Whites begin to notice, question, and challenge the realities of oppression and their racism, feeling anger at individuals, institutions, and societal values for failed practice of democratic ideals and guilt for personally having been a part of the oppressive system. The “White liberal syndrome” (p. 334) may develop in which they either take a paternalistic protector role or overidentify with minority groups. Later they learn that neither of these roles is appreciated by minority groups. They may resolve this dilemma by moving back to the conformity phase or moving forward to the introspective phase.

**Introspective phase.** Individuals no longer deny that they have participated in oppression and have benefited from White privilege, entering a state of relative quiescence, introspection, and reformulation of what it means to be White. They recognize that racism is an integral part of U.S. society, ask painful questions regarding their racial heritage, confront prejudices and biases, and accept responsibility for contributing to social oppression. They accept Whiteness and understand the concept of White privilege and feel increased comfort in relating to racial and ethnic minorities.

**Integrative awareness phase.** This phase is marked by an understanding of self as a racial/cultural being, awareness of sociopolitical influences with respect to racism, appreciation of racial/cultural diversity, and commitment to eradicating oppression. A nonracist, White Euro-American identity becomes internalized, and an inner sense of security emerges in a society “that is only marginally accepting of integrative, aware White persons” (p. 335).

**Commitment to antiracist action phase.** This phase is characterized by social action. White persons give up the ultimate White privilege of seeing racism but not doing anything about it. They are actively working to correct the wrong made by racism and form
alliances with persons of color and other liberated Whites to validate and encourage continuance to the struggle against individual, institutional, and societal racism.

It is clear that due to the society we live in, it can be challenging for White European Americans to develop a positive and nonracist/antiracist racial identity. As the author of a famous article on White privilege, Peggy McIntosh (1989) reflected the following:

My schooling gave me no training in seeing myself as an oppressor, as an unfairly advantaged person, or as a participant in a damaged culture. I was taught to see myself as an individual whose moral state depended on her individual moral will. . . . Whites are taught to think of their lives as morally neutral, normative, and average, and also ideal, so that when we work to benefit others, this is seen as work which will allow “them” to be more like “us.” (p. 10)

However, for culturally competent counselors, there is no option not to take on this challenge. Counselors’ attitudes and beliefs regarding racism play a direct role in how they view, understand, and work with clients of color. For themselves, progress toward a positive and nonracist/antiracist White identity can be freeing as well, as Shawn T., a graduate student in counseling psychology, reflected. It is not hard to imagine that a client of color will find it comforting to have a counselor who is able to acknowledge his or her role in social oppression and does not focus on changing the client toward being “correct” or “right” according to White standards.

**A Reflection: I Can’t Deny Being a Racist**

One of the most profound personal discoveries of my life is that I, whether I intend to be or not, am a racist. For most of my 24 years, my definition of *racism* was a way of being characterized by slander, slurs, hatred, distrust, violence, and self-declared superiority. Until recently, my definition of *racism* and the vision that term and its various iterations conjured, never included covert methods and expressions. As my multicultural consciousness has developed, my vision of what is and is not racist has evolved to a much broader and inclusive view. The view I hold now is what leads me to say that I am a racist.

This is a fact from which I cannot run, nor can I any longer justify and ignore. I am a White person, and I live in a society that places its highest value on the characteristics, aspirations, and successes of White culture. I have never experienced invalidation of my person, heritage, or future because the standard set forth by society at large is woven from the fabric of White history. Knowingly or not, intentionally or not, my life plays a part in maintaining a systemic process that is flawed and skewed, established and maintained in such a way as to empower one type of person over another.

This new discovery, this new level of awareness opens my eyes to the flaws of my past beliefs. I am not called to bring people of color up to my level. It is not my place to show people of color the right and proper aspirations and values. It is not my duty to make the
Developing a Multicultural Identity

world more White. A piece of me is broken by the knowledge that I am the oppressor that I disdain. My conscience is guilty as a result of the actions of my world and of myself. With my awareness, my new consciousness, I am called to respect and empower people to seek their own truths and values in whatever direction or form that may take. I am to be an ally and advocate to all, regardless of the color of their skin. I am called to recognize the distinct nature of all heritages and attempt to understand how those heritages inform the perception and experience of life in the context of a world that favors me and not people of color.

—Shawn T., a graduate counseling student

Because whites have great privilege and sociopolitical power in society, they can more readily avoid working through issues of racial identity development. (Helms, 2004, p. 5)

Questions for White students

What emotions does this statement stir in you?

Why might you agree or disagree with Helms in your actual experience related to avoiding or committing to racial identity development?

Why might you agree or disagree that White people’s avoidance of developing a racial identity is a reflection of their privilege and power?

Why do or don’t you think it is relevant for White people to develop a racial identity?

How do you think non-White people may feel about White people’s avoidance of racial identity development?

Questions for students of color

What emotions does this statement stir in you?

How do you think White people may feel regarding the assertion that they are avoiding their racial identity development?

How do you think White people may be affected by avoiding their racial identity development?

Why do you think “power and privilege” are relevant in terms of racial identity development for individuals in society?

How do you think White people’s racial identity may influence your (and other people of color) existence and experience in this society? Why?

How about your own racial identity? How is it related to White people’s racial identity?

How might this awareness about Whites’ avoidance of their racial identity help you understand racial relationships in our society?
Sex, Gender, and Sexual Orientation Identities

Individuals’ sex, gender, and sexual orientation identities are formed through socialization and the influence of societal institutions in which their identities reflect both how they see themselves and how others see and define them. Their group memberships, dominant or subordinate, influence their social experiences and the role they play in others’ experiences. Socially constructed sexism, genderism, and heterosexism reflect individual, social, and institutional beliefs that the dominant groups in each of these identities are the norm and are superior to those in the minority groups, which is the foundation for social privileges and oppressions. It can’t be overemphasized that counselors must not permit their personal identity to bias their clinical judgment and decision making about their clients. Therefore, counselors-in-training need to purposefully develop healthy sex, gender, and sexual orientation identities toward a multicultural identity that positions them to recognize and eliminate the negative influence of sexism, cisgenderism, and heterosexism.

Although it is not without controversy, sex is often viewed as a physical or biological characteristic (e.g., male, female) and gender a socially constructed and/or personally experienced identity (e.g., masculine, feminine, genderqueer, bi-gender). Gender development is a process in which the person is socialized with gendered norms the society assigns. Cisgender is a gender identity that society deems to match the person's assigned sex at birth. Sexual orientation refers to “an enduring emotional, romantic, sexual, or affectionate attraction or non-attraction to other people. Sexual orientation is fluid, and people use a variety of labels to describe their sexual orientation” (“Sexual orientation,” n.d.).

Each of these identities can be viewed as a continuum along which individuals identify themselves. There are expected social roles that are built upon these identities. For instance, while sex can be seen as biological, socially constructed sexism gives social power and privilege to men, views women as subordinate and inferior, and “denigrates values and practices associated with women” (“Sexism,” n.d.). Genderism recognizes only two genders (men and women) and believes gender is inherently tied to one’s sex assigned at birth. Genderists believe that cisgender people are the dominant group and superior to transgender people, and they exclude those who don’t conform to society’s expectations of gender (“Genderism,” n.d.). Similarly, cisgenderism assumes every person is cisgender and holds people to traditional expectations based on gender, marginalizes those who identify as transgender in some form, and punishes or excludes those who don’t conform to traditional gender expectations (“Cisgenderism,” n.d.).

Becoming Aware of Sexist Privileges

Sexism is prejudice based on biological sex, and it creates systematic privileges and advantages for men on the sole basis of their being men in our society. Jun (2010) said that because of sexism “governmental, institutional, and organizational policies, laws, and rules are written to favor men and unfairly discriminate against women” (p. 136). The profound negative effect of sexism on women has been well documented and is in fact visible in the everyday life of our society, including terrible situations in which
sexism leads to sexual harassment or violence. What has not been specifically dis-
cussed is how cisgender men (individuals with social and institutional power associated
with their sex and/or gender) develop their sex and gender identity. Similar to
other dominant-group identity development, this process requires that men become
aware of their social positions of power and the injustice inflicted on women, under-
stand the meaning of being men in society, and recognize their role in sustaining
sexism and gender discrimination.

It may be difficult for some men to see their privileges or recognize their roles in
oppression of women because they themselves may feel oppressed due to other reasons.
For instance, a White man in poverty may feel more oppressed than privileged. It is
important to know that this person’s disadvantage or oppression due to his socio-
economic status does not mean that he is not privileged in relation to his being male. In
fact, “White men in the United States are systematically gender privileged, which allows
them to have easier access to education, housing, health care, and jobs compared with
women and men in other racial groups” (Jun, 2010, p. 137). Developing an antisexist
identity in the sexist context of our society is challenging but necessary for all counselors.

If we use the generic social identity model by Jackson and Hardiman (1994), men
likely go through some or all of the following stages of identity development:

No social consciousness—be oblivious to differences between men and women in
their social experiences due to their sex

Acceptance—consciously or unconsciously accept the dominant group’s views about
men and women, act upon sexual stereotypes against women, and deny that the
societal culture is oppressive for women

Resistance—start to question the dominant group’s views that are inconsistent with
previous beliefs when encountering or learning about women’s experiences, notice
the existence of privileges for men and discrimination against women, and recognize
their own role in the oppression women experience

Redefinition—reexamine own identity as men, realize the responsibility for
recognizing and eliminating sexism, and feel good about being men who are
antisexist and believe in egalitarianism for men and women

Internalization—reach an understanding of social power and privilege associated
with being men and be motivated to use the power of being men to advocate for
social justice for women

Gender and Cisgender Identity Development

Gender is a personal expression and is separate from sex or sexual orientation.
Gender identity is the extent to which one identifies as being either masculine or femi-
nine and is often shaped through a process of differentiation—interactions of biological,
social, and cognitive learning factors that occur over time. For cisgender people, gender
identity is in accord with physical anatomy, and for others, gender identity may differ
from physical anatomy or expected social roles. Due to genderism and cisgenderism, male gender is often viewed as intrinsically superior to female or other genders (including third gender, genderqueer, and other nonbinary-identified people), and those who identify their gender according to the sex assigned at birth (cisgender) are seen as more healthy or normal than those whose gender identity does not conform to the designated sex at birth. Thus, gender discrimination and oppression on the basis of actual or perceived gender identity exist in various forms, and the significant lack of equality in employment, higher education, and economic opportunities hurts women and individuals who are not gender conforming.

The presence of discrimination and oppression for some individuals and groups lays the responsibility of promoting justice and fairness on those who are in the dominant groups. For counselors, their sense of their own sex and gender identities, recognition of privilege, and willingness to give up undue power will influence how they view and work with clients. The process of this identity development involves active learning and likely consists of the five stages Jackson and Hardiman (1994) identified previously. Individuals would move forward from being unaware of or oblivious to the system of privilege and oppression related to genderism and cisgenderism (stage of no social consciousness) toward recognition of social injustice for minority groups (stages of acceptance and resistance). Their acceptance of responsibility for contributing to the unjust system and desire to see justice would motivate them into action to promote positive changes for the marginalized gender minorities (stages of redefinition and internalization).

**A Reflection by an African American Trans Male**

My interactions with cisgender men have been positive and negative. It’s difficult to make friends with cisgender men because I feel that my trans masculinity causes conflict in areas of socialization and bonding. Because I wasn’t socialized as male growing up, I lack the sense of male privilege and am often surprised when I’m made aware of the fact that my male privilege has influenced a situation. Some cis-men I have met exert their male privilege in situations where it serves them well. My inability to healthily bond with cisgender men has caused my social group to exist primarily in the trans community and its allies. Although this is comforting, I would like to expand my social interactions outside of the trans community.

Public bathrooms (on or off campus), gyms, and locker rooms always present an issue of safety. I can never use these facilities without being actively observant of my surroundings, which is both distracting and inconvenient.

—Langston, an African American trans male

**Heterosexual Identity Development**

In society where the dominant sexuality patterns tend to be viewed as healthy or normal and minority sexuality as unhealthy and/or deviant (Warner, 1991), individuals’ sexual identity is directly linked to social power. For instance, protecting the current...
marriage law that excludes same-sex marriage gives heterosexual individuals the privilege of being legal, normal, or healthy, which directly affects the well-being or social status of those who identify with same-sex attraction.

By definition, *heterosexual identity development* refers to “the process by which people with a heterosexual sexual orientation (i.e., heterosexually identified individuals) identify with and express numerous aspects of their sexuality” (Worthington, Savoy, Dillon, & Vernaglia, 2002, p. 497). In literature, distinction has been made between sexual orientation and sexual identity. *Sexual identity* is “the comprehensive process involving self-definition more broadly as a sexual being” (p. 497), and *sexual identity development* is the process by which an individual conceptualizes one’s sexuality, sexual identity, and sex value system regardless of sexual orientation. Due to the interactive nature of social identity development, sexual identity formation involves attitudes and behaviors toward in-group and out-group members with similar or different sexual orientation and/or identity.

*Multidimensional heterosexual identity development.* Focusing on both psychological and social processes, Worthington et al. (2002) conceptualized heterosexual identity development as a process that is far beyond the confinement of sexual orientation and that is impacted by privilege and group affiliation. Being a stable component of one’s sexual identity, sexual orientation is also a socially constructed phenomenon, and according to Worthington et al., it contains the following five heterosexual identity statuses:

*Unexplored commitment* status reflects “microsocial (e.g., familial) and macrosocial (e.g., societal) mandates for acceptable gender roles and sexual behavior and/or avoidance of sexual self-exploration, which may preempt legitimate active exploration” (p. 515). Individuals tend to follow prescribed norms in our culture and depreciate sexual minority groups, showing unexamined heterosexist and homonegative biases.

*Active exploration* status is marked by “purposeful exploration, evaluation, or experimentation of one’s sexual needs, values, orientation, and/or preferences for activities, partner characteristics, or modes of sexual expression” (p. 516). Dominant-group identity enters the consciousness, leading to either questioning or asserting the privileges of a dominant status.

*Diffusion* status reflects an “absence of exploration or commitment and often results from crisis” (p. 518). Individuals at this status may reject social conformity and extend noncompliance to other social and cultural prescriptions in their sexual life. There is a lack of self-understanding and sense of identity. Active exploration may occur and professional assistance may be needed.

*Deepening and commitment* status is characterized with the “movement toward greater commitment to one’s identified sexual needs, values, sexual orientation and/or preferences for activities, partner characteristics, and modes of sexual expression” (p. 519). Individuals become more aware of their attitudes toward sexual minorities, perspectives of the dominant-subdominant relationships, and privilege and oppression related to sexual orientation.
Synthesis is the most natural and adaptive status of sexual identity development, characterized by a state of congruence among the dimensions of individual identity. Individuals come to “an understanding and construction of heterosexuality that fulfills their self-definitions and carries over to their attitudes and behaviors toward other heterosexually identified individuals and lesbian/gay/bisexual (LGB) persons” (p. 519). This status allows individuals to experience a synthesis of their own multiple identities (e.g., gender, race/ethnicity, religion), understand the continua of human sexuality, and be more affirmative toward lesbian/gay/bisexual/transgender (LGBT) individuals.

A Reflection by a Latino Gay Counselor-in-Training: Sense of Responsibility

Navigating within the two worlds can be difficult, and my goal is to serve as a counselor, mentor, and friend. Whether we want to acknowledge it or not, many of us gay Latino males need a supportive and validating voice. At times we need to hear that we are good enough, normal enough, Latino enough, gay enough, or straight-acting enough. At multiple points in our lives, we will worry about each of these things. Some of these thoughts are adaptive, and some are obviously maladaptive. Still, at one point or another they are considered or desired.

—A Latino American counselor-in-training

Social Class Identity Development

Although individuals’ social class is often defined by income, classism is much more than individual differences or individual prejudice toward each other. Classism is socially constructed and is a form of “oppression that is structural, maintained by practices that constitute ‘business as usual,’ and played out at the individual, institutional, and cultural levels” (Adams, 2000, p. 380). It systematically assigns characteristics of worth and ability based on social class and maintains a system of beliefs and cultural attitudes that ranks people according to economic status, family lineage, job status, level of education, and other divisions. As a result, classism creates and supports “the systematic oppression of subordinated groups (people without endowed or acquired economic power, social influence, or privilege) by the dominant groups (those who have access to control of the necessary resources by which other people make their living)” (Collins & Yeskel, 2005, p. 143).

Intersecting with other dimensions of individual diversity (e.g., race, sexual orientation, ability/disability), one's social class is certainly a source of unearned privileges and/or undeserved disadvantages. Those from middle or high class (dominant groups) are seen not only as smarter and more capable than working-class and poor people (subordinate groups) but also as having the power to define for everyone else what is “normal” or “acceptable” in the class hierarchy. Unless they have a multicultural identity that includes non- and anticlassist attitudes and understanding, counselors may even do...
unintentional harm to clients from lower social classes who may internalize the classism and dominant groups' beliefs about them. Using Jackson and Hardiman's (1994) generic model, social class identity development for class-dominant-group members can be described in the following stages:

No social consciousness—be oblivious to differences due to social class and see the privilege of middle or higher classes as normal or standard

Acceptance—consciously or unconsciously accept the dominant groups' views about people in low social class, act upon classist stereotypes against them, and deny that the societal culture is oppressive to them

Resistance—start to question the dominant groups' views that are inconsistent with previous beliefs when encountering or learning about people from low social class, notice the existence of privileges for middle or high social classes and discrimination against people of low social class, and recognize their own role in the oppression related to social class

Redefinition—reexamine own identity as privileged, realize the responsibility for recognizing and eliminating classism, and feel good about being anticlassist

Internalization—reach an understanding of social power and privilege associated with being in middle and high classes and be motivated to advocate for social justice for people in low social class

**Ableism and Multicultural Identity Development**

*Ableism* is based on “a belief that impairment [irrespective of ‘type’] is inherently negative which should, if the opportunity presents itself, be ameliorated, cured, or indeed eliminated” (Campbell, 2008, p. 154) and is a form of oppression and discrimination against individuals with physical, mental, or developmental disabilities. It is socially constructed to give power and control to people without disabilities who set the norm and standards, according to their way of doing, for determining what is good or normal or superior (Storey, 2007). As a result, those with disabilities are often viewed by ableists as abnormal or inadequate persons whose problems and solutions lie within them. Ableism uses a medical model to view disability as something to be fixed or cured and ignores the social model that views ableism as giving power to those without disabilities. It is noted that “systematic privilege has been maintained by the exclusion of individuals with disability/impairment, resulting in unequal access to power and justice” (Jun, 2010, p. 209).

Counselors must develop a multicultural identity that includes a non- and anti-ableist identity in order to serve those with disability. Following the generic cultural identity development model by Jackson and Hardiman (1994), those temporarily without disability (all persons may become disabled physically or mentally at some point in time) would go from the no social consciousness stage (many people are in this stage in the ableist society) through the acceptance, resistance, and redefinition stages. They need to recognize and give up their privilege of being ignorant or oblivious about
discrimination against persons with disability and the roles they play in the negative social experience inflicted on those with disability. Eventually, they will be able to turn the feelings of guilt and powerlessness (unable to help those with disability) into action to remove barriers and eliminate ableism (the *internationalization* stage).

**Other Isms and Multicultural Identity Development**

Any beliefs that give power and privilege to some people and force social oppression onto others on the basis of individual characteristics or identities are examples of socially constructed *isms*. In developing a multicultural identity, counselors need to intentionally gain awareness, recognition, and understanding of their social positions in relation to those of others in *all* areas of individual diversity.

**Age and Ageism**

Age is one personal characteristic that everyone has, but ageism has unfairly discriminated against some and benefitted others. The term *ageism* was coined by Robert Neil Butler in 1969 to describe discrimination against seniors, including prejudicial attitudes and discriminatory practice against older people and institutional practices and policies that perpetuate negative stereotypes about older people. In recent years, theorists have defined ageism as a system of privilege and oppression that marginalizes, discriminates against, and takes away power, responsibility, and dignity from older adults; it also prejudices and discriminates against children and adolescents, ignoring their ideas or voices or assuming that they should behave in certain ways because they are too young.

The valuation of youth and devaluation of age contribute to ageism and lead to poor treatment of older adults. Many older adults experience mistreatment by society, including the health care system (Burbank, 2006). On the other side of the age spectrum, children may also suffer from ageism. Children often are not heard and become victims of domestic violence, neglect, or physical/emotional/sexual abuse (Jun, 2010). Our society, governmental institutions, and health care systems have not done an adequate job to protect children from harm, violence, and mistreatment. As noted by Westman (1991), “Institutional juvenile ageism exists when social systems ignore interests of children. Individual juvenile ageism exists when developmental interests of a child are not respected” (p. 237). In the mental health field, we have witnessed too many and too painful facts about children who suffer from various forms of abuse and harm.

Counselors who are to serve the diverse in the 21st century ought to be aware of and sensitive to how ageism has provided them privileges and has negatively impacted the autonomy, dignity, and quality of life for so many individuals at both ends of the age spectrum. With a multicultural identity that includes the recognition of age privileges and disadvantages, counselors will be able to understand client experience related to ageism and avoid using age-related centrism in evaluating clients.

**Religion and Religious Prejudice**

Religion is one area of human life where individuals easily find themselves facing in-group and out-group memberships and experiences. Individuals in one religion
may see those in another religion or those who are atheists or agnostic as out-groups. Although many religions teach love and tolerance and are sources of strength for their members (Hunsberger & Jackson, 2005), there are also groups where religious ethnocentrism and in-group loyalty are promoted and religious intolerance toward out-groups is permitted. These groups have the tendency to minimize, marginalize, or discriminate against others with different beliefs, values, and identities (Altemeyer, 2003). According to the FBI, religious intolerance accounted for 19% of hate crimes across the nation in 2012 (Federal Bureau of Investigation, 2013).

Religious privilege that favors religion, religious beliefs, and religious figures is accompanied by the disadvantages imposed on those who are atheists or agnostic. In the United States, Christian privilege is a type of dominant religious group privilege:

[It] views that non-Christian faiths are inferior or dangerous, or that adherents of other faiths are immoral, sinful, or misguided. These beliefs infuse established social institutions, are reinforced by broader American society, and are societal/cultural norms that have evolved as part of a society's history . . . . Oppression occurs when a dominant Christian group imposes its cultural norms, values, and perspectives on individuals with differing beliefs. (“Christian Privilege,” n.d., para. 2, 5)

In the United States, Christian privilege is based on the presumption that Christian beliefs are social norms and associated with institutional support. Christian holy days are sanctioned as official state holidays, and nondominant religious groups are forced to incorporate Christian holy days into their lives.

Religion or faith identity can’t be ignored in counselors’ multicultural identity development. For those with a membership in the dominant group (e.g., Christian), development of a healthy religious identity without religious prejudice requires them to become aware of existing discriminative attitudes and practice against out-groups within their own religion and acknowledge the dominant-group privileges that benefit them while putting members of out-groups in disadvantages. They need to develop themselves as supporters of respect for other religions and for the irreligious. Advocating for equality among people with different religions will mark a high level of faith identity.

Nationality and Nativism

The United States is a country of immigrants. However, due to both historical and current sociopolitical reasons, over 30 million immigrants and refugees generally face challenges because of their nationality and/or their status of being non-U.S. citizens. Nativism demands favored status for U.S. citizens and supports efforts to lower the political or legal status and rights of various immigrant groups. While there are both xenophobic and xenophilic attitudes toward immigrants or refugees in the American public, there have been immigration policies and legal practices that allow immigrants “reduced rights and freedom” (Cole, 2003, p. 368). Therefore, nationality is one area of individuals’ identity in which some people are privileged and some discriminated against. At the institutional level, U.S. citizens have the privilege of having access to rights, freedom, and opportunities protected by the law that are sometimes not available to noncitizens. Noncitizens with
various immigration statuses (e.g., with or without permanent residence status, documented or not) also have different rights and accesses. At the societal, intercommunity, and interpersonal levels, immigration statuses along with race (e.g., European Caucasians vs. non-White people), region (e.g., developed countries vs. poor countries), language (e.g., English vs. other languages), education (e.g., intellectuals vs. blue-collar workers), wealth (e.g., investors vs. wage earners), and other factors become a basis for different levels of access and for discrimination and prejudice.

For nonimmigrant counselors-in-training, a multicultural identity involves a good understanding of the self as a member of the group of power that contributes to the discrimination inflicted upon immigrants and refugees, especially those from poor, non-White, and non-Christian countries. They have to allow the non-nativist view that immigrants deserve dignity and just treatment to enter their consciousness. The recognition of the dominant-group privilege one has and the role one has played in oppression to others is critical in the individual effort to develop a positive and antinativist cultural identity. This developmental process includes progression from being oblivious to being aware of experiences of self and others related to nationality, to becoming willing to accept responsibility and learn about others, and to committing oneself toward social justice for immigrants.

Self-Assessment of Multicultural Self

Table 6.1 Systems of Social Privilege and Oppression: My Social Position, Role, and Responsibility

<table>
<thead>
<tr>
<th>Cultural &amp; Social Identity</th>
<th>Dominant Groups</th>
<th>Subordinate Groups</th>
<th>Bases of Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td>White European American</td>
<td>People of color/ethnic minorities</td>
<td>Racism</td>
</tr>
<tr>
<td>Social class/SES</td>
<td>Middle or high social/economic class</td>
<td>Low SES</td>
<td>Classism</td>
</tr>
<tr>
<td>Gender</td>
<td>Cisgender</td>
<td>Transgender</td>
<td>Genderism</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td>Sexism</td>
</tr>
<tr>
<td>Sexuality</td>
<td>Heterosexuality</td>
<td>Homosexuality, bisexuality, asexuality</td>
<td>Heterosexism</td>
</tr>
<tr>
<td>Ability</td>
<td>People without disability</td>
<td>People with disability</td>
<td>Ableism</td>
</tr>
<tr>
<td>Age</td>
<td>Young adults</td>
<td>Older adults</td>
<td>Ageism</td>
</tr>
<tr>
<td>Religion</td>
<td>Religious majorities</td>
<td>Religious minorities (including people without religion)</td>
<td>Religious prejudice &amp; oppression</td>
</tr>
</tbody>
</table>
Reflecting on My Positions, Experience, and Consciousness

In the context of systems of social privilege and oppression (Table 6.1), self-reflect and share within a small group.

1. My social/cultural positions
   a. Am I a member of the dominant or subordinate group along each of these identities?
   b. What does this specific membership in a dominant or subordinate group mean to me in society?
   c. What does this specific membership in a dominant or subordinate group mean to others in society?
   d. In what ways have these social positions shaped my cultural being?

2. My social/cultural experiences
   a. In what ways am I benefiting from unearned privileges due to my membership in dominant groups? What are the implications of these privileges on others who are in subordinate groups?
   b. In what ways am I experiencing undeserved oppression due to my membership in subordinate groups? What change would I hope for in a just and fair world?
   c. How do I wish to be viewed and treated by the dominant or subordinate groups considering my identities along all these dimensions?

3. My social/cultural consciousness
   a. How aware am I about all the isms?
   b. What emotions do I experience in relation to the isms?
   c. What do I do with those emotions?

(Continued)
Summary

This chapter focuses on multicultural identity development in relation to dominant-group memberships—namely White, cisgender, male, heterosexual, middle or high social class, temporarily able, Christian, and nonimmigrant. Developing a multicultural identity out of dominant-group membership is challenging, but it is the unwavering personal, social, and professional obligation of counselors in the 21st century. We will be personally irresponsible and professionally negligent if we fail to engage ourselves in this lifelong learning and development process. The discussion of this chapter is heavily focused on the personal aspect of identity development; multicultural professional identity development will be discussed in more detail in the following chapters.

Takeaway Messages

1. In preparing to serve the culturally diverse, counselors’ multicultural identity development is the first step.
2. Counselors should strive to develop a healthy, positive, and anti-isms multicultural identity.
3. One needs to start with examining and understanding one’s dominant-group memberships, asking, “What does my dominant-group membership mean to me and to others (who do not have this dominant membership) in our society?”
4. A personal multicultural identity is the foundation of a professional multicultural identity.
5. Always remember that we are training ourselves to effectively serve others, which is most likely the primary reason that we are in the counseling field.

Recommended Resources

Readings


Developing a Multicultural Identity


References


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