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15 MULTICULTURAL THEORIES OF PSYCHOTHERAPY

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OVERVIEW

Are the prevailing systems of psychotherapy relevant to culturally diverse individuals? Most therapeutic orientations recognize that individual differences must be respected and accepted. However, as a product of Western society, the dominant models of psychotherapy tend to be grounded in a monocultural perspective. As such, they support mainstream cultural values, neglecting multicultural worldviews. Unfortunately, a monocultural psychotherapy frequently promotes *ethnocentrism*. Ethnocentrism, the belief that one's worldview is inherently superior and desirable to others (Leininger, 1978), can compromise psychotherapy when therapists project their values and attitudes onto their culturally different clients. As a result, scholars and practitioners questioned the multicultural applicability of mainstream psychotherapy (Bernal, Bonilla, & Bellido, 1995; Sue, Bingham, Porche-Burke, & Vasquez, 1999). Multicultural psychotherapies emerged as a response to these concerns.

Proponents of multicultural psychotherapies advocate for cultural sensitivity—that is, awareness, respect, and appreciation for cultural diversity. Valuing diversity promotes a critical examination of established psychotherapeutic models and assumptions because definitions of health, illness, healing, normality, and abnormality are culturally embedded. Thus, multicultural psychotherapists examine their clients' as well as their own *worldviews*. The concept of worldview refers to people's systematized

ideas and beliefs about the universe. When multicultural psychotherapists engage in self-examination, they explore their professional socialization and potential bias. They also examine the cultural applicability of their interventions and promote culturally relevant therapeutic strategies.

Monocultural, dominant psychotherapy tends to be decontextualized, ahistorical, and apolitical. When it fails to examine the historical and sociopolitical contexts, mainstream psychotherapy ignores the role of issues of power and privilege in people's lives. Multicultural psychotherapists consider power differences based on diversity characteristics such as ethnicity, race, gender, social class, sexual orientation, age, religion, national origin, ability/disability, language, place of residence, ideology, and membership in other marginalized groups. They believe that ethnocentric psychotherapy paradigms resist change because they preserve the status quo. To embrace change, multicultural psychotherapists promote empowerment and social justice. Instead of focusing on deficits, they affirm strengths. This emphasis on diversity leads multiculturalists to endorse interdisciplinary approaches. Indeed, *unity through diversity* is a multicultural maxim. Consequently, multicultural psychotherapists benefit from the contributions of sociology, anthropology, cultural/ethnic studies, humanities, arts, history, politics, law, philosophy, religion/spirituality, and many other disciplines. Accordingly, Multicultural psychotherapists also are represented in diverse theoretical schools including psychodynamic, cognitive–behavioral, rational–emotive, humanistic, Jungian, and various other combinations of dominant psychotherapies. Regardless of preferred theoretical approach, multicultural psychotherapists work to develop *cultural competence*. A basic concept in multicultural psychotherapies, cultural competence refers to the set of knowledge, behaviors, attitudes, skills, and policies that enables a practitioner to work effectively in a multicultural situation (Cross, Bazron, Dennis, & Isaacs, 1989).

Basic Concepts

The demographic changes in the United States signal the increasing number of culturally diverse individuals in need of psychotherapy. However, multiculturalism has not fully reached dominant psychotherapy. Accordingly, the lack of cultural relevance in dominant psychotherapies gave birth to multicultural psychotherapies. Simply put, multicultural psychotherapies infuse cultural competence into clinical practice. Regardless of theoretical orientation, most psychotherapists can incorporate a multicultural perspective into their practice. The term *multicultural* refers to the interaction between people across cultures. In the United States, multicultural refers to the interaction between culturally diverse individuals such as people of color, internationals, immigrants, temporary workers, and the dominant European American culture. Cultural misunderstandings and communication problems between psychotherapists and their clients interfere with treatment effectiveness. This observation illustrates how psychotherapists' ethnocentric worldviews interfere with psychotherapy's usefulness.

Worldviews

Harry Triandis (1995) classified worldviews according to how individuals define themselves and how they relate to others. Those cultures where individuals' identity is associated with their relationships to others are called collectivistic. In contrast, members who frequently view themselves independently from others are denominated individualistic (Triandis, 1995). Western societies tend to be identified as individualistic since their members define themselves primarily in terms of internal features such as traits, attitudes, abilities, and agencies. In other words, their ideal personal characteristics include being direct, assertive, competitive, self-assured, self-sufficient, and efficient. On the

other hand, collectivistic members endorse relational values, prefer interdependence, encourage sharing resources, value harmony, tolerate the views of significant others, and prefer communication that minimizes conflicts (Triandis, 1995). Valuing connection, collectivistic persons frequently contextualize and have a holistic orientation. In reality, most people's worldviews can be placed within an individualist–collectivistic spectrum. For instance, many African Americans have a combined collectivistic and individualistic worldview.

The negotiation of client/therapist worldviews is crucial for effective psychotherapy. Regrettably, due to their individualistic worldview, mainstream psychotherapists tend to interpret multicultural clients' normative cultural behaviors as resistance, inferiority, and/or deviance (Young, 1990). For example, when collectivist members tolerate the limitations of significant others, individualist psychotherapists may misinterpret such behavior as poor judgment instead of viewing it as a culturally accepted norm. Moreover, individualistic psychotherapists can violate personal and family norms by asking collectivistic clients to reveal intimate personal information, soliciting the expression of emotion and affect, and requesting individuals to air family disputes, all before earning their clients' trust and establishing a positive therapeutic alliance (Varma, 1988). Since the notion of being understood is an important aspect in healing, effective psychotherapy depends on the therapist's understanding of his or her client's worldview. The development of cultural competence helps therapists to appreciate and manage diverse worldviews.

Cultural competence

Differences in therapists' and clients' worldviews frequently lead to communication problems, misdiagnosis, and/or client premature treatment termination. However, cultural competence enhances adherence to psychotherapy and completion of treatment. *Cultural competence* involves a set of congruent behaviors, attitudes, and policies that reflect an understanding of how cultural and sociopolitical influences shape individuals' worldviews and related health behaviors (Betancourt, Green, Carrillo, & Ananch-Firempong, 2003). Specifically, to become culturally competent you need to (1) become aware of your worldview; (2) examine your attitude toward cultural differences; (3) learn about different worldviews; and (4) develop multicultural skills (Sue et al., 1995). Likewise, culturally competent therapists develop the capacity to (1) value diversity; (2) manage the dynamics of difference; (3) acquire and incorporate cultural knowledge into their interventions and interactions; (4) increase their multicultural skills; (5) conduct self-reflection and assessment; and (6) adapt to diversity and to the cultural contexts of their clients. Since all therapeutic encounters are multicultural because everyone belongs to diverse cultures and subcultures, cultural competence enables psychotherapists to work effectively in most treatment situations. For the purpose of this chapter, *culture* is defined as individuals' total environment. It includes beliefs, values, practices, institutions, and psychological processes including language, cognition, and perception.

The American Psychological Association (APA) highlighted the importance of cultural competence by formulating a series of multicultural guidelines. The first set of principles, *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Clients,* exhorted practitioners to (1) recognize cultural diversity; (2) understand the central role culture, ethnicity, and race play in culturally diverse individuals; (3) appreciate the significant impact of socioeconomic and political factors on mental health; and (4) help clients understand their cultural identification (APA, 1990). Afterward, APA (2003) published a second set of principles—*Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change*—and encouraged psychologists to (1) recognize that we are cultural beings; (2) value cultural sensitivity and awareness; (3) use multicultural constructs in education; (4) conduct

culture-centered and ethical psychological research with culturally diverse individuals; (5) use culturally appropriate skills in applied psychological practices; and (6) implement organizational change processes to support culturally informed organizational practices and policy (APA, 2003). The six specific multicultural guidelines are listed below:

Commitment to Cultural Awareness and Knowledge of Self and Others

1. "Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves."
2. "Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals."

Education

3. "As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education."

Research

4. "Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds."

Practice

5. "Psychologists strive to apply culturally appropriate skills in clinical and other applied psychological practices."

Organizational Change and Policy Development

6. "Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices." (APA, 2003, pp. 377–402)

The interested reader can access the complete document at: http://www.apa.org/pi/multiculturalguidelines/homepage.html.

All multicultural guidelines provide a context for multicultural psychotherapies. Nonetheless, three areas are of particular relevance to multicultural psychotherapies. These are the commitment to cultural awareness and knowledge of self and others, guidelines related to psychological practice, and organizational change and policy development. Multicultural psychotherapists respond to their Ethics Code (APA, 2002) regardless of purview of practice and setting.

The development of cultural competence is a lifelong process that requires acknowledging the need for ongoing learning. Cross and colleagues (1989) identified the development of cultural competence across the following spectrum: (1) cultural destructiveness is characterized by attitudes, policies, and practices that are destructive to cultures and to individuals within cultures (e.g., "English only" mandates); (2) cultural incapacity—individuals believe in the racial superiority of the dominant group and assume a paternalistic and ignorant position toward culturally diverse people; (3) cultural blindness—individuals believe that culture makes no difference and thus, the values of the dominant culture are universally applicable and beneficial; (4) cultural precompetence—individuals desire to provide an equitable and fair treatment with cultural sensitivity but do not know exactly how to proceed; (5) cultural competence—individuals value and respect cultural differences, engage in continuing self-assessment regarding culture, pay attention to the dynamics of difference, continue expanding their knowledge and resources, and endorse a variety of adaptations to belief systems, policies, and practices.

Multicultural psychotherapies' emphasis on context nurtured the emergence of cultural competence guidelines for organizations. Since many psychotherapists function within formal organizations, APA formulated multicultural guidelines for psychologists within organizations through its multicultural guideline number 6. Addressing this problem, Howard-Hamilton and colleagues (1998) outlined principles for those counselors working with multicultural clients. They exhorted therapists to (1) evaluate their institution's mission statement and policies to determine whether they include diversity issues; (2) assess policies with regard to diversity; (3) evaluate how people of color may perceive specific policies; (4) acknowledge within-group diversity; (5) be aware that diversity requires examination from both the individual and the institutional levels; and finally (6) recognize that multicultural sensitivity may mean advocating for culturally diverse people. Similarly, Wu and Martinez (2006) asked multicultural practitioners to help their organizations achieve cultural competence by (1) including community representation and input at all stages of implementation; (2) integrating all systems of the health care organization; (3) ensuring that changes made are manageable, measurable, and sustainable; (4) making the business case for implementation of cultural competency polices; (5) requiring commitment from leadership; and (6) helping to establish staff training on an ongoing basis.

Empowerment

In addition to promulgating cultural competence, multicultural psychotherapists challenged dominant approaches with conceptual, methodological, ethical, and sociopolitical concerns. Dominant psychotherapists' ignorance of the historical and sociopolitical contexts further disempowered marginalized individuals. This is detrimental for visible people of color, who, unlike majority group members, have a history of individual and collective oppression. A specific example of such disempowerment is dominant psychotherapists' inattention to racial microaggressions. *Racial microaggressions* refer to the assaults that individuals receive on a regular basis solely because of their race, color, and/or ethnicity (Pierce, 1995). Some illustrations of racial microaggressions include being harassed in public places, being ignored by clerks who favor White customers, being accused of being an "Affirmative Action baby" (racial favoritism), being targeted for racial profiling, and so forth. Unfortunately, racial microaggressions also occur in therapy and include therapists' cultural blindness, denial of racism, adherence to the myth of meritocracy (without acknowledging the roles of oppression and privilege), misdiagnosis, and pathologizing culturally diverse behaviors (Sue et al., 2007). These therapists' behaviors promote disempowerment among culturally diverse clients.

Multicultural psychotherapists emphasize empowerment because many people of color tend to internalize their disempowerment as helplessness. Therapeutic empowerment helps clients increase their access to resources, develop options to exercise choice, improve self- and collective esteem, implement culturally relevant assertiveness, augment agency, affirm cultural strengths, overcome internalized oppression, and engage in transformative actions. Within their empowerment focus, multicultural psychotherapies frequently subscribe to the following assumptions: (1) Reality is constructed in a context; (2) experience is valuable knowledge; (3) learning/healing results from sharing multiple perspectives; and (4) learning/healing is anchored in meaningful and relevant contexts. Along these lines, several multicultural counselors espouse a liberation model, helping clients to critically analyze their situations, affirm ethnocultural strengths, promote personal transformation, and foster sociopolitical change.

Indeed, this emphasis on empowerment frequently leads psychotherapists to commit to social justice. The history of human rights violations against many minorities

has resulted in a *cultural trauma*, a legacy of adversity, pain, and suffering among many minority group members. Duran and Ivey (2006) called this legacy a *soul wound*—the product of sociohistorical oppression, ungrieved losses, internalized oppression, and learned helplessness. Cultural trauma continues to afflict minorities through racism, sexism, elitism, heterosexism, ablism, xenophobia, ethnocentrism, and other types of oppression.

Group membership dynamics seem to reinforce oppression and privilege. For example, research has identified a human tendency to categorize individuals into in-group and out-group members (Allport, 1954). Membership in one group helps to shape our perceptions about our group as well as about other groups. When people belong to one group, they tend to prefer members of their own identity classification. Indeed, some studies have documented the existence of unconscious negative racial feelings and beliefs. By using cognitive psychology techniques (e.g., response latency as measure of bias), Dovidio and Gaertner (1998) demonstrated that individuals who in self-report measures appeared as nonprejudiced often have generally negative attitudes toward Blacks. Known as *aversive racism*, this phenomenon demonstrated that both liberal and conservative Whites discriminate against African Americans (and probably against other visible people of color) in situations that do not implicate racial prejudice as a basis for their actions (Whaley, 1998). Likewise, the expression of unintentional or symbolic racism can take subtle forms and thus is harder to identify. As a result, White individuals who grow up as members of a majority group may have either covertly or overtly racist attitudes (Brown, 1997). As an illustration, in-group favoritism—the informal networks that provide contacts, support, mentoring, rewards, and benefits to same-group members—tends to exclude people of color in predominantly White work environments (Rhodes & Williams, 2007).

Psychotherapy will be unsuccessful if clients feel that their therapist is unconsciously racist, ethnocentric, sexist, elitist, xenophobic, homophobic, or the like. To counteract bias, multicultural psychotherapists explore their beliefs, values, and attitudes toward their in-group members as well as their attitudes toward out-group members. That is, they become aware of and sensitive to their own attitudes toward others, as they may be unconscious of how culturally biased these attitudes may be. Besides becoming familiar with different worldviews, multicultural psychotherapists understand the stigmatizing effects of being a member of an oppressed group. More specifically, they recognize how minority members' history with the dominant society—such as African American slavery, concentration camps for Japanese Americans, the American Indian Holocaust, and the colonization of major Latino groups, including the forceful annexation of Mexican territories—can create cultural trauma and thus influence the worldview of people of color. An appreciation of such history requires awareness of how racism interacts with other types of discrimination such as sexism, classism, xenophobia, neocolonialism, and heterosexism.

To undertake this appreciation, therapists engage in cultural self-awareness. Therapists' cultural self-awareness includes learning about one's position in relation to societal power and privilege. Understanding power dynamics is an important part of appreciating the relationship between self and others. To achieve this goal, multicultural psychotherapists analyze the power differences between their life experiences and their client's. Different from most dominant therapies' analyses, a power analysis goes beyond the power differential inherent in the therapist/client dyad. Multicultural psychotherapists compare their client's cultural group's social status with their own. This comparison entails the identification and challenge of internalized privilege and oppression, since most individuals with power are unaware of its pervasive influence in their life. To increase awareness of power, Peggy McIntosh (1988) defined White privilege as unacknowledged systems that give power to European Americans and male individuals. She exhorted individuals to "unpack the invisible knapsack" by becoming aware of White privilege.

Examples of the invisible knapsack include those situations when European Americans and men can do the following:

1. Go shopping alone most of the time, pretty well assured that they will not be followed or harassed.
2. Turn on the television or open to the front page of the paper and see European American people widely represented.
3. Count on their skin color not to work against the appearance of financial reliability whenever they use checks, credit cards, or cash.
4. Rent or purchase housing in an area that they can afford and in which they would want to live.
5. Avoid the need to educate their children to be aware of systemic racism for their own daily physical protection.
6. Remain oblivious of the language and customs of persons of color who constitute the world's majority without feeling any penalty for such oblivion.
7. Exist with little fear about the consequences of ignoring the perspectives and powers of people of other races.
8. Confront a person of their own race if they ask to talk to the "person in charge."
9. Be confident that if a state trooper pulls them over, they haven't been singled out because of their race.
10. Take a job with an affirmative action employer without having their coworkers suspect that they got it because of their race.

You can review all of the examples of White privilege at www.case.edu/president/aaction/UnpackingTheKnapsack.pdf.

The illustrations of White privilege reflect the importance of recognizing the effects of institutionalized power disparities on people's lives because such disparities favor members of dominant groups while disenfranchising members of minority groups. The denial of the unacknowledged privilege protects the status quo.

To summarize, multicultural psychotherapies' underlying assumptions include the following:

- Culture is complex and dynamic.
- Reality is constructed and embedded in context.
- Every encounter is multicultural.
- Multicultural psychotherapies are relevant to all individuals.
- Understanding nonverbal communication and behaviors is crucial to psychotherapy.
- A Western worldview has dominated mainstream psychotherapy.
- Psychotherapists engage in self-awareness.
- Cultural competence is central to effective psychotherapy.
- Healing entails empowering individuals and groups.
- Healing is holistic and involves multiple perspectives.

Other Systems

Multiculturalism draws upon the benefits and perspectives of many disciplines, and multicultural psychotherapists acknowledge the contributions of diverse psychotherapeutic orientations. Although many multicultural therapists self-identify as adherents to one

or another theoretical orientations, they also impart multicultural values into their specific therapeutic schools. Indeed, partly due to multiculturalism's criticisms, mainstream clinicians are revising psychotherapy's basic tenets with respect to their applicability to culturally diverse clients. Psychoanalysts, for instance, are including the experiences of culturally diverse individuals to incorporate their social, communal, and spiritual orientations into treatment. For example, Altman (1995) utilizes a modified psychoanalytic object relations framework, examining his clients' progress by their ability to use relationships to grow rather than by the insight that they gain.

Object relations theory focuses on the way in which significant interpersonal relationships are internalized and become central to the person's interactions with the world. Within this perspective, conflict and personality disturbance are viewed as arrest and/or damage to the development of the child's sense of self and others. Object relations theory views damage to the development of relationships as a cause of conflict and personality disturbance.

In addition to the cultural adaptations of dominant psychotherapies, the specific influence of multicultural approaches is increasing. Research has reported inconsistent findings regarding the cultural sensitivity of mainstream psychological services. Although some studies found evidence-based practice (EBP) to be effective for a number of culturally diverse populations (CIEBP, 2008), other findings indicated that clients of color tend to drop out of cognitive–behavioral therapy (CBT) at a higher rate than their European American counterparts (Miranda, et al., 2005). Research findings suggest that to be effective, EBP needs to be culturally adapted to clients' contexts. These findings are consistent with the results of a study that showed African American clients who expressed positive expectations about seeking mental health services found treatment less positive than their European American counterparts after utilizing such services (Diala, et al., 2000).

Indeed, after reviewing the research on dominant psychotherapies' cultural adaptations, Whaley and Davis (2007) concluded that culture affects psychotherapeutic process more than it affects treatment outcome. Dominant psychotherapies' ethnocentrism could partly explain Whaley and King's conclusion. To illustrate, a major area of discontent among people of color is the United States' history of medical experimentation and additional abuses toward these populations. Such history has aggravated people of color's mistrust of the medical establishment. Called medical apartheid, this history ranges from the Tuskegee project, a research project where African American men with syphilis were given a placebo instead of medication (penicillin), despite the fact that a cure for syphilis was found during the course of the research and administered to White men, to the involuntary sterilization of Puerto Rican women when they came in for routine medical examinations (Comas-Diaz, 2008). As many culturally diverse individuals endorse a collectivistic orientation, they situate themselves in place and time. Therefore, personal and collective history is an important element in the lives of people of color.

HISTORY

Precursors

Interest in the "other" dates from the beginning of time. At times, such attention has been in the form of concern, awareness, and even fascination. Diverse religious and spiritual traditions assigned an important role to the other. For instance, in Judaism the other is associated with sacred because *otherness* means *holy* in Hebrew. In Christianity, the concept of the "necessary other" facilitates the recovery of the divided self. Furthermore, a Buddhist view on the other as enemy is that enemies are our best teachers because we learn the most from them. In accordance with spiritual traditions, multicultural psychotherapies aim to enhance the relationship between self and other.

Beginnings

Multicultural psychotherapies have interdisciplinary origins. Early theoretical influences include psychological anthropology, ethnopsychology, cultural anthropology, psychoanalytic anthropology, and folk healing. The interest in the other arrived in the mental health fields during the period between the 1940s and the 1960s. Anthropologists and psychoanalysts collaborated on studying the relationship between culture and psyche. Proponents of these movements applied psychoanalytic analyses to social and cultural phenomena. Some scholars examined cross-cultural mental health; some studied the effects of oppression on ethnic minorities' mental health; still others questioned the universal application of psychoanalytic concepts, such as the Oedipus complex.

Members of the Cultural School of Psychoanalysis argued that culture shapes behavior because individuals are contextualized and embedded in social interactions that varied across cultural contexts and historical periods (Seeley, 2000). Although the anthropological psychoanalytic orientations enriched the culture and behavior discourse, they failed to develop cultural theories that could be applied to psychotherapy (Seeley, 2000).

Psychological and psychiatric anthropologists studied the effects of culture on mental health and gave birth to transcultural psychiatry. Similar to *culturalism*—the psychotherapeutic use of culture-specific folk healing—transcultural psychiatry and psychology advocated for the use of community and indigenous resources (clergy, teachers, folk healers, and other ethnic minority individuals) for mental health treatment.

The minority empowerment movements furthered the development of multicultural psychotherapies. These movements examined the power/oppression dynamics between dominant group members and minorities. Known as identity politics, women's rights, Black Power, Chicano/Brown power, and Gay, Lesbian, and Bisexual movements highlighted the civil rights and needs of marginalized groups. Adherents of these movements raised consciousness and worked toward empowering marginalized groups in order to redress social and political inequities.

The desire to understand the effects of oppression on mental health led some clinicians to examine the psychology of colonization. Frantz Fanon (1967) articulated the principles of the psychology of colonization in terms of the economic and emotional dependence of the colonized on the colonizer. He used the concepts of imperialism, dominance, and exploitation to examine the relationship between the colonizer and the colonized. The process of colonization echoed in the United States as the first president of color of the American Psychological Association, Kenneth B. Clark, identified the condition of Americans of color as colonization (Comas-Diaz, 2007).

A major influence on multicultural psychotherapies is the "education for the oppressed" model. Paulo Freire (1973) identified dominant models of education as instruments of oppression that reinforce and maintain the status quo and social inequities. He coined the term *conscientization*, or *critical consciousness*, as a process of personal and social liberation. Education for the oppressed teaches individuals to become aware of their circumstances and change them through a dialectical conversation with their world. Since oppression robs its victims of their critical thinking, the development of *conscientization* involves asking critical questions such as "What? Why? How? For whom? Against whom? By whom? In favor of whom? In favor of what? To what end?" (Freire & Macedo, 2000). Answering these questions helps clients to examine "what matters" and uncovers clients' existential reasons for being, purpose, and position in life. Critical consciousness helps oppressed individuals to author their own reality.

Re-evaluation counseling (RC) is another influence in the emergence of multicultural psychotherapies. RC is an empowering co-counseling approach where two or more individuals take turns listening to each other without interruption in order to recover from the effects of racism, classism, sexism, and other types of oppression (Roby, 1998).

Harvey Jackins developed RC based on his belief that everyone has tremendous intellectual and loving potential but that these qualities have become blocked as a result of accumulated distress. Recovery involves a natural discharge process through which the "counselor" encourages the "client" to discharge emotions (catharsis). Afterward, the "client" becomes the "counselor" and listens to the client. RC proponents are committed to ending racism at the individual, collective, and societal levels. For more information, visit www.rc.org.

The struggle against colonization and oppression challenged women's subservient position. As daughters of empowerment movements, feminist therapists embrace diversity as a foundation for practice. Such an empowerment position influenced the development of multicultural psychotherapies. Feminist clinicians believe dominant psychotherapists act as agents of the status quo; in contrast, feminist psychotherapy attempts to empower all people, women as well as men, and promote equality at individual, interpersonal, institutional, national, and international levels. Feminist therapy and multicultural therapies equally influence each other. For instance, women of color challenged feminist therapists to become culturally sensitive. As a result, cultural feminist therapy and Women of Color's feminist therapy were born. While cultural feminist therapists use the empathic relationship to increase women's connection to others' subjectivity, interdependence, and other female values (Worrell & Remer, 2003), Women of Color's feminist therapists address the interaction between racism, sexism, classism, heterosexism, ethnocentrism, ablism, and other forms of oppressions.

Ethnic Family Therapy

Like feminist therapy, family therapy has benefited from an interaction with multiculturalism. With its history of recognizing ethnicity and culture into its theory and practice (McGoldrick, Giordano & Pierce, 1982), family therapy witnessed the emergence of ethnic family therapy. Ethnic family therapists attempt to (1) know their own culture, (2) avoid ethnocentric attitudes and behaviors, (3) achieve an insider status, (4) use intermediaries, and (5) have selective disclosure (McGoldrick, et al., 1982). An illustration of ethnic family therapy is Boyd-Franklin's (2003) multisystemic approach for *Black Families in Therapy*. Just as family therapy uses genograms to show the relationships between family members (McGoldrick, Gerson, & Shellenberger, 1999), ethnic family therapists use cultural genograms (Hardy & Laszloffy, 1995). I discuss cultural genograms in more detail later in the chapter.

Several professional and academic organizations have supported the development of multicultural psychotherapies. For example, the American Psychological Association has a recent history of examining the needs of minority populations. Several of its societies, such as the Society of Psychology of Women, the Society for the Psychological Study of Ethnic Minority Psychology, and the Society for the Psychological Study of Gay, Lesbian, Bisexual, and Transgender Issues are examples. In particular, the Society for the Psychological Study of Ethnic Minority Psychology has promoted the need for multiculturalism in all aspects of psychology, especially in professional psychology. The society's official journal, *Cultural Diversity and Ethnic Minority Psychology,* is an important vehicle for dissemination of scholarly and professional work on multicultural psychology.

Counseling psychologists have demonstrated a commitment to multicultural issues and they have recognized the importance of multiculturalism in publications such as the *Journal of Multicultural Counseling and Development*. Feminist psychologists find an outlet for their writing in journals such as *Psychology of Women Quarterly*, the official journal of the American Psychological Association's Society of Psychology of Women. Additionally, the Association of Women in Psychology publishes its official journal, *Women & Therapy*.