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Empathy, Humanism, and Mindfulness in Multicultural Counseling and Social Justice Work

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Abstract

This paper explores empathy, humanism, and mindfulness in regard to multicultural and social justice counseling competence. An overview of each concept is provided along with theoretical convergences with multiculturalism, and relevant research is presented. Findings based on theory and research indicate that a humanistic stance, empathy, and mindfulness are beneficial and possibly essential for both providing effective multicultural counseling and doing social justice work. Acceptance-Based Behavioral Therapies (ABBTs) are discussed in relation to working with diverse populations, and findings are promising. Research and theory show that ABBTs are relevant and appropriate for working with a variety of individuals and diverse groups. The ideas of Paulo Freire, a Brazilian educator and revolutionary, are explored, including their convergence with those of Carl Rogers, one of the founders of Humanistic Psychology. Applications of Freirean concepts to clinical practice are examined, and implications for counseling and counselor training programs are discussed.

Keywords: multicultural counseling, empathy, mindfulness, advocacy, humanism, social justice

“The more conscious we are, the more capable we are of denouncing the inhuman or dehumanizing, and proclaiming the human. This is thanks to the commitment we make to transformation” (Freire, 1979, p. 28).

“Advocacy is not an ‘add on’ that is separate from the counselor’s work with clients and students. Advocacy is, instead, a natural outgrowth of the counselor’s empathy and experience” (Lewis, Ratts, Paladino, & Toporek, 2011, p. 9).

In recent years, the field of counseling has seen an increased focus on effectively incorporating multiculturalism, social justice, and advocacy into practice. Over the past decade, the American Counseling Association has published a variety of competencies (American Counseling Association [ACA], 2016a) for counselors to use as a framework when working with clients from a variety of backgrounds, including competencies for advocacy (from 2003); counseling individuals who identify as lesbian, gay, bisexual, queer, intersex, questioning, and allies (from 2012); counseling clients who are transgender (from 2009); counseling clients who are multiracial (from 2015); and multicultural and social justice counseling (from 2015). There has also been a focus on these issues in counselor training programs. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) specifies standards for approaches to social and cultural diversity being infused into training programs, including the effects of power and privilege on clients and counselors and the impact of culture on a person's view of others (CACREP, 2014). Multicultural counseling competence requires the counselor to be skilled in providing services to an individual, family, group, or community that has been

oppressed or discriminated against by the dominant culture (Quinn, 2013). Social justice counseling involves seeing clients within their contexts and using "advocacy to remove oppressive environmental barriers" (Lewis et al., 2011, p. 7).

This paper provides first an analysis of the principles behind humanist approaches, empathy, and mindfulness and their connection to multicultural and social justice counseling. Based on theoretical convergences and the literature base, humanism, empathy, and mindfulness are essential for cross-cultural and social justice counseling competence. Next, we discuss the use of mindfulness-based contextual behavioral approaches that incorporate humanism, empathy, and mindfulness as a means of engaging in multicultural and social justice counseling. Then, we explore the ideas of Paulo Freire, a Brazilian educator and revolutionary whose philosophy is rooted in humanistic principles, and we describe the application of Freirean concepts in mental health settings. Finally, we offer implications for the counseling profession, including implications for counselor training programs. Note that the authors present information from the perspective of professional counseling, a unique mental health profession that defines counseling as "a professional relationship

that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 368). Though the authors write from a professional counseling perspective, the information and applications presented may be applied to other mental health fields, including counseling/clinical psychology, social work, and psychiatry. The terms *counselor* and *therapist* are used interchangeably here to indicate mental health professionals engaged in the practice of professional counseling.

Humanism in Multicultural Counseling and Social Justice

The theoretical base for humanistic counselors is founded on the “affirmation of the dignity of each human being” (Association of Humanistic Counseling [AHC], n.d., para. 1), the belief in free will and quality of life for all, and the belief in a self-actualizing tendency towards personal growth (Hansen, 2006). Humanistic counselors adopt the philosophy that “wellness and health are best achieved by combining personal growth with avid service for the greater good of humanity” (AHC, n. d., para. 1). Already, parallels between humanism and social justice can be seen; social justice work echoes the humanistic philoso-

phy in its mission to promote “empowerment of the individual as well as active confrontation of injustice and inequality in society” (Crethar, Torres Rivera, & Nash, 2008, p. 270). In both humanistic and social justice paradigms, it is not enough to simply work on the level of the individual; the good of all humankind must be addressed. For multicultural counseling, it is essential that counselor competencies go beyond micro-level, or individual-level, work; there must also be focus on work at the institutional and organization levels—a belief foundational to humanism (Quinn, 2013). Some even see humanism as rebellious in nature, emerging historically “as a theoretical protest against reductive ideologies” (Hansen, 2006, p. 3).

Humanistic psychotherapy, also known as person-centered therapy, holds the belief that the therapeutic relationship is of utmost importance to the process of change (Rogers, 1957). Carl Rogers, a founder of and leading theorist and researcher on humanistic counseling, specified three facilitative therapist conditions that must be met for positive change to occur in a client:

1. The therapist must view the client nonjudgmentally, or with unconditional positive regard,

2. be congruent, or genuine and real, and
3. show true empathy for the client (Rogers, 1980).

With a particular emphasis on empathy, discussed in further detail later in this paper, each of these core conditions is in alignment with multicultural and social justice counseling competence.

The research base supports person-centered therapy's effectiveness among White and non-White populations. Several studies in the 1970s by Banks and Lerner (as cited in Quinn, 2013) showed positive outcomes when White therapists used humanistic approaches with African American clients, although these were naturalistic studies without control groups. More recently, multiple studies have provided strong support for the humanistic approach as an "effective and equivalent" approach for "culturally diverse populations" (Quinn, 2013, p. 219–220). These findings are consistent with existing reviews of the literature that found person-centered approaches to be as effective as other established therapeutic approaches but that did not focus specifically on diverse populations (Kirschenbaum & Jourdan, 2005). Hipolito-Delgado, Pharaoh, and Hermosillo (2016) stated that "the humanistic

and multicultural counseling traditions emphasize understanding and respecting the unique worldview of clients because this allows the counselor to develop empathy and deliver culturally responsive counseling services" (p. 37).

Though the empirical research base has shown that Rogers's core conditions are associated with positive therapeutic outcomes, some believe they may be facilitative, but not sufficient (e.g., Wachtel, 2007), particularly in cross-cultural therapeutic relationships. MacDougall (2002) argued that therapists using Rogers's methods may become inflexible in their approach to the core conditions and create a one-size-fits-all framework for counseling that ignores cultural differences. As a result, the counselor may negatively evaluate cultural differences in the counseling session. Lago (2011) stated:

Exposed to client difference and diversity, unaware therapists may experience the emergence of everyday prejudice and perception. This is particularly why, in preparing for work within multicultural counseling dyads, it is professionally incumbent upon therapists to explore their own perspectives, origins, and attitudes in order to have greater awareness within their therapeutic work, so as

not to merely repeat introjected negative stereotypes and attitudes picked up from society. (p. 241)

Lago (2011) emphasized the importance and value to clinical supervision of providing a safe space where counselors can examine their feelings, thoughts, and responses pertaining to their clients. Mindfulness practice, as discussed later in this paper, could be of assistance to the counselor in this respect.

Empathy in Multicultural Counseling and Social Justice

No matter the theoretical orientation of counseling, counselor empathy is essential to the therapy process. Research has repeatedly demonstrated that empathy is highly correlated with positive outcomes in counseling and therapy (e.g., see Elliot, Bohart, Watson, & Greenberg, 2011; Feller & Cottone, 2003). But what, exactly, is empathy, and how can a counselor best achieve it? Clark (2004) found 21 different definitions of empathy within the counseling literature. Chi-Ying Chung and Bemak (2002) described empathy as the counselor's ability to enter the world of the client, to feel and think *with* the client rather than *for* the client. Carl Rogers, one of the founders of humanistic counseling, provided one of the more complete descriptions of

empathy. Rogers (1980) described empathy as a "way of being" with another person that involves not only "entering the private, perceptual world of the other and becoming thoroughly at home in it" (p. 142), but also being sensitive to the variable nature of the meaning-making experience in the other person. It means living temporarily in the other person's life, "moving about in it delicately, without making judgments" (p. 142). Empathy also involves sensing subtle meanings that the other person may not recognize, but not overwhelming the other person by pointing out completely unconscious feelings (Rogers, 1980). Essential to empathy, Rogers (1980) emphasized, are that the other person understands that you comprehend his or her experience, and that you check in frequently with the other person about the accuracy of your understanding, allowing yourself to be guided by the responses you receive.

Research by Constantine in 2001 showed that levels of empathy in counseling students accounted for variance in multicultural counseling competence (as cited by Ivers, Johnson, Clarke, Newsome, & Berry, 2016). To be truly empathic requires understanding another person in an experiential way, which requires an understanding of people within their contexts (Clark, 2010). This

contextual, subjective perspective theoretically supports the beneficial and essential nature of empathy in doing clinical work from a multicultural perspective. After all, context includes all the intersecting aspects of a person's identity, including race, culture, ethnicity, gender, socioeconomic status, sexual orientation, and ability. These aspects of identity have "real, though changing, effects in the world and a real, tangible, complex impact on individuals' sense of self, experiences, and life chances" (Frankenberg, 1994, p. 341). Context also includes any experiences of discrimination, oppression, or privilege.

To understand another person in context requires knowledge and understanding of society, both historically and currently, including its structures, systems, institutions, and the ways they interrelate (Sue & Sue, 2016). Some foundational knowledge about the culture of the other person is also required. It is up to the counselor to acquire this necessary knowledge. According to Fuchs, Lee, Roemer, and Orsillo (2013), "an individual's cultural identity is dynamic, in flux, and context-dependent as he/she interacts with an ever-changing world" (p. 5); therefore, it is important for a counselor who is trying to understand a client's experience to know when to apply general knowledge about a

person's cultural group and when to flexibly individualize treatment to that person's contextual circumstances and way of being. One can see how empathy would be necessary not only to be an effective counselor to diverse groups, but also to determine what specifically constitutes social justice and advocacy work, both of which require a deep understanding of those being advocated for or with, as well as of the societal structures in which they exist.

Rogers noted that people, through a "sensitive attunement," can direct empathy toward themselves (as cited in Clark, 2004, p. 142). Although Rogers did not suggest applying this self-directed, subjective empathy to the counseling setting, Clark (2004) recommended using the "visceral felt-level experience" (p. 144) of subjective empathy to share in and understand the client's experience. By allowing one's own emotional experience to contribute to interacting intuitively with the client, "a practitioner's self becomes a tool for empathic understanding of a client in the immediacy of the counseling experience" (p. 145). One of the best tools for cultivating empathy is mindfulness meditation practice (Hick & Bien, 2008).

Mindfulness in Multicultural Counseling and Social Justice

Mindfulness is a practice or a way of being derived from Buddhist and eastern spiritual traditions that has grown popular in western psychology. It involves a non-judgmental, curious awareness and acceptance of one's physical, emotional, and cognitive experience in the present moment (Hick & Bien, 2010; Ivers et al., 2016). Baer, Smith, Hopkins, Krietemeyer, and Toney (2006) identified five facets of mindfulness:

- observing feelings, sensations, and thoughts;
- acting with awareness;
- describing internal experiences;
- remaining non-judging of internal experiences; and
- remaining non-reactive to internal experiences.

The authors would add a sixth facet to this list: remaining curious and open towards the flow of experience (Harris, 2009). For individuals who are interested in learning mindfulness meditation techniques, there are a variety of mindfulness courses available both online and in person, and books on the topic are easy to come by (e.g., Goldstein, 2013; Gunaratana & Gunaratana, 2011; Hanh, 2016; Kabat-Zinn, 1994; Williams & Penman, 2012). Most techniques are simple and easy to learn with regular practice. Counselors seeking to

enhance their skills in multicultural counseling may begin by engaging in practices which promote their internal awareness and acceptance.

One of the essential aspects of multicultural counseling competence is the therapist developing an awareness of his/her/their own culture, attitudes, biases, thoughts, and emotions (ACA, 2016a; Quinn, 2013). Studies have shown that mindfulness is associated not only with client symptom reduction (Grepmaier et al., 2007), but also gains in therapist empathy (Aggs & Bambling, 2010), and therapists' positive perceptions of the therapy alliance (Ryan, Safran, Doran, & Muran, 2012). It has also been argued to be beneficial for counselors in developing cultural self-awareness (Ivers et al., 2016; Lassiter, Napolitano, Culbreth, & Ng, 2008). Ivers et al. (2016) stated:

Culturally aware counselors are in tune with their own reactions and are comfortable working with clients who differ with regard to race, ethnicity, culture, and beliefs. It may be that mindful individuals, as with all individuals, possess biased, stereotypic, and prejudicial thoughts. However, rather than let them take root, mindful individuals may recognize these negative thoughts or feelings

about culturally different others and let them pass. (p. 78)

Essentially, mindfulness enables counselors to (a) process internal and external stimuli without reacting to them, and (b) to articulate their feelings and thoughts, thus rendering them more effective for counseling a diverse population (Ivers et al., 2016). It could be that this ability to put inner experiences into words can facilitate discussions with clients about topics such as race and culture within the counseling setting. Within the therapeutic setting, mindfulness allows the counselor to pay attention to the client with empathy, deep listening, and presence (Hick & Bien, 2010).

Acceptance-Based Behavioral Therapies in Multicultural Counseling

In recent years, several therapies have emerged that incorporate mindfulness. These third-wave models are considered evolutions of the previous waves of behavioral- and cognitive-based treatments, which have been determined to be effective due to their extant base of empirical evidence (Hayes, 2004). Many evidence-based treatments, particularly cognitive behavioral therapy (CBT), reflect only the dominant culture's values (Fuchs et al., 2013), and minoritized individuals have been un-

derrepresented in counseling research (Stewart & Chambless, 2009; Sue & Sue, 2016). Feminist psychologists have argued that CBT promotes the values of White, European American men and does not allow for alternative worldviews (Roemer & Orsillo, 2009). In contrast, there have been recent evolutions in CBT that emphasize the contextual and functional nature of behaviors and psychological processes, rather than just their frequency or form (Hayes & Strosahl, 2004). These approaches, such as Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT), and Mindfulness-based Cognitive Therapy (MBCT), are based in acceptance and mindfulness, and are often referred to collectively as Acceptance-based Behavioral Therapies (ABBTs).

Whereas traditional CBT focuses on challenging and negating internal beliefs by seeking disconfirming evidence, the focus of ABBTs is on recognizing, accepting, and experiencing all internal events, such as thoughts, memories, and emotions, and allowing them to pass by rather than challenging them. This acceptance of inner experience reduces cognitive fusion (i.e., over-identifying with thoughts) and increases psychological flexibility (Hayes & Strosahl, 2004).

Though these treatments are

relatively new, ABBTs are theoretically aligned with multicultural and social justice counseling, and a steadily growing body of research is developing examining these approaches with clients from diverse backgrounds (Brown, Marquis, & Guiffrida, 2013). Roemer and Orsillo (2009) stated:

ABBTs acknowledge that clients' [sic] experience is shaped in part by sociohistorical and sociopolitical forces that contribute to their psychological distress...ABBTs focus on the ubiquity of human suffering, the normalization of psychological distress, and the importance of viewing the client and his or her struggles in a broad context, which may be particularly appealing to a client who already feels labeled and disempowered because of race, sexual orientation, economic disadvantage, physical disability, language, or other characteristics. (p. 217)

This contextual view is essential in both delivering effective multicultural counseling services and truly understanding and empathizing with any client.

For clients from cultural backgrounds that tend to stigmatize psychotherapy, the emphasis ABBTs place on skill building and psychoed-

ucation may help to destigmatize the counseling process and increase client engagement (Fuchs et al., 2013).

In one study regarding Hispanic women's experiences, it was found that presenting a mindfulness-based approach as an educational program instead of a mental health program was effective at addressing client apprehension in seeking mental health services (Fuchs et al., 2013). Some of the initial practices in ABBTs are specifically intended to increase the client's understanding of his/her/their experience, to offer a rationale as to why the therapeutic approach may be of benefit, and to provide immediate experiences that demonstrate the potential for therapeutic benefit (Roemer & Orsillo, 2009). With attrition being a significant issue among minority clients (Sue & Sue, 2016), ABBTs may help to address the high premature termination rates and foster commitment to therapy.

Multiple aspects of counseling with ABBTs may benefit clients from minoritized and marginalized groups. The frequent use of metaphor as a component of ABBTs may be of particular benefit when working with individuals from a culture where psychological and emotional distress are rarely discussed with others but must instead be discussed indirectly. Metaphors have been shown to serve as an opening for male Pacific Island-

er clients to begin to talk about their troubles in a culturally acceptable manner (Roemer & Orsillo, 2009). The collaborative approach to treatment used in both person-centered therapy and ABBTs can be helpful in situations where the power/privilege difference between client and counselor is significant (Roemer & Orsillo, 2009). Counselors who utilize ABBTs are encouraged and trained to incorporate acceptance, mindfulness, and values into their own lives and into their roles as counselors and to serve as mindfulness role models for clients (Hayes, Strosahl, & Wilson, 2012; Roemer & Orsillo, 2009). Both counselors and clients may benefit from raised awareness of their own thoughts, biases, and emotions. ABBTs may assist clients in acknowledging “their own internalized racism, heterosexism, ageism, or gender-role stereotyping and notice the extent to which these beliefs may be affecting their current values and actions” (Roemer & Orsillo, 2009, p. 218).

One way that ABBTs may be of particular relevance for clients from a wide range of backgrounds is the focus in the therapy setting on client-defined values. This aspect of treatment “promotes the need for understanding the client’s worldview, as values are proposed to be a salient indicator of cultural identity” (Roemer

& Orsillo, 2009, p. 219). Counselors do not judge or define what is adaptive or maladaptive; rather, counselor and client collaborate in providing ideas for action and deciding if these actions move the client closer to or further from his/her/their own values (Hayes et al., 2012). In ABBTs, it is also encouraged that the client and counselor examine systemic, familial, and cultural obstacles to engaging in valued actions. This understanding of the ways that systemic oppression has limited them can empower clients to find actions they can take to create changes in spite of these barriers (Roemer & Orsillo, 2009).

Research to support ABBTs as culturally responsive counseling practices is emergent. A meta-analysis of 32 studies on ABBTs with a total of 2,198 individuals from non-dominant cultural and/or marginalized backgrounds who are not typically the focus of psychological research found significant treatment effects for ABBTs, with small (ABBT versus treatment as usual) to large (ABBT versus no treatment) effect sizes (Fuchs et al., 2013). The researchers selected studies including only participants who were either non-White, non-European American, older adults, non-heterosexual, low-income, physically disabled, incarcerated, and/or whose first language was not that of the dominant

culture (Fuchs et al., 2013). These findings support ABBTs as effective treatment with diverse populations and should attract more counselors to these therapies. Another recent study indicated that psychological flexibility/inflexibility, empathic concern, and perspective taking were significant predictors of lower levels of generalized prejudice (Levin et al., 2016). Considering this finding, using ABBTs may reduce prejudice in both counselor and client because these therapies require intentional practice of awareness and acceptance strategies that can result in greater psychological flexibility and perspective taking.

Clearly the research base on using ABBTs with non-White populations is growing, although more research is needed, especially studies with larger sample sizes, as the average sample size in the meta-analysis was 28 (Fuchs et al., 2013). More qualitative studies and case studies utilizing ABBTs with diverse populations are also necessary to advance culturally-responsive theory in the practice of counseling. Qualitative studies are suggested for increasing depth and detail of existing areas of counseling research (Hunt, 2011), and the use of individual client narratives would further enable understanding of the specific mechanisms of change in ABBTs within the

context of personal experience.

Paulo Freire, Multicultural Counseling, and Social Justice

Although they came from very different backgrounds and worked in different contexts, many of the ideas of Carl Rogers and other person-centered counselors are in alignment with the concepts of Paulo Freire, educator and philosopher. In fact, Rogers wrote at length in his 1977 book, *Carl Rogers on Personal Power*, on what he saw as the similarities between Freire's pedagogical strategies and the person-centered movement (O'Hara, 1989). Although Rogers worked mostly with middle and upper class westerners, and Freire worked with lower class populations in Brazil, both Rogers and Freire held a strong belief in the potential of human beings that permeated their work (O'Hara, 1989). The ideas of Freire can be further applied to the counseling setting, particularly to the counseling relationship, as well as to advocacy and social justice work. In *Pedagogy of the Oppressed*, Freire (1970) wrote of the oppressed as "divided, unauthentic beings" (p. 48) who can only be liberated through the perception of "the reality of oppression not as a closed world from which there is no exit, but as a limiting situation which they can transform" (p. 49). Rogers

saw his work as a strategy for use by those who want to assist in the rehumanization and liberation of alienated and oppressed people working toward achieving authentic human existence (O'Hara, 1989).

Humanistic approaches originated in Rogers's "search for strategies of liberation for people oppressed by dehumanizing ideologies, institutions, technologies, religious beliefs, personal myths, and orthodoxies" with an end goal of "becoming a person" (O'Hara, 1989, p. 17). Freire stressed that true liberation must happen *with* the oppressed, not on behalf of, and that the oppressed must be fully engaged in both reflection and action with the goal of becoming more human (Freire, 1970). In humanistic counseling, the client is seen as the expert in his or her life, and the role of the counselor is simply that of facilitator. Change must come from within, not be imposed by someone else. Both Rogers and Freire believed that this transformation comes from attaining a critical consciousness, which Freire (1979) termed *conscientization*, in which people become aware of the internal and external forces that keep them from being fully human (O'Hara, 1989). This critical consciousness begins "with becoming fully awake to the local predicament in which one is situated,

one's own actuality" (O'Hara, 1989, p. 23). Rogers (1961) conveyed that through this gained awareness, a person can reach self-actualization, or the experience of being fully human. Freire (1979) argued that by becoming aware not only of oneself but of the oppressive aspects of the world, one can then take critical, conscious action to counter that oppression. Both the process of counseling, in particular person-centered approaches and ABBTs, and the practice of mindfulness could assist in this awakening process of gaining knowledge, reflecting on it, and taking valued action.

Freire (1970) believed that dialogue (i.e., the process of naming, reflecting, and taking action) leading to *conscientization* is an essential part of human nature and of the shaping of the human experience. This dialogue is one of mutual trust between people in the hope of becoming more fully human (Demmitt & Oldenski, 1999). Through dialogue, existing thoughts change as new knowledge is created (Freire Institute, 2016). This concept of dialogue resembles a description of the ideal person-centered or ABBT therapy setting where a person can reflect on his/her/their self, including his/her/their place in the world. Through gaining an awareness of one's life situations, both internal and external, one can take action to

break the “cycle of causality” (Demmitt & Oldenski, 1999, p. 235). This can occur on individual, community, or systemic levels.

In some ways, the mental health field has evolved in a way that perpetuates oppression in that a person is rarely seen as whole or liberated from his/her/their dysfunction and neurosis (Demmitt & Oldenski, 1999). From a Freirean perspective, a counselor ought to examine both the intended and unintended consequences of each action, including clinical interventions, client diagnoses, and treatment planning. Due to the influence of insurance companies and allocation of resources, mental health care in the modern era over-emphasizes assigning a diagnosis to each client (Goldman & Grob, 2006). In the diagnostic process, there are many potential consequences, not all of them intended, and some of the unintended consequence may end up further oppressing the client (Demmitt & Oldenski, 1999). The intended consequences of diagnosing might include providing specific goals for treatment, describing a set of behaviors specifically, allowing the client to feel that they are *normal*, reducing client shame, and giving them the courage to attempt to change.

This process of naming, reflecting, and the subsequent trans-

formation (i.e., action) can be seen as similar to Freire’s concept of *conscientization* (Demmitt & Oldenski, 1999). One unintended consequence of diagnosing a client might be that in assigning a label, the context in which the behaviors occur is ignored. The focus is then on the individual’s pathology without consideration of outside influences or systemic barriers. Another unintended consequence might be that assigning a diagnosis can lead to counselors seeing and describing the person as his or her diagnosis, for example describing a client as a schizophrenic rather than as a person with schizophrenia (Demmitt & Oldenski, 1999). This renders the person an “other” or an object rather than a whole person or a subject, thus hindering the therapeutic relationship. From a Freirean perspective, to be an object is to be oppressed and dehumanized, and to see others as objects is also dehumanizing (Freire, 1970).

Implications for Counseling

Knowledge, awareness, and an empathic way of being are essential for counselors working toward multicultural and social justice competence. Humanist principles such as empathy, genuineness, and unconditional positive regard can be incorporated into most theoretical orientations, and counselors seeking

multicultural competence would be wise to do so. However, as humanism has become more mainstream, according to Hansen (2006), it has lost some of its rebellious core and become more disjointed, with practitioners taking only selected elements of the philosophy and ignoring its social justice foundations. Now, conditions within contemporary mental health culture such as excessive diagnostics and empirically-supported treatments call for a revival of revolutionary humanist approaches. Counselors are encouraged to view humanist principles as not only the foundation of work with clients but also as the framework of critical dialogue with others about the conditions and actions which may systemically improve human welfare.

One way humanism might return to its more revolutionary roots is through the integration of its philosophies with the best aspects of feminist, multicultural, and social justice theories. Brady-Amoon (2011) has called for such an approach. This *integrated humanism* (Brady-Amoon, 2011) could have tremendous power to change the work counselors do not only on the individual level, but also on group and systemic levels, including the agencies, schools, and universities in which counselors work. By infusing these concepts into counselor

training programs, collaborative, anti-paternalistic, individually-tailored practices can be fostered in counselors-in-training (Brady-Amoon, 2011). There may also be some benefit to taking a social constructivist approach to diagnosis. This approach could help counselors rebel in some ways against the strong emphasis placed on formal, objective diagnosis in today's mental health world by considering diagnosis as an idea stemming from a person's context, including how each person relates to his/her/their environment and to others (McLaughlin, 2006). Diagnosis can be seen as one aspect of observing an individual person within a specific time, place, and set of circumstances. McLaughlin (2006) posited that the social constructivist view of diagnosis is in alignment with humanistic values, including equanimity, self-actualization, positivity, and personal agency, and that diagnosis should be taught from this perspective in counselor training programs.

When working with any client, a counselor should consider the entire context—both personal and historical—in which a client exists. In seeking to gain self-awareness and cultivate empathy, counselors and counselors-in-training may consider learning and practicing mindfulness techniques. Counselors may also

consider incorporating ABBT approaches into their work with clients. These techniques may be effective when working with clients from both non-dominant and dominant cultures. Clients from the dominant culture may benefit from gaining an awareness of their own privilege and biases and then working to change. When working with individuals, groups, or communities, counselors ought to aim for achieving Freire's concept of dialogue and *conscientization* (i.e., naming, reflecting, taking action) with a collaborative approach to working for change, and counselors should consider both intended and unintended consequences of any professional action.

Counselor training programs, in working toward infusing multiculturalism and social justice values into their programs, ought to consider more focus on cultivating empathy. One way to do this would be to include a mindfulness course in the training program. Training programs may also offer more coursework on contextual behavioral therapies or ABBTs such as ACT or DBT, as well as coursework that emphasizes community psychology, or the study of people in context, and the social justice counseling paradigm (Lewis et al., 2011). This could help counselors-in-training understand and empathize with the impact of

oppression on their clients' capacities for reaching their highest potential. When advocacy and social justice work stem from real empathy, it is more likely that they will be a fundamental part of who a counselor is rather than something a counselor attempts to add on to his/her/their work out of obligation or good intentions. Counselors trained in empathy-infused multicultural and social justice programs should also contribute to the knowledge base, as more research, both quantitative and qualitative, is needed on using ABBT approaches with diverse populations, the effects of mindfulness on client and counselor in the therapy setting, and the role of empathy in effective multicultural counseling and social justice.

Conclusion

In 2016, the state of Tennessee passed a controversial and discriminatory "religious freedom" bill, allowing counselors to deny services to LGBTQ individuals based on the counselor's beliefs (American Counseling Association, 2016b). This legislation is in direct violation of the Code of Ethics of the American Counseling Association's Code of Ethics (ACA, 2014). Specifically, this legislation conflicts with §A.11.b of the ACA's Code of Ethics, which states counselors should not termi-

nate or refer client services based solely on counselor value conflicts. Coincidentally, the ACA had scheduled its 2017 Conference and Expo to be held in Nashville, Tennessee. After careful consideration, the ACA decided to take a stand against discrimination and oppression and moved this event out of the state of Tennessee in protest of the ethically unsound law. The Conference and Expo was instead held in San Francisco, California, an epicenter of the LGBTQ rights movement. This decision was made after careful deliberation by the ACA, and it showed that, in this instance at least, the organization was willing to stand on the side of advocacy, fairness, and social justice. When it comes to effectively preparing counselors to work with diverse populations and be true agents of social justice, the counseling profession is certainly still evolving. This incident indicates that on an organizational level, it seems to be evolving in the right direction.

The ideas of Carl Rogers and Paulo Freire seem just as relevant today as when they were written, particularly regarding multicultural and social justice counseling. Based on the literature base, humanism, empathy, and mindfulness are essential to the process of gaining awareness of clients and self and to providing effective therapy to and advocacy

for marginalized individuals and groups. In practice, these are interrelated concepts: humanism provides a theoretical basis for viewing our clients with dignity, empathy offers a compassionate way of being, and mindfulness creates the cognitive and emotional space for pure awareness of the self, those around us, and our context to emerge. Learning to see both the self and others as fluid, changing beings within a fluid, changing context is of particular importance in this work. Counselors have a responsibility to themselves and to the people and communities they serve to always work towards the highest competence. Keeping a humanist viewpoint, cultivating empathy, and practicing mindfulness can help them continually and consciously move toward counseling competence.

The response of the ACA to the Tennessee legislation exemplifies critical action resulting from *conscientization*. The decision had symbolic and economic implications for the cities involved, and while it did not result in a change of legislation, it did delineate that as a profession, counseling is aware of and willing to fight oppression. While it is unclear whether this action will result in future change or entrenched attitudes for those who feel slighted by the move, the hope is that when there is

injustice, there is mobilization and action taken by those who are aware and able. The moving of the conference is just one step, in one instance; the critical action must continue on individual, group, and systemic levels. ABBTs, with their emphasis on mindfulness, can help counselors and clients gain awareness of their thoughts, emotions, and physical reactions, including uncomfortable internal content such as biases. These treatment modalities can also help people to clarify their values (i.e., what kind of people and professionals they want to be) and to determine which actions will lead them toward those values. This can involve developing a multicultural lens through which all people—those who are similar to oneself, those who are dissimilar, *and* the self—are viewed contextually and with empathy.

Social justice and advocacy come from making choices and acting from a place of multicultural awareness and deep empathy. ABBTs, multicultural counseling, and social justice movements can work in concert to better the lives of the afflicted *and* increase the critical consciousness of the privileged by making both groups more fully human. The foundation of these movements is humanism. From a humanist perspective, it is not radical to take a position and act on social issues—it is required.

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