

## Guess Who's Coming to Therapy? Getting Comfortable With Conversations About Race and Ethnicity in Psychotherapy

Esteban V. Cardemil  
Clark University

Cynthia L. Battle  
Brown University and Butler Hospital

Despite the fact that clinical psychology training programs now typically offer course work in multicultural issues, many professional psychologists may continue to feel unsure about how and when to incorporate multicultural awareness into their everyday clinical work. Having open discussions with clients regarding issues of race and ethnicity is one way to actively include a multicultural element into psychotherapy, as well as to strengthen the therapeutic alliance and promote better treatment outcome. The authors make several recommendations designed to provoke thought and stimulate conversation about race and ethnicity in the context of psychotherapy.

The ability to conduct psychotherapy effectively with racially and ethnically diverse populations is becoming increasingly important given the changing demographics of this country. Recent estimates of population trends suggest that by the year 2050, non-Hispanic Caucasian Americans will constitute approximately 50% of the United States population, as compared with the current 72% of the population (U.S. Census Bureau, 2001). The American Psychological Association (APA) has recognized the critical nature of integrating issues of race and ethnicity into the field of psychology by encouraging attention to these issues in clinical training programs (APA, Committee on Accreditation, 2002), creating therapist competency guidelines for working with racial and ethnic minority populations (APA, 1993), and sponsoring professional meetings to identify strategies to promote sensitivity to diversity in psychology (McGuire, 1999).

It is likely that most clinical psychologists have acquired an intellectual appreciation of the salience of race and ethnicity in the

therapeutic context and are motivated to be sensitive to these issues in their own practice. However, for many psychologists, a general appreciation regarding the importance of race and ethnicity does not equate to a clear understanding of whether, when, and how to bring up these issues in the actual practice of clinical work. For example, many therapists may agree that it is important to examine one's personal assumptions and recognize the value of cultural beliefs and traditions other than those embraced by the dominant European American culture (APA, 1993; Comas-Díaz, 1992; Pinderhughes, 1989). Still, many therapists may not know how to incorporate their appreciation of racial and ethnic diversity into therapy in a tangible way.

We believe that having open conversations about race and ethnicity is one way for therapists to more fully incorporate diversity issues into their work. Demonstrating a willingness to engage clients in these dialogues can promote an environment of trust and understanding that will ultimately help the treatment process. A stronger therapeutic alliance could, in turn, reduce problems such as premature termination (S. Sue, 1988) and underutilization of mental health services (Cheung & Snowden, 1990) that are often observed among racial/ethnic minority clients.

There is a variety of reasons why psychologists may be missing opportunities to have these conversations. Some therapists may feel uncomfortable discussing racial and ethnic issues with their clients of color due to the emotionally charged nature of race relations or concerns about saying something that could be viewed as offensive. Others may simply not know when these conversations are relevant or how to initiate the discussion. Still others may choose to wait until their clients raise the topic before engaging in such a conversation. Unfortunately, this approach neglects the possibility that many clients will themselves not broach issues related to race and ethnicity for various reasons (e.g., their own discomfort with the topic, being unsure of therapist perspective or bias). We believe that therapists would benefit from taking a more active stance by initiating discussions about race and ethnicity with their clients, particularly early in psychotherapy. This active stance would thus allow for opportunities to explore the possible relevance of these issues to the psychotherapy process.

---

ESTEBAN V. CARDEMIL received his PhD in clinical psychology from the University of Pennsylvania in 2000. He is an assistant professor at the Frances L. Hiatt School of Psychology at Clark University. His research focuses on racial/ethnic minority mental health issues and depression prevention.

CYNTHIA L. BATTLE received her PhD in clinical psychology from the University of Massachusetts, Amherst in 2000. She is an assistant professor (research) in the Department of Psychiatry and Human Behavior at Brown University Medical School. Her research interests include women's mental health, family functioning, and diversity issues in psychology.

PREPARATION OF THIS ARTICLE was supported by a National Institute of Mental Health (NIMH) Career Development Award K01 MH67571 and a NARSAD Young Investigator Award to Esteban Cardemil and an NIMH Career Development Award K23 MH66402 to Cynthia Battle. We wish to express our appreciation to Ivan Miller, Lisa Uebelacker, and Benjamin Johnson for their helpful comments on an earlier version of this article. We also thank Emily Dings and Leslie Graham for their editorial assistance. CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to Esteban V. Cardemil, Frances L. Hiatt School of Psychology, Clark University, 950 Main Street, Worcester, Massachusetts 01610. E-mail: Ecardemil@clarku.edu

Therefore the purpose of this article is to encourage increased therapist–client dialogue about race and ethnicity in the real-world practice of psychotherapy. Initiating this type of dialogue can be anxiety provoking, and our intention is not to minimize the concerns of psychologists who find it challenging to have conversations about race and ethnicity with their clients. However, because as psychologists we are trained to be skillful in listening, perspective-taking, and developing empathy, we have a unique opportunity to embrace potentially difficult conversations about race and ethnicity and to use these experiences to grow professionally and personally. In this article, we provide several recommendations designed to provoke thinking and stimulate conversations about race and ethnicity that can be incorporated throughout the treatment process. We have deliberately chosen to direct our comments to Caucasian therapists who work with racial/ethnic minority clients; however, many of the issues we raise are applicable regardless of the racial/ethnic identity of therapist or client.

### Definitions

There are many different cultural and demographic characteristics (e.g., social class, gender, race, ethnicity, sexual orientation, disability status) that may significantly influence the life experiences of clients and therapists as well as their approaches to psychotherapy. To narrow our focus, we emphasize issues related specifically to the race and ethnicity of clients and therapists. Definitions of the terms *race* and *ethnicity* are varied; distinctions between these two concepts can also be ambiguous, as indicated by the fact that the terms are at times used interchangeably (Atkinson, Morten, & Sue, 1998; Helms & Cook, 1999). Historical definitions of *race* have tended to focus on physical or biological characteristics (Atkinson et al., 1998; Betancourt & Lopez, 1993). Although the term *ethnicity* has included references to physical characteristics, for the most part it refers to the historical cultural patterns and collective identities shared by groups from specific geographic regions of the world (Betancourt & Lopez, 1993; Helms & Cook, 1999). Ethnicity and race have significant overlap but are clearly not the same constructs (Alvidrez, Azocar, & Miranda, 1996; Betancourt & Lopez, 1993).

Because of the lack of language that allows for discussions that are simultaneously inclusive and sensitive to the varied ways in which individuals conceptualize their identity, we describe issues of *race/ethnicity* collectively, understanding that at times our definition may apply more aptly to conceptions of race and at other times to ethnicity. We have chosen to take this more encompassing approach because the scope of this article prevents us from fully examining and elaborating on the varied definitions of these two terms. Moreover, we also liberally use the term *minority*, although we recognize that those who are categorized under the term *minorities* in fact constitute the majority of the overall world population (see Tatum, 1997). However, because we are writing from our experiences as clinicians in the United States, we have chosen to use the term *minority*, given the demographic breakdown of this country.

### Recommendations for Discussing Race and Ethnicity in Psychotherapy

We believe that there are many helpful ways in which therapists may engage in conversations about race/ethnicity with their cli-

ents. With some clients, therapists will broach the topic once and have a brief discussion, simply putting the topic “on the table” should it be relevant in the future. With other clients, therapists will find themselves engaged in a series of important conversations about possible influences of race/ethnicity on the client, the client–therapist relationship, and the therapy process. With still others, the frequency and intensity of conversations on these topics may develop gradually and change over time, with ebbs and flows. The variability in how these conversations develop will be due to a range of factors, including a client’s level of trust in the therapist, a client’s understanding of his or her own racial/ethnic identity, and the overall salience that racial/ethnic issues have for a given client. Thus, sensitivity to the appropriateness, timing, and pace of the conversations over the course of a therapeutic relationship is important. There are clearly no universal rules for how and when to have these conversations. Still, we hope that the following general recommendations will provide some guidance to therapists who are interested in more fully integrating multicultural issues into their everyday clinical practice.

#### *1. Suspend Preconceptions About Clients’ Race/Ethnicity and That of Their Family Members*

Our first recommendation is to remember that the racial/ethnic background of clients may not be obvious. Assuming that a client is from a particular racial or ethnic group, or that a client has had certain past experiences, may lead to misunderstandings that could derail the therapy process. Most psychotherapy training emphasizes the suspension of assumptions and preconceptions about clients, and therefore this recommendation is hardly new. However, there are several situations in which well-intentioned therapists may make incorrect assumptions with regard to race/ethnicity that would hinder the development of the therapeutic relationship. For example, therapists may be particularly prone to incorrect assumptions and labels regarding biracial or multiracial clients or clients whose racial/ethnic identity is not obvious from physical characteristics (e.g., African American or Latino clients with light skin tone). Similarly, clients who have a partner or other family member (e.g., adopted children) from another racial or ethnic group may appreciate efforts on the part of the therapist to not make assumptions about the backgrounds of their family members.

Given that these personal characteristics may not be readily apparent, we recommend that clinicians directly ask their clients how they identify their race/ethnicity. Asking clients early in the therapy process can help therapists avoid making false assumptions or using terminology that may be inaccurate and/or offensive to clients. This is particularly important because not all individuals from the same racial/ethnic background prefer the same terminology to describe their identity (e.g., some individuals may prefer the term *African American*, whereas others might prefer *Black*). Asking clients about their race/ethnicity could easily be woven into the larger intake or assessment process and could be a natural supplement to questions that a therapist might ask about a client’s social and family history. So, for example, a therapist might broach the topic in the following manner:

Often, I ask my clients about their racial and ethnic background because it helps me have a better understanding of who they are. Is that something you’d feel comfortable talking about?

In addition to learning about the client's racial/ethnic background, therapists may find it useful to directly ask clients what terms they prefer to use when describing themselves. Questions like "How do you identify your racial or ethnic background?" can be a relatively neutral way to continue the conversation. In our experience, these opening queries can lead to a narrative that includes information about familial origin, language, and religion.

## 2. Recognize That Clients May Be Quite Different From Other Members of Their Racial/Ethnic Group

One significant benefit of engaging in conversations about race and ethnicity with clients is that it reduces the likelihood of stereotyping and the assumption that clients possess certain group characteristics. Obviously, wide variability exists within a racial or ethnic group and can include differences based on an individual's personality, country of origin, sense of racial/ethnic identity, acculturation status, gender, and socioeconomic status. For example, a low-income African American woman whose family has lived in the United States for several hundred years may experience some life stressors that are more similar to those of a low-income Caucasian woman than to those of a wealthy Black businesswoman who recently immigrated to the United States from Kenya. It would also be naive to assume that Japanese Americans share a common cultural background with Chinese Americans or Filipino Americans (Kim, Yang, Atkinson, Wolfe, & Hong, 2001).

Some within-group differences are less readily apparent than others, and therefore therapists may need to be creative in their ways of accessing this information. For instance, it is likely that most psychologists would take gender into consideration when working with racial/ethnic minorities and not assume that men and women from the same group would necessarily respond similarly. Many psychologists, however, may be less familiar with some other characteristics that also vary within racial/ethnic group. We briefly describe two important characteristics with which clinicians may not be familiar and which likely warrant some consideration: *racial identity development* and *acculturation*.

**Racial identity development.** A large literature within the field of counseling psychology persuasively argues that all humans, including Caucasians, go through a process of developing a sense of racial or ethnic identity (Cross, 1971; Helms, 1995; D. W. Sue & Sue, 1990). Although these models differ in their specific explanations of the identity development process and conceptualization of critical stages, a theme common to these models is that individuals at different stages of identity development assign different degrees of importance to the concept of race/ethnicity. For example, D. W. Sue and Sue's (1990) racial/cultural identity development model posits that racial/ethnic minority individuals move from an initial, more self-deprecating conformity stage (preference for dominant cultural values), through a dissonance stage (questioning and challenging beliefs of the conformity stage), a resistance and immersion stage (endorsement of minority views and rejection of dominant society), an introspection stage (less rigid in resisting dominant society views), and finally to an integrative awareness stage (appreciation of unique aspects of both the minority and the dominant culture).

Other racial identity development models (e.g., Cross, 1971; Helms, 1995) describe a similar process by which stages of development influence attitudes, outlooks on life, and behavior.

Theorists are also devoting increased attention to identity development of individuals from more than one racial/ethnic background (e.g., Herring, 1995; Poston, 1990). Racial identity is relevant to the therapeutic process in that minority clients at various developmental stages may have different attitudes about working with a psychotherapist from another racial/ethnic background. Moreover, a therapist's own process of identity development may affect how he or she approaches these issues with clients (Helms & Cook, 1999; D. W. Sue & Sue, 1990).

**Acculturation.** Acculturation refers to the gradual physical, biological, cultural, and psychological changes that take place in individuals and groups when contact between two cultural groups takes place (see Chun, Organista, & Marín, 2003). When one group (or individual) moves to an area dominated by an existing cultural group, there is pressure on the newcomers to conform and accommodate to the dominant culture's way of life and to abandon or devalue their own cultural roots (Berry & Kim, 1988; Chun et al., 2003). Although typically conceptualized for individuals from immigrant groups (e.g., Asian, Latino immigrant populations) adjusting to novel environmental situations (e.g., Rogler, Cortes, & Malgady, 1991), concepts of acculturation have also been applied to racial/ethnic minority groups (including African American) interacting with the larger American Caucasian culture (e.g., Anderson, 1991). Such pressures are navigated differently by different individuals, and research has demonstrated that "acculturation stress" can create vulnerabilities to certain health problems, as well as susceptibility to increases in psychological symptoms (Cuellar, 2000).

Various theorists have developed models and instruments of acculturation that attempt to capture and quantify individuals' level of acculturation. For example, Berry and Kim (1988) argued that the extent to which individuals retain valued aspects of their original culture, and the extent to which they seek positive relations with the larger (dominant) society, determine their mode of acculturation. They define four modes of acculturation: integration (both the individual's own culture and the dominant culture are valued), assimilation (the dominant culture is valued, but the individual's original culture is devalued), separation (the individual's original culture is valued, and dominant culture is devalued), and marginalization (both the individual's original culture and the dominant culture are devalued).

It is not difficult to imagine how racial identity development and acculturation might influence psychotherapy. D. W. Sue and Sue (1990) have suggested, for instance, that racial/ethnic minority clients in the conformity stage of identity development may prefer Caucasian therapists, viewing them as more competent than racial/ethnic minority therapists. Conversely, clients in the resistance and immersion stage may prefer a non-Caucasian therapist and may conceptualize psychological problems as stemming solely from oppression and racism. Similarly, with respect to acculturation, a client who has fully integrated elements of different cultures might feel comfortable working with a therapist of any racial/ethnic background, whereas a client who has devalued the dominant culture may prefer a therapist from his/her own background.

Racial identity development and acculturation are two prominent ways in which individuals from the same racial/ethnic group may differ from one another, but they are certainly not the only ways. Moreover, researchers are beginning to consider how these variables may interact with each other and other within-group

differences (e.g., Chun et al., 2003; Ponterotto, Casas, Suzuki, & Alexander, 2001). Being able to discuss a client's individual experience of his or her race/ethnicity may prevent the client from feeling stereotyped and may open the door to more intimate conversations. The following is one way a therapist might encourage a client to talk about these issues:

You've told me a bit about your racial/ethnic identity. It would be helpful for me to get your sense of how you see your racial/ethnic background contributing to your development over the years—your sense of self, as well as relationships with family members, friends, and other members of your community. Has your sense of racial/ethnic identity always been this way, or has it changed or developed over the years?

Although encouraging clients to discuss their racial/ethnic identity can lead to interesting insight for clients and therapists alike, we also caution therapists to be sensitive to the fact that there will likely be wide variation in the depth of conversations that emerge. Some clients may feel quite comfortable discussing their perspectives and feelings regarding their racial/ethnic identity, whereas others may want to engage in a briefer or more superficial conversation or may prefer not to discuss the issue at all. Allowing clients the opportunity to have this conversation and then respecting their decisions regarding self-disclosure can be a positive way for clinicians to demonstrate their willingness to delve into these issues while conveying a sense of respect for clients' wishes and personal boundaries.

### 3. Consider How Racial/Ethnic Differences Between Therapist and Client Might Affect Psychotherapy

Engaging clients in conversations about their racial/ethnic background is critical, but it is equally important to openly recognize the therapist's racial/ethnic identity and any racial/ethnic differences that might exist between the client and the therapist. Clients may never raise these issues explicitly; however, racial/ethnic differences may still play an important role in the therapy process. Numerous investigators have examined how such differences between clients and therapists affect the psychotherapy process (e.g., Atkinson, 1983; S. Sue, 1988). Some of these differences arise with regard to attitudes and expectations toward mental health services (e.g., S. Sue, 1988), conceptions of the self in relation to family and community (e.g., Marsella, 1985), and communication and interaction styles (e.g., D.W. Sue, 1990).

*Differences in conceptualization of mental health and mental illness.* Racial/ethnic differences in conceptualizations of mental health can play a significant role in the psychotherapy process. For example, Lee (1996) has noted that many traditional Asians may understand mental illness through concepts like balance of yin and yang, disturbances of chi energy, or supernatural intervention. Therapists who are unaware of these perspectives on mental health are likely to have trouble effectively engaging these clients. Differences can also be found in expectations of the role that mental health services will play in their lives. For example, some researchers have suggested that members of certain racial/ethnic minority groups may be more likely to engage in therapy when in a current life-crisis and then withdraw when the crisis passes (García-Preto, 1996; Treviño & Rendón, 1994). Others have noted that some members of racial/ethnic minority groups may view the

therapist as an expert and, accordingly, expect concrete advice and help, an expectation that runs contrary to many traditional Western approaches to psychotherapy (Tsui & Schultz, 1985).

*Differences in conceptions of self in relation to family and community.* A second way in which differences between clients and therapists could interfere with therapy concerns cultural differences in conceptions of the self in relation to family and community (D. W. Sue & Sue, 1990). Although Western psychotherapy tends to be very individualistic, many cultures have more collectivistic perspectives (Helms & Cook, 1999). Caucasian therapists who fail to consider how a collectivistic perspective may affect approaches to therapy may run the risk of alienating certain clients (Dwairy & Van Sickle, 1996; Helms & Cook, 1999). For example, a Caucasian therapist who conceptualizes a Mexican American woman's depression as being related to her dissatisfaction at work might encourage her to look for another job or career. Although this intervention might ultimately prove useful, the therapist might consider the ways in which the client's strong sense of obligation to her family is met by continuing in this seemingly unsatisfying position.

*Differences in communication styles.* D. W. Sue (1990) detailed a variety of ways in which cultural differences in communication can come into play during therapeutic interactions. He noted that different styles of nonverbal communication, including proxemics (perception of personal and interpersonal space), kinesics (facial expressions, posture, movement, gestures, eye contact), and paralanguage (vocal cues such as loudness of voice, use of silence and pauses) can lead to miscommunication and gradually infringe on the therapeutic relationship. For example, although some Japanese or Mexican Americans may actively avoid direct eye contact as a sign of respect, a Caucasian therapist may interpret this behavior as a sign of shyness or guardedness, lack of assertiveness, or depressed mood. Preferences for amount of interpersonal space, which tend to vary across racial/ethnic groups, can also lead to misunderstandings. A Caucasian therapist may be accustomed to more physical space between himself and others than may an African American client, who may be more accustomed to closer interpersonal spaces. Thus, a therapist who backs away from an African American client may send the unintentional message that the therapist is cold, aloof, and uninterested in communicating or connecting. Dwairy and Van Sickle (1996) described similar miscommunications that can take place between Caucasian therapists and Arabic clients that arise from different styles of eye contact, different conceptualizations of time and time commitments, and different values placed on verbal communication and self-disclosure.

It is impossible for even the most experienced and well-intentioned therapists to identify every between-group difference that might emerge over the course of therapy. The critical element, rather, is espousing and conveying a willingness to consider the relevance of racial/ethnic differences with clients. One way to open this type of conversation might be as follows:

I know that this can sometimes be a difficult topic to discuss, but I was wondering how you feel about working with someone who is from a different racial/ethnic background? I ask because although it is certainly my goal to be as helpful to you as I possibly can, I also know that there may be times when I cannot fully appreciate your experiences. I want you to know that I am always open to talking about these topics whenever they are relevant.

This type of conversation may lead to more therapist self-disclosure (e.g., direct identification of therapist racial/ethnic identity) than some therapists might prefer. Even so, we strongly encourage therapists to consider how *not* engaging in these conversations might impede the development of trust. Not acknowledging racial/ethnic differences could send an implicit message to the client that the therapist is uncomfortable discussing certain topics or does not view them as important—a message that is likely to hinder the therapy process.

#### *4. Acknowledge That Power, Privilege, and Racism Might Affect Interactions With Clients*

Beyond addressing issues particular to any specific racial/ethnic group, therapists should also recognize that racism, power, and privilege can affect the therapeutic process (Pinderhughes, 1989). Many Caucasian psychologists are certainly aware of and sensitive to these issues, but it is likely that minority clients will have experienced them more directly, on a personal level. Moreover, minority clients may have had negative experiences in which the effects of racism, power, and privilege on their lives have been minimized or denied. Failing to acknowledge these societal issues in the context of psychotherapy could unwittingly invalidate painful personal experiences and thus alienate minority clients.

**Racism.** Although institutionally sanctioned racial discrimination is now illegal in the United States, it is an unfortunate reality that racism, prejudice, and discrimination do continue to exist. In 2000, the Federal Bureau of Investigation reported on 8,055 hate crimes; a significant percentage of these crimes (65.1%) were determined to be motivated by racial, ethnic, or national-origin bias (Federal Bureau of Investigation, 2001). At more individual levels, many members of racial/ethnic minority groups will have had some personal experience with racism and prejudice in their own lives or in the lives of family and friends. For example, many African Americans report having experienced racial profiling by police conducting traffic stops (e.g., Meredith, 2001). Other racial/ethnic minorities living along the U.S.–Mexico border report being routinely stopped by officers of the Immigration and Nationalization Service who are searching for illegal immigrants (Silko, 2001). People of color may also experience more subtle forms of racism in everyday activities, such as being watched closely by security personnel while shopping, or overhearing racial slurs or jokes in the classroom or workplace (Rothenberg, 2001).

Although these experiences may not always be as extreme or overt as job discrimination or hate crimes, they can still have a lasting and cumulative negative effect. Considering how these types of experiences affect the therapeutic process is critical. Racial/ethnic minority clients may have the (often correct) perception that Caucasian therapists do not adequately understand these types of experiences or the emotions they can evoke both immediately and over time. Thus, we strongly encourage therapists to try to understand how repeated experiences with racism can create vastly different experiences and a different outlook on life for racial/ethnic minority clients.

**Power and privilege.** In addition to overt experiences with racism and discrimination, it is important for therapists to consider how power and privilege may influence work with racial/ethnic minority clients (Pinderhughes, 1989). One way in which power might manifest itself in therapy is through the construct known as

*white privilege*, or the set of advantages that are automatically afforded to those who share the dominant European American culture (McIntosh, 2001; Tatum, 1997). Caucasian Americans may fully acknowledge, and seek to rectify, what they see as disadvantages experienced by those in a minority group, but it is often more difficult to see the reverse: The advantages afforded to those who share the dominant culture. Some examples of these “invisible” privileges include seeing people of one’s own race/ethnicity well represented in film, TV, magazines, and other media; never being asked to speak “on behalf” of one’s racial/ethnic group; and trusting that in school, one’s children will use curricular materials that contain images of people who look like them (McIntosh, 2001).

Conversations about racism, power, and privilege can be difficult, particularly when a therapist is a member of the group benefiting from power discrepancies. It is much easier to engage clients in abstract discussions or even to empathize with clients’ own personal experiences than it is to explore the effects of power, privilege, and racism on the therapeutic relationship. The benefits to the therapeutic alliance from having such conversations, however, are invaluable. The following is an example of how a Caucasian therapist might engage a client who recently discussed personal experiences of prejudice:

Today we have been talking about your sense that many of your coworkers are prejudiced. What has this conversation with me been like for you? What has it been like for you to share experiences of discrimination with a White therapist who hasn’t had those kinds of experiences?

Although there may be relatively little that a Caucasian therapist can do on a macro level to rectify the racial/ethnic inequities that exist in today’s society, acknowledging clients’ feelings of frustration and helplessness and being willing to discuss these feelings openly on a micro level can yield great benefits to the therapy relationship. In this way, simply demonstrating a willingness to discuss these difficult topics may be the critical component.

#### *5. When in Doubt About the Importance of Race and Ethnicity in Treatment, Err on the Side of Discussion; Be Willing to Take Risks With Clients*

Although we do not suggest that extended discussions of race/ethnicity are necessary in every therapy relationship, we believe that these issues warrant more attention than they are currently given. It can be difficult for both clients and therapists to determine when it will be useful to openly discuss issues regarding race and ethnicity in the course of psychotherapy. Some clients may directly bring up issues relating to race (e.g., by noting an apparent difference between the race/ethnicity of client and therapist; by expressing anger regarding racial discrimination; by making a racist remark deriding a member of another group). In these cases, it may be more apparent that race and ethnicity will be important topics to address. Other clients may never directly raise the issue of race/ethnicity; however there may be subtle indicators that it is an important issue. When in doubt about the salience of these issues in treatment, we suggest that therapists initiate discussion in order to provide an opportunity for direct discussion should it be relevant. Broaching the topic directly and matter-of-factly can convey

a sense of openness to your client, inviting future discussion on these issues as necessary.

Conversations about race/ethnicity can be uncomfortable due to anxiety about offending or alienating another person or being judged for "saying the wrong thing." The issue may carry a strong emotional valence (e.g., anger, fear, shame, guilt) due to both historical and current race relations and events in this country (Helms & Cook, 1999), as well as previous personal experiences with individuals from different racial/ethnic groups. In addition, some clients may simply prefer not to discuss race and ethnicity issues with their therapist. The more comfortable therapists are with conversations about race and ethnicity, the more easily they will be able to respond appropriately to clients who are themselves uncomfortable or uninterested in participating in these conversations.

In the event that a client expresses reticence or even frustration when a therapist raises the topic of race and ethnicity, we recommend responding as openly and as nondefensively as possible, in the same way that a therapist would engage with a client in order to overcome any other breach in the therapeutic alliance. One possible response to a client who reacts negatively to a therapist who initiates a conversation on racial/ethnic issues might be as follows:

My intention was not to offend you when I brought up the topic of race and ethnicity. As we've discussed before, I want therapy to be a place where you can talk about anything that might be relevant to your life. In this case, I wondered whether anything related to our racial/ethnic differences might be affecting our therapy process. If this is not relevant, or if it's not something you wish to talk about here, I certainly respect that decision.

We recommend getting practice talking openly about these issues by having conversations about race and ethnicity with interested family members, colleagues, friends, and coworkers and participating in relevant race-related workshops when available. Understandably, many therapists may still feel that raising issues of race/ethnicity with a client in therapy constitutes a risk, no matter how much practice they get with colleagues or at workshops. Nevertheless, we maintain that broaching issues of race and ethnicity, even if the therapist is not sure of exactly what to say, is better than ignoring the topic.

## 6. *Keep Learning*

Our final recommendation to psychologists is to keep learning about issues of race and ethnicity. Because the United States has a long history of oppression of racial minority groups and incidents of racism and discrimination still frequently occur (e.g., Rothenberg, 2001), many opportunities to learn will inevitably arise. For example, we urge psychologists to consider how the therapy process might be affected by relevant current events related to racism and discrimination (e.g., instances of race-based hate crimes, national debate regarding civil rights legislation or policies).

We also suggest that therapists increase their awareness regarding some recurring sociopolitical events. For example, despite the fact that Martin Luther King, Jr., Day is a national holiday, many hospitals, universities, and institutions around the country do not recognize it. What message does it send to an African American client if a Caucasian psychologist works on Martin Luther King,

Jr., Day and does not acknowledge the importance of this holiday? In addition, certain months of the year have specific cultural designations (e.g., African American Heritage Month, Latino Heritage Month), and others have religious significance to certain groups (e.g., Ramadan, Lent). Failing to be aware of these cultural celebrations could be negatively perceived by some racial/ethnic minority clients.

A wealth of resources exists for those interested in learning more about specific racial/ethnic groups, their traditions, and their current and historical experiences in the United States. And although it is clearly not the job of psychologists to learn about every possible cultural celebration, it is likely that psychologists who take the extra step of learning about significant cultural and sociopolitical events will convey a message of sensitivity and awareness that many clients will appreciate.

In addition to information on sociopolitical and historical events, much has been written about issues that may be of particular interest to psychologists, including identity development, potential for bias in assessment and diagnosis, and the psychological impact of bias and prejudice on groups and individuals. We have included a listing of selected articles and resource materials that may be useful for psychologists interested in expanding their knowledge base in these areas (see the Appendix).

As we have emphasized throughout this article, though, learning concrete information about different racial/ethnic groups is not enough. Equally important is the process of considering and challenging one's own personal worldview, assumptions, and prejudices about other racial/ethnic groups (Helms & Cook, 1999; Tatum, 1997). Participating in workshops and taking advantage of literature that promotes self-exploration regarding race and race relations may be helpful. Involvement in professional meetings sponsored by groups such as APA's Division 45 (Society for the Psychological Study of Ethnic Minority Issues) or more informal discussions with colleagues of other racial/ethnic groups who have similar interests in exploring these issues may be another useful strategy. This self-exploration may not only be helpful in one's role as a clinical psychologist but may also be deeply fulfilling on a personal level.

## Conclusion

Sensitivity to issues of race and ethnicity is becoming increasingly emphasized in psychology and has been described by some leaders in the field as an ethical imperative (Mays, 2000). However, many practicing psychologists may be uncomfortable addressing these issues openly with their clients. Often, therapists make the error of omission in not raising these topics rather than risking an error of commission by initiating such a conversation. We believe that, in most cases, racial and ethnic differences between clients and therapists are relevant and have an impact on the therapeutic process, and therefore it is important for psychologists to be able to discuss these topics with their clients as the need arises. In addition, engaging in these conversations could potentially lead to improvement in treatment retention, therapy alliance, and treatment outcome.

Being able and willing to have conversations about issues of race and ethnicity, including difficult topics like one's own assumptions and personal prejudices, is an important skill that does not develop overnight or without effort. In addition to actively

learning about topics relevant to specific racial/ethnic minority groups, one must make a shift in both attitude and behavior. This approach requires psychologists to acknowledge the limitations of their own worldview and to tolerate the anxiety that may accompany broaching these topics in psychotherapy. Nevertheless, these skills can be relatively easy to practice, requiring only two motivated individuals who are willing to invest the time and energy to listen to each other's viewpoints.

### References

- Alvidrez, J., Azocar, F., & Miranda, J. (1996). Demystifying the concept of ethnicity for psychotherapy researchers. *Journal of Consulting and Clinical Psychology, 64*, 903–908.
- American Psychological Association. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *American Psychologist, 48*, 45–48.
- American Psychological Association, Committee on Accreditation. (2002). *Guidelines and principles for accreditation of programs in professional psychology*. Washington, DC: Author.
- Anderson, L. P. (1991). Acculturative stress: A theory of relevance to Black Americans. *Clinical Psychology Review, 11*, 685–702.
- Atkinson, D. R. (1983). Ethnic similarity in counseling psychology: A review of research. *The Counseling Psychologist, 11*, 79–92.
- Atkinson, D. R., Morten, G., & Sue, D. W. (1998). *Counseling American minorities* (5th ed.). Boston: McGraw-Hill.
- Berry, J. W., & Kim, U. (1988). Acculturation and mental health. In P. R. Dasen, J. W. Berry, & N. Sartorius (Eds.), *Cross-cultural research and methodology series: Vol. 10. Health and cross-cultural psychology: Toward applications* (pp. 207–236). Thousand Oaks, CA: Sage.
- Betancourt, H., & Lopez, S. R. (1993). The study of culture, ethnicity, and race in American psychology. *American Psychologist, 48*, 629–637.
- Cheung, F. K., & Snowden, L. R. (1990). Community mental health and ethnic minority populations. *Community Mental Health Journal, 26*, 277–291.
- Chun, K. M., Organista, P. B., & Marín, G. (2003). *Acculturation: Advances in theory, measurement, and applied research*. Washington, DC: American Psychological Association.
- Comas-Díaz, L. (1992). The future of psychotherapy with ethnic minorities. *Psychotherapy, 29*, 88–94.
- Cross, W. E. (1971). The Negro-to-Black conversion experience: Towards a psychology of Black liberation. *Black World, 20*, 13–27.
- Cuellar, I. (2000). Acculturation and mental health: Ecological transactional relations of adjustment. In I. Cuellar & F. A. Paniagua (Eds.), *Handbook of multicultural mental health: Assessment and treatment of diverse populations* (pp. 45–62). New York: Academic Press.
- Dwairy, M., & Van Sickle, T. D. (1996). Western psychotherapy in traditional Arabic societies. *Clinical Psychology Review, 16*, 231–249.
- Federal Bureau of Investigation. (2001). Hate crime statistics, 2000. Retrieved April 15, 2002, from <http://www.fbi.gov/ucr/ucr.htm>
- García-Preto, N. (1996). Puerto Rican families. In M. McGoldrick, J. Giordano, & J. K. Pearce (Eds.), *Ethnicity and family therapy* (2nd ed., pp. 183–199). New York: Guilford Press.
- Helms, J. E. (1995). An update of Helms' White and people of color racial identity models. In J. G. Ponterotto, M. J. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181–198). Thousand Oaks, CA: Sage.
- Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Needham Heights, MA: Allyn & Bacon.
- Herring, R. D. (1995). Developing biracial ethnic identity: A review of the increasing dilemma. *Journal of Multicultural Counseling and Development, 23*, 29–39.
- Kim, B. S. K., Yang, P. G., Atkinson, D. R., Wolfe, M. M., & Hong, S. (2001). Cultural value similarities and differences among Asian American ethnic groups. *Cultural Diversity and Ethnic Minority Psychology, 7*, 343–361.
- Lee, E. (1996). Asian American families: An overview. In M. McGoldrick, J. Giordano, & J. K. Pearce (Eds.), *Ethnicity and family therapy* (2nd ed.). New York: Guilford Press.
- Marsella, A. J. (1985). Culture, self, and mental disorder. In A. J. Marsella, G. DeVos, & F. L. K. Hsu (Eds.), *Culture and self: Asian and Western perspectives* (pp. 281–307). New York: Tavistock Publications.
- Mays, V. M. (2000). A social justice agenda. *American Psychologist, 55*, 326–327.
- McGuire, P. (1999). Multicultural summit cheers packed house: The two-day dialogue aimed to foster creative strategies of inclusion. *APA Monitor, 30*(3). Retrieved April 3, 2002, from <http://www.apa.org/monitor/mar99/foster.html>
- McIntosh, P. (2001). White privilege: Unpacking the invisible knapsack. In P. S. Rothenberg (Ed.), *Race, class, and gender in the United States: An integrated study* (5th ed., pp. 163–168). New York: Worth Publishers.
- Meredith, R. (2001). DWB: Driving while Black. In P. S. Rothenberg (Ed.), *Race, class, and gender in the United States: An integrated study* (5th ed., pp. 197–199). New York: Worth Publishers.
- Pinderhughes, E. (1989). *Understanding race, ethnicity, and power: The key to efficacy in clinical practice*. New York: Free Press.
- Ponterotto, J. G., Casas, J. M., Suzuki, L. A., & Alexander, C. M. (2001). *Handbook of multicultural counseling* (2nd ed.). Thousand Oaks, CA: Sage.
- Poston, W. S. C. (1990). The biracial identity development model: A needed addition. *Journal of Counseling & Development, 69*, 152–155.
- Rogler, L. H., Cortes, D. E., & Malgady, R. G. (1991). Acculturation and mental health status among Hispanics. *American Psychologist, 46*, 585–597.
- Rothenberg, P. S. (Ed.). (2001). *Race, class, and gender in the United States: An integrated study* (5th ed.). New York: Worth Publishers.
- Silko, L. M. (2001). The border patrol state. In P. S. Rothenberg (Ed.), *Race, class, and gender in the United States: An integrated study* (5th ed., pp. 211–213). New York: Worth Publishers.
- Sue, D. W. (1990). Culture-specific strategies in counseling: A conceptual framework. *Professional Psychology: Research and Practice, 21*, 424–433.
- Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice* (2nd ed.). New York: Wiley.
- Sue, S. (1988). Psychotherapeutic services for ethnic minorities: Two decades of research findings. *American Psychologist, 43*, 301–308.
- Tatum, B. D. (1997). *Why are all the Black kids sitting together in the cafeteria?* New York: Basic Books.
- Treviño, F. M., & Rendón, M. I. (1994). Mental illness/mental health issues. In C. W. Molina & M. Aguirre-Molina (Eds.), *Latino health in the U.S.: A growing challenge* (pp. 447–475). Washington, DC: American Public Health Association.
- Tsui, P., & Schultz, G. L. (1985). Failure of rapport: Why psychotherapeutic engagement fails in the treatment of Asian clients. *American Journal of Orthopsychiatry, 55*, 561–569.
- U.S. Census Bureau. (2001). *United States Census 2000*. Retrieved December 28, 2001, from <http://factfinder.census.gov/servlet/BasicFactsServlet>

## Appendix

Race and Ethnicity Issues in Psychotherapy: Professional Resources  
and Recommended Reading*General Information*

- Atkinson, D. R., Morten, G., & Sue, D. W. (1998). *Counseling American minorities* (5th ed.). Boston: McGraw-Hill.
- Chun, K. M., Organista, P. B., & Marín, G. (2003). *Acculturation: Advances in theory, measurement, and applied research*. Washington, DC: American Psychological Association.
- Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Needham Heights, MA: Allyn & Bacon.
- McGoldrick, M. (1998). *Re-visioning family therapy*. New York: Guilford Press.
- Ponterotto, J. G., Casas, J. M., Suzuki, L. A., & Alexander, C. M. (2001). *Handbook of multicultural counseling* (2nd ed.). Thousand Oaks, CA: Sage.
- Rothenberg, P. S. (2001). *Race, class, and gender in the United States: An integrated study* (5th ed.). New York: Worth Publishers.
- Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice* (3rd ed.). New York: Wiley.
- Tatum, B. D. (1997). *Why are all the Black kids sitting together in the cafeteria?* New York: Basic Books.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

*Information for Working With Specific Racial/Ethnic Groups*

- Choney, S. K., Berryhill-Paapke, E., & Robbins, R. R. (1995). The acculturation of American Indians: Developing frameworks for research and practice. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 73–92). Thousand Oaks, CA: Sage.
- Chung, R. C.-Y., Bemak, F., & Okazaki, S. (1997). Counseling Americans of Southeast Asian descent. In C. C. Lee (Ed.), *Multicultural issues in counseling* (2nd ed., pp. 207–231). Alexandria, VA: American Counseling Association.
- Erickson, C. D., & Al-Timimi, N. R. (2001). Providing mental health services to Arab Americans: Recommendations and considerations. *Cultural Diversity and Ethnic Minority Psychology, 7*, 308–327.
- Mezzich, J. E., Ruiz, P., & Muñoz, R. A. (1999). Mental health care for Hispanic Americans: A current perspective. *Cultural Diversity and Ethnic Minority Psychology, 5*, 91–102.
- Wilson, L. L., & Stith, S. M. (1991). Culturally sensitive therapy with Black clients. *Journal of Multicultural Counseling and Development, 29*, 32–43.

*Competency Guidelines*

- American Psychological Association. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *American Psychologist, 48*, 45–48.

*Organizations*

- Asian American Psychological Association  
PMB #527  
5025 North Central Avenue  
Phoenix, AZ 85012  
Tel.: 602-230-4257  
[www.west.asu.edu/aapa](http://www.west.asu.edu/aapa)
- Association of Black Psychologists  
P.O. Box 55999  
Washington, DC 20040-5999  
Tel.: 202-722-0808  
<http://www.abpsi.org>
- National Alliance for Hispanic Health  
1501 Sixteenth Street, NW  
Washington, DC 20036-1401  
Tel.: 202-387-5000  
<http://www.hispanichealth.org>
- National Center for American Indian and Alaska Native Mental Health Research  
University of Colorado Health Sciences Center  
Department of Psychiatry  
Nighthorse Campbell Native Health Building  
P.O. Box 6508, Mail Stop F800  
Aurora, CO 80045-0508  
Tel.: 303-724-1414  
Fax: 303-724-1474  
<http://www.uchsc.edu/ai/ncaianmhr/>
- Center for Multicultural and Multilingual Mental Health Services  
4750 North Sheridan Road  
Suite 300  
Chicago, IL 60640  
Tel.: 773-751-4081  
Fax: 773-271-7261



National Center for Cultural Competence  
 Georgetown University Center for Child and Human Development  
 3307 M Street, NW, Suite 401  
 Washington, DC 20007-3935  
 Tel.: 800-788-2066  
 Tel.: 202-687-5387  
 Fax: 202-687-8899  
 http://www.georgetown.edu/research/gucdc/nccc/

APA Division 45  
 Society for the Psychological Study of Ethnic Minority Issues  
 Division 45 Administrative Office  
 American Psychological Association  
 750 First Street, NE  
 Washington, DC 20002-4242  
 Tel.: 202-336-6013  
 http://www.apa.org/divisions/div45/

Received April 24, 2002  
 Revision received December 20, 2002  
 Accepted January 14, 2003 ■



## AMERICAN PSYCHOLOGICAL ASSOCIATION SUBSCRIPTION CLAIMS INFORMATION

Today's Date: \_\_\_\_\_

We provide this form to assist members, institutions, and nonmember individuals with any subscription problems. With the appropriate information we can begin a resolution. If you use the services of an agent, please do **NOT** duplicate claims through them and directly to us. **PLEASE PRINT CLEARLY AND IN INK IF POSSIBLE.**

PRINT FULL NAME OR KEY NAME OF INSTITUTION \_\_\_\_\_ MEMBER OR CUSTOMER NUMBER (MAY BE FOUND ON ANY PAST ISSUE LABEL) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DATE YOUR ORDER WAS MAILED (OR PHONED) \_\_\_\_\_  
 \_\_\_\_\_ PREPAID \_\_\_\_\_ CHECK \_\_\_\_\_ CHARGE  
 CITY \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP \_\_\_\_\_ CHECK/CARD CLEARED DATE: \_\_\_\_\_  
 YOUR NAME AND PHONE NUMBER \_\_\_\_\_ (If possible, send a copy, front and back, of your cancelled check to help us in our research of your claim.)  
 ISSUES: \_\_\_ MISSING \_\_\_ DAMAGED

TITLE	VOLUME OR YEAR	NUMBER OR MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Thank you. Once a claim is received and resolved, delivery of replacement issues routinely takes 4-6 weeks.*

(TO BE FILLED OUT BY APA STAFF)

DATE RECEIVED: _____	DATE OF ACTION: _____
ACTION TAKEN: _____	INV. NO. & DATE: _____
STAFF NAME: _____	LABEL NO. & DATE: _____

Send this form to APA Subscription Claims, 750 First Street, NE, Washington, DC 20002-4242

**PLEASE DO NOT REMOVE. A PHOTOCOPY MAY BE USED.**