

# 3

## Assessment of a Practitioner's Values, Beliefs, and Biases

This chapter explores barriers to an individual's self-assessment of values, beliefs, and biases. It proposes unconventional strategies to transcend these barriers to gain inner experience, which facilitates self-awareness of one's own values, beliefs, and biases. Unconventional strategies such as narrative and reflective writing, consciousness-raising activities, and listening to one's own body are discussed. Progoff's (1992) writing to gain inner experience, Blackmore's (2004) consciousness-raising questions, and Olsen's (1998) body awareness and communication are explored in depth.

Experiential and reflection-based learning activities are provided to increase practitioner-trainees' awareness of their inner experiences. The chapter illustrates the importance of a practitioner-trainee knowing her own values, beliefs, and biases and her thinking style with regard to assessment and treatment of clients by providing concrete examples.

### **BARRIERS TO AN INDIVIDUAL'S SELF-ASSESSMENT OF HER OWN VALUES, BELIEFS, AND BIASES**

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Self-assessment of one's own values, beliefs, and biases is a challenging task because awareness of inner self has not been an important component of socialization practice in the United States and other cultures

that value extrinsic valuation, which puts greater emphasis on the conscious, intellect, and rational and logical reasoning than on the unconscious, emotion, intuition, and creativity. Self-awareness is one aspect of human consciousness, and individuals are not born with culture-specific awareness. Individuals learn to value the culture-specific values and beliefs they are born into before they are capable of examining the impact of these culture-specific values and beliefs on the formation of their own understanding of self (Blackmore, 2004). Self-assessment requires self-reflection, and it is difficult to learn to self-reflect if the dominant culture emphasizes extrinsic valuation rather than intrinsic valuation. In addition, self exists inside the person (Shotter, 1989), and it is almost impossible to be aware of what's inside a person without the ability to self-reflect.

Self-assessment of an individual's own values, beliefs, and biases is challenging in extrinsic valuation-oriented cultures because individuals are rewarded for carrying out culturally expected behaviors rather than searching for behaviors that are meaningful to them. Markus, Kitayama, and Heiman (1996) raised the question of whether or not high self-appraisal is a culture-specific characteristic. They suggested that the tendency to appraise oneself higher than others is a characteristic of individualistic cultures such as those of Europe and North America since studies have not found these characteristics in collective cultures. Taylor and Brown's (1988) study supported the finding that Americans in the United States tend to think of themselves as superior to their peers in terms of their abilities and personality traits (*hierarchical thinking*). This implies that hierarchical thinking is embedded as a culture-specific character, and it is hard to deconstruct culture-specific characteristics. Simply suggesting a new idea does not lead to transcendence of culture-specific characteristics. The new idea has to be accompanied by concrete strategies to transcend culture-specific characteristics.

Some culture-specific characteristics like high self-appraisal are due to asymmetric perception, which is a tendency to praise oneself highly compared with others and to detect others' biases readily but deny these biases within oneself (Pronin, Gilovich, & Ross, 2004). Pronin et al. reviewed the literature concerning differential perceptions of self versus others from 1949 to 2004. All reviewed studies showed that individuals regard themselves as more favorable than others. For example, study participants overestimated their ability to judge objectively compared with others and underestimated others' ability to judge objectively (Epley & Dunning, 2000; Kruger & Gilovich, 1999; van Boven, Dunning, & Loewenstein, 2000). Participants were in denial about being biased but

readily pointed out others being biased. Similar studies indicated that individuals tend to assess themselves much more positively compared with others (Baumeister, 1998; Pronin, Lin, & Ross, 2002; Steele, 1988; Taylor & Brown, 1988). When participants were led to believe that they did not do well on a test but that others did well on the same test, they reported that the test was not valid. When participants were led to believe that they performed well, they reported that the test was valid. They also believed that their assessment was objective and that others' assessment was biased (Pronin et al., 2002). This type of asymmetric perception was also shown in participants' assessment of introspection. Participants reported the value of introspection in self-assessment for themselves but did not perceive the same value of introspection for others' self-assessment (Pronin et al., 2004). The above findings in high self-appraisal and asymmetric perception shed light not only on individuals' difficulty with self-assessment but also on understanding the reasons for the lack of major changes in multicultural counseling despite various attempts. Accurate self-assessment of their own cultural values, beliefs, and biases is not possible as long as individuals operate from high self-appraisal and asymmetry. As a result, unintentional racism, sexism, heterosexism, ableism, classism, and ageism will continue even if individuals develop theories to deconstruct them (Brewer & Brown, 1998; Hewstone, Rubin, & Willis, 2002).

Another reason for the challenge is the role of unconscious and implicit learning (DeCoster, Banner, Smith, & Semin, 2006; Rydell, McConnell, Mackie, & Strain, 2006; Rydell, McConnell, Strain, Claypool, & Hugenberg, 2007). A desire to hold onto an ideal self-image may interfere with individuals' ability to assess their cultural values, beliefs, and biases when there is conflict between their ideal image of self and what they value and believe (Banaji, 1997; Banaji & Greenwald, 1994; Banaji & Hardin, 1996; Chen & Bargh, 1997; Devine, 1989; Fazio, Jackson, Dunton, & Williams, 1995; Greenwald & Banaji, 1995). Researchers have found that stereotypes often unconsciously activate implicit expressions of beliefs and attitudes, and these are often unrelated to explicit expressions of the same beliefs and attitudes. Extensive research (Dovidio, Evans, & Tyler, 1986; Dovidio & Gaertner, 1998, 2000, 2004, 2005; Dovidio, Gaertner, Kawakami, & Hodson, 2002; Dovidio, Kawakami, & Gaertner, 2002; Dovidio, Kawakami, Johnson, Johnson, & Howard, 1997; Fazio et al., 1995; Gaertner, 1973; Gaertner & Dovidio, 1977, 1986; Gaertner & McLaughlin, 1983; Hodson, Dovidio, & Gaertner, 2002) has demonstrated the difficulty of self-awareness due to aversive racism. Aversive racists show explicit behavior of caring for

marginalized people by believing consciously in equity and justice but implicitly and unconsciously having negative attitudes toward marginalized people. According to Dovidio and Gaertner (2005), aversive racism is “more subtle and is presumed to characterize the racial attitudes of most well-educated and liberal Whites in the United States” (p. 618).

In addition, attribution error and social projection, as discussed in Chapter 2, lead to ingroup favoritism and create barriers to assessing individuals' own values, beliefs, and biases because individuals' perception is shaped by their own cultural context (Brewer & Brown, 1998; Fiske, 1998; Hornsey & Hogg, 2000; Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003). Furthermore, individuals' values, beliefs, and biases have been automated through internal repetition since childhood, and this automatic thinking process influences individuals' perception and judgment (Banaji & Hardin, 1996; Devine, 1989; Perdue & Gurtman, 1990). This private process gives an impression that these values, beliefs, and biases are based on facts due to the absence of an external feedback loop.

It is understandable how and why these barriers contribute to challenges not only in self-assessment of one's own values, beliefs, and biases but also in walking the talk of multicultural competencies. This section discussed barriers to self-assessment of one's own cultural values, beliefs, and biases. These barriers explain that multicultural competencies need to consider the multiple and complex factors discussed in this section to assess the feasibility of implementation of multicultural counseling theories or concepts. Strategies of implementing conceptual theories in practice need to consider how to be cognizant of these barriers and include concrete plans to reduce or eliminate these barriers. Implementation is not feasible without examining the barriers that stem from inner experience. Barriers from inner experience interfere with the implementation phase without an individual's awareness.

## AWARENESS OF INNER EXPERIENCE

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The purpose of this section is to increase individuals' awareness of their inner experience. This task is enormous because it takes a lifetime to become conscious of inner experience and unconscious processes and learn to integrate body and mind. Personal inquiry (first person), which

has been considered trivial in academic settings, is essential to gain awareness of inner experience. Inner experiences have been accumulated through both subjective, first-person inquiry (personal inquiry) and objective, third-person inquiry (scientific inquiry). Searle's (1997) explanation about pain clearly demonstrates that an individual's inner experience is the result of interaction between subjective and objective experience; the pain an individual feels when he is pinched is the pain only he would know since it is a subjective experience. When a person is pinched, neurons begin to fire at the receptors, and the individual feels pain as soon as it reaches the brain. Degree and intensity of perceived pain vary from individual to individual because each individual has a different experience with pain. The neurological pathway from the receptors to the brain is an objective (third-person) phenomenon, and perceived pain is a subjective experience. Distinguishing between the subjective and objective experiences of an individual as if they are different entities is artificial creation and prevents the individual from understanding his/her/zir own inner experience. Psychotherapy and counseling must emphasize both personal inquiry and scientific inquiry to obtain accurate assessment, diagnosis, and treatment. Changing feelings, thoughts, and behaviors requires examining a client's whole self. The whole person consists of the physical, psychological, emotional, sociocultural, and spiritual selves, which include both subjective and objective experiences. Considering only observable behavior through scientific inquiry and ignoring systematic and thorough inquiry of subjective experience allows practitioners to gather only partial information about a client. In order to assess, diagnose, and treat a client, practitioners need to have as much information about the client as possible. Both subjective (personal) and objective (scientific) inquiries are necessary to gather information about a whole person. Various therapeutic techniques have been developed without focusing on raising practitioners' awareness of their own inner experiences even though many practitioners explore clients' inner experiences in order to assist them with changing thinking, feeling, and behavior. If practitioners are more aware of their inner experiences through writing, centering, paying attention to their body language, paying attention to their dreams, or doing consciousness-raising activities, they are more likely to accurately assess clients' inner experiences without countertransference.

Practitioner-trainees can learn to notice their inner experiences through actually doing activities.

Thinking about what you would write is not the same as actually writing it. . . . Thinking about it and figuring it out is not enough, because that gives us the illusion that we understand it conceptually when we cannot in fact understand how the dynamic of its principles operates without working with it over a period of time. (Progoff, 1992, p. 11)

This section provides experiential learning activities that allow practitioners to get in touch with their inner experiences. These learning activities are not written in the third person (scientific inquiry) in order to provide an opportunity for fully engaging in subjective experience (first-person inquiry). Four different kinds of experiential learning activities or learning through reflection are discussed in this chapter: (a) writing, (b) consciousness raising, (c) listening to the body, and (d) paying attention to dreams. These activities can be effective if practitioner-trainees are able to fully engage in them by creating a peaceful inner space by centering without censoring or screening. Individuals cannot rush the process of learning to be aware of their inner experiences, just like transformative learning. It takes time.

### **Awareness of Inner Experience Through Writing**

Writing without censoring or screening, like journal writing, allows for self-reflection, which facilitates self-discovery of rich resources within oneself. It allows for discovering inner wisdom. It takes time to write without automatic censoring, but practicing writing on a regular basis may gradually reduce this tendency. An individual's values, beliefs, biases, and access to unconscious materials are revealed in the process of this type of writing and self-reflecting. This type of writing can be practiced individually, as a group, or both. Start with centering regardless of the format of practicing. Each writing activity needs to begin with centering to focus on the task. Centering and breathing are emphasized for clarity and calmness throughout each writing activity. Then how to focus on inner experience in the moment and every day is introduced. The writing activities explore four dimensions of inner experience: time, dialogue, depth, and meaning (Progoff, 1992). Each dimension is explained briefly prior to the corresponding experiential learning activity. The following is a centering exercise. Centering quiets the mind so one can focus on a learning task.

**CONCRETE STRATEGIES***Experiential Learning Activity on Centering*

Close your eyes and imagine you are sitting in a cozy place. Practice three-dimensional breathing by moving your chest, rib cage, and stomach. Breathe slowly and evenly. Breathe in relaxation and see what is in your mind. If your mind is not with your body, ask your mind to be with your body. Breathe out tension and resistance. Breathe in relaxation and see what is in your mind. If your mind is with yesterday or tomorrow, inform your mind that the only reality you have is in this moment. Ask your mind to embrace your body and be still. Breathe out resistance and tension. Breathe in relaxation and appreciate your mind for trying. Breathe out tension and resistance and slowly open your eyes.

Some practitioner-trainees may find writing to gain access to inner experiences difficult and the process slow. The process is like learning a foreign language for the first time. One of the best ways to learn a foreign language is to practice through repetition. It is one thing to understand how to pronounce a word, but understanding does not help with pronunciation. Pronouncing well only comes by practicing the pronunciation over and over again. The following exercise is designed to help practitioner-trainees practice not judging or screening.

**CONCRETE STRATEGIES***Experiential Learning Activity*

After centering, repeat to yourself the following: "I understand why I judge myself and screen automatically. I was conditioned to do what is proper according to my cultural, institutional, and family values. This exercise in not judging or screening is for me to really know myself. I want to know aspects of myself that I don't have access to. It is my understanding that I will have access to them only if I don't judge or screen what I think, feel, and do. I would like to try. I am interested in transcending the talk of multicultural competencies and transforming it into the walk of multicultural competencies." Read each sentence and then close your eyes and repeat the sentence silently while breathing slowly and evenly.

One of the effective ways to know an individual's inner experience is "just simply stating the fact of our experience" (Progoff, 1992, p. 244). Below is an experiential learning activity to state the fact about the present and today.

## CONCRETE STRATEGIES

### *Experiential Learning Activities*

1. Inner experience of specifics of the present
  - a. Write down whatever comes to you spontaneously.
  - b. When (e.g., a year ago, a week ago) did you start to feel or think this way?
  - c. Was there an event or a series of events that led to this? If so, describe the event or events in detail including feelings you felt at the time.
  - d. Describe your inner-world experience, your outer-world experience, and the intersection of your inner- and outer-world experiences at this time in detail.
    - (1) Inner world: feelings, thoughts, sense of self, mental health, relationships with ingroups, and so on.
    - (2) Outer world: physical health, sociopolitical issues, relationships to ingroups and outgroups, and so on.
    - (3) How mental health affects physical health and vice versa; how the way you are treated by outgroups/ingroups affects your sense of self, identity, and belief systems; and so on.
2. Inner experience of a day
  - a. What was your physical condition when you started the day, and what is it now?
  - b. What were your emotional conditions and wishes as you began the day?
    - (1) Describe the details of your emotions (e.g., joy, anxiety, depression, frustration, anger).
    - (2) Describe your wishes in detail.
  - c. How did you begin your work (or schoolwork) of the day?
  - d. Describe the types of relationships you had throughout the day.



Practitioner-trainees will discover many differences between their inner and outer worlds as they continue the writing activities. One difference is the Time Dimension between the inner and outer worlds. The inner experience of time is qualitative time, and outer-world time is chronological time. Qualitative time is “the subjective perception of objective events in terms of the meaning and value they have to the person” (Progoff, 1992, p. 74). For example, an individual may be 30 years old chronologically (by outer-world time) but still may be 5 years old according to inner experience and perceive the world according to a 5-year-old's beliefs and values. The inner experience of qualitative time of individuals who are systematically oppressed due to race, gender, class, sexual orientation, age, disability, region, language, or religion is dramatically different from that of those who are systematically privileged. The following reflection-based learning activities are designed to facilitate consciousness of inner-world time.

### CONCRETE STRATEGIES

#### *Reflection-Based Learning Activities on Inner-World Time*

Close your eyes. Breathe in relaxation and breathe out tension. As you breathe deeply and slowly, travel back to your early childhood and see what events stand out. Feel the movement of your life. Observe these events with your mind's eye and sit still. Slowly open your eyes.

1. Record the first set of events (8–10) that stood out in your mind.
  - a. Read your list silently to yourself. Write down any emotions you feel as you read the list. If you are doing this as a group, the group leader/instructor may ask someone to read, and the group may listen quietly. It may be a powerful experience for the person to read out loud. You may also read aloud into an audio- or a videotape recorder. You may have different feelings about the events as you listen to yourself and/or watch your own verbal and nonverbal expressions on a videotape. Write down your feelings about listening to and viewing yourself. Regardless of the format, it is important for you to hear your own narratives and allow yourself to feel any emotions without judgment.

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- b. Choose one event that stirs the most emotion and elaborate on it in detail.
- c. Specifics of the event:
  - (1) Describe your feelings about yourself then.
  - (2) Describe the kind of person you were then.
  - (3) Describe your attitude about life then.
  - (4) Describe your beliefs about your destiny then.
  - (5) Describe any religious beliefs you had then.

The Dialogue Dimension of inner experience involves the relationships among separate aspects of an individual's inner life. These separate aspects often operate without awareness of each other. The writing process allows practitioner-trainees to build an inner relationship with all the significant areas of their lives. Mindful and devoted work in this dimension may lead to awareness of deeper inner direction than is available at a conscious level. The following are experiential learning activities on the Dialogue Dimension that involve reflection, imagery, and centering.

### CONCRETE STRATEGIES

#### *Experiential Learning Activities on the Dialogue Dimension*

It is extremely important not to judge your emotions, behaviors, or thoughts but to simply report. If judgment and censoring come automatically, close your eyes and breathe in and out slowly at least three times (or however many times it takes to create calmness and stillness within you). Open your eyes slowly.

#### *Dialoguing with:*

1. People who have inner importance to you
  - a. Listing the people: Close your eyes as you breathe deeply and evenly. Travel from the present time to your early childhood and think about those who were important to you and those with whom you have unfinished business. Include individuals you have not seen in years and individuals who have died. Sit still in silence

and breathe evenly and slowly while thinking and feeling about these people. Slowly open your eyes and write down their names.

- b. Write each person's name at the top of a page. Start with the first person on the first page. Close your eyes and imagine the person. What feelings come to you when you are thinking of him/her/zir?
  - (1) Describe the history of your relationship with this person and different stages of the relationship from the beginning.
  - (2) Describe the present status of the relationship.
2. Work
  - a. Close your eyes and imagine your work. What feelings come to you when you are thinking of your work?
    - (1) Describe your work history and different stages of your relationship to work from the beginning.
    - (2) Describe the present status of your relationship to work.
3. Body
  - a. Close your eyes and imagine your body. What feelings come to you when you are thinking of your body?
    - (1) Describe your relationship to your body throughout its different developmental stages.
    - (2) Describe the present status of your relationship to your body.
4. Society
  - a. Close your eyes and imagine society. What feelings come to you when you are thinking of society?
    - (1) Describe society and different stages of your relationship to it from the beginning.
    - (2) Describe the present status of your relationship to society.

When you have finished writing, close your eyes and breathe slowly and evenly for about 2 min. Sit in stillness and let your body and mind absorb the feelings you have been describing without judgment.

*Being the other:*

1. Close your eyes and breathe deeply and slowly while being aware of your emotions. Imagine one of the people who have inner importance

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to you and see whether you can take his/her/zir role for a moment. Imagine placing yourself inside the other's life. Breathe deeply and slowly and sit still. When you feel you can take the role, slowly open your eyes.

- a. List the other's events (8–10) in the first person as you did yours. Begin with the phrase, "I was born. Then . . ."
  - b. Describe details of the events if you desire.
2. Starting the dialogue: Close your eyes, breathe deeply and evenly, and sit in silence thinking and feeling about yourself and the other person. Imagine you are sitting across from each other. Begin to have a conversation in your mind's eye and record this inner dialogue.
- a. When you have finished writing, close your eyes again, breathe evenly and slowly, and feel your emotions without judgment or censoring. Then read the dialogue to yourself and take notes of any emotions as you feel them. Observe whether these emotions are the same as those you had before reading the dialogue to yourself. Record your emotional status.

When you have finished writing, close your eyes and breathe slowly and evenly for about 2 min. Sit in stillness and let your body and mind absorb the feelings you have been describing without judgment.

The Depth Dimension leads individuals beneath the conscious level of the Dialogue Dimension and symbolizes the root of an individual's problems and potential that lie under the conscious level. "The Depth Dimension is a primary means by which we can discover what our life is trying to become" (Progoff, 1992, p. 197). The symbols represented in an individual's dreams need to be recorded by the individual as he/she/ze observes and experiences them. The purpose of recording dreams is not to interpret, analyze, and understand dreams but to place the individual "back into the movement of our dream process as a whole so that the process can now freely extend itself" (Progoff, p. 200). The following experiential learning activities are designed to help practitioner-trainees gain access to the unconscious through dreams.

## CONCRETE STRATEGIES

### *Experiential Learning Activities on the Depth Dimension*

Close your eyes. Breathe in and out slowly for at least 3 min (or however long it takes to create calmness and stillness within yourself).

#### *Dreams*

1. Record your dreams as you observe and experience them.
  - a. Record the earliest dreams that you remember.
  - b. Record any dreams you remember from childhood.
  - c. Record recurrent dreams (pleasant and unpleasant, including nightmares).
  - d. Record fragmented dreams.
  - e. Record recent dreams.
2. To reach the Depth Dimension, close your eyes. Breathe in and out evenly and slowly until you feel calm and still.
  - a. Observe which dreams stand out to you. Experience the quality and tone of the dreams without judgment or censoring.
  - b. Pick a dream and see whether you dreamed other dreams that stood out to you around the same time. If you did, group dreams according to chronological points in your dream sequence.
  - c. Read the series of dreams loudly to yourself several times. Record yourself reading so you can listen to your dreams at any time or draw images from your dreams that represent them symbolically.

The Meaning Dimension of inner experience is the process of integrating inner and outer life by combining subjective and objective experiences. Report all experiences, new and old, without judging or interpreting them because “their significance for your life may not be apparent at that time” (Progoff, 1992, p. 220). These experiences provide valuable feedback in life. Integration of inner and outer life needs to be practiced until an individual feels oneness and whole. The following experiential learning activity provides the opportunity to experience integration of inner and outer life through imagery. This activity needs to be repeated until practitioner-trainees feel unity among their inner and outer experiences.

**CONCRETE STRATEGIES***Experiential Learning Activity: Integration of Inner and Outer Life*

Close your eyes as you breathe slowly and evenly. Reflect on your life and the inner experiences you have recorded so far. Feel the ongoing movement of your life up to the present. Embrace all of your experiences. Let this moment become an experience of total unity of your inner and outer life. Sit still in silence as you breathe and feel the oneness of your life. Open your eyes when you feel unity.

“The Meaning Dimension covers the aspect of life that we experience in terms of beliefs about the meaning of life. It deals with beliefs about fundamentals” (Progoff, 1992, p. 224). Beliefs, values, and biases are based on learning from the outer world and made a part of the inner world. For example, some individuals have learned to be dichotomous thinkers, and inappropriate applications of dichotomous thinking hinder individuals’ ability to embrace opposites. Thus it is difficult for these individuals to balance and integrate their inner and outer experiences. “The integral movement of the whole process of our inner life requires both of the opposites” (Progoff, p. 227). These individuals may feel frustration and resistance to the integration process of the Meaning Dimension of inner experience. The following learning activities are designed to explore the Meaning Dimension of an individual’s values and beliefs through reflection and centering.

**CONCRETE STRATEGIES***Experiential Learning Activities on the Meaning Dimension: Values and Beliefs*

1. Observe and attend to your inner voice: Close your eyes and sit still while focusing on breathing. Breathe in slowly and evenly and breathe out slowly and evenly. Think about your values and beliefs without judgment. As they come to you as images, words, or phrases, just observe them and pay attention to your feelings as you breathe. Slowly open your eyes.
  - a. Write down your feelings and list your values and beliefs.
  - b. How did you arrive at these values and beliefs?
2. Whose (or what) influence did you value in your inner experience, and are your values and beliefs related to it?

3. Critical inquiry: Examine your beliefs and values without censoring.
  - a. What are your primary beliefs (without considering political correctness) about race, gender, ethnicity, class, sexual orientation, disability, religion, region, age, and size?
  - b. How are your beliefs about the above areas similar to or different from those of your ingroups (e.g., family, work, friends, church)?
  - c. What doubts did you have about your beliefs when you were a child, a teenager, and a young adult, and how did you resolve them?
  - d. Describe the history of the inner movement of your core values and beliefs.
  - e. How do you define fear? Describe your relationship history with fear.
  - f. How do you define anxiety? Describe your relationship history with anxiety.
  - g. How do you define loneliness? Describe your relationship history with loneliness.
  - h. Have you accepted others' values and beliefs (e.g., those of your culture, family, or religious organization) because of your fear, anxiety, or loneliness?

The function of the Meaning Dimension is for individuals to collect the data from their inner experiences and make strong inner connections. Censoring or denying one's inner experiences is not only deceiving and marginalizing oneself but also preventing oneself from integration and connection. Strong inner connections enable individuals to understand others who appear to act indifferently toward them or to reject them. Instead of reacting negatively to indifference and rejection, individuals may be more compassionate toward others even though at the moment they do not know others' inner experiences. Individuals do not judge or project their feelings onto others, as they do not judge their own inner experiences. Writing for awareness of the four dimensions of inner experience allows individuals to explore the possibilities of their infinite inner wisdom.

### Consciousness Studies

Another way to examine one's inner experience is through consciousness studies. Most researchers of consciousness studies agree that consciousness encompasses everything there is; it includes both subjective

and objective experiences, although there are variations in researchers' definition of consciousness. Most consciousness studies suggest that first-person experience and third-person experience do not operate as separate entities. They do not operate linearly and sequentially. They interact simultaneously in consciousness (Blackmore, 2004; Metzinger, 2003; Searle, 1997). This point is well illustrated by Searle's study on pain perception. According to Searle, the pain felt when one is pinched is only experienced by the pinched individual (it is a personal and subjective experience) even though the individual goes through the same neurological pathway from the receptors to the brain as other individuals. The neurological mechanics are an objective (scientific pathway) phenomenon while perception is a subjective phenomenon, and the individual cannot feel the pain until a stimulus is delivered to the brain by the neurological mechanics. This explains variations in perceived pain by different individuals. Being aware of inner experience in consciousness is the result of both objective and subjective experience.

Consciousness studies reveal characteristics about inner experience that are similar to those of Progoff's (1992) four dimensions of writing. This section discusses these similarities between Progoff's four dimensions of writing and the consciousness perspective. Consciousness studies support the notion that individuals can reach a meditative state through no self-judgment, which is emphasized in Progoff's journal writing. Progoff's journal writing combines reflective narrative writing with meditation and imagery. Common to all forms of meditation is a goal to reach change in an individual's state of consciousness by paying attention and not thinking. The emphasis on not censoring and not screening in Progoff's narrative writing is an attempt to create a mental space similar to that created by not thinking. Achieving a meditative state through not censoring/not screening or not thinking leads to changes in consciousness. Recent attention to Buddhism by researchers of consciousness studies is partly due to the role of meditation in changing one's state of consciousness (Kabat-Zinn, 1999; Kapleau, 1980; Sheng-Yen, Crook, Child, Kalin, & Andricevic, 2002).

Both Progoff (1992) and researchers of consciousness studies have shown interest in dreams. For Progoff, it is dreams' ability to bring a deeper level of inner experience from the unconscious, and for consciousness researchers, it is the nature of the conscious in the dream stage. Most individuals who study dreams agree that dreaming is a form of consciousness that is different from the waking stage of consciousness



(Atkinson, Atkinson, Smith, Bem, & Nolen-Hoeksema, 2000; Carlson, 1999; Dennett, 1976; Hobson, 1999; Searle, 1997). There are various definitions of consciousness, and they range from altered states of consciousness to the unconscious. Some define consciousness as everything there is, including the unconscious, and others differentiate consciousness from the unconscious. There are also various theories about different kinds of dreams. Regardless of how they define consciousness, most dream theorists relate dreams to inner experiences such as fears, hopes, creativity, and insight (Blackmore, 2004; van de Castle, 1994).

Consciousness researchers support Progoff's (1992) distinction between inner-world and outer-world experiences. Consciousness studies also reveal there is a difference between one's inner experience and the outer world. Several consciousness researchers have found that there is a difference between experienced time and chronological time (Blackmore, 2004). Events experienced in the outer world can be clocked, but events experienced in the inner world cannot be clocked in the same way. Individuals do not experience outer events sequentially in their inner world. For example, events of systematic oppression are past incidents according to chronological time but are alive in the inner world of individuals who have been oppressed and discriminated against. Statements like "Let's move on," "Forget about the past," "Don't dwell on the past," and "It's a waste of time" are based on external clock time. All these statements are intended to assist individuals with functioning more effectively and becoming healthier and more peaceful. What these statements are ignoring is the fact that there are differences between inner- and outer-world time. It is not that individuals do not want to transcend their past; it is that they are not able to due to their inner experience. Understanding the difference between outer and inner time is critical in practitioners' awareness of their own values, beliefs, and biases; having accurate empathy; understanding the impact of systematic oppression on internalized privilege/oppression; and seeing clients from their worldviews. Inner experience affects both clients and practitioners. If practitioners are or have been victims of oppression, their inner experience may facilitate an inaccurate perception and interpretation of clients' verbal and nonverbal communication. If practitioners are unearned privilege holders in relation to race, gender, sexual orientation, age, class, and so on, their inner experience is dramatically different from that of clients who have been systematically oppressed because of who they are (e.g., a member

of a nondominant race or class, someone with a nondominant sexual orientation) throughout their lives. Raising consciousness to be able to differentiate between their inner- and outer-world experiences will help practitioners observe their values, beliefs, and biases as they are, as well as those of clients.

Research on consciousness and cognitive neuroscience with regard to attitudes, stereotypes, and prejudice revitalized the role of the unconscious in shaping beliefs, values, prejudices, and stereotypes. The study of the unconscious had been neglected in psychology due to its emphasis on scientific inquiry (the third-person perspective) in an attempt to secure psychology's position as a science. Over the past 2 decades, numerous researchers have found that learning can take place without a learner's awareness (Banaji & Hardin, 1996; Devine, 1989; Dovidio et al., 1986; Dovidio & Gaertner, 1998, 2000, 2004, 2005; Dovidio et al., 1997; Dovidio, Gaertner, et al., 2002; Dovidio, Kawakami, et al., 2002; Perdue & Gurtman, 1990). Consciousness researchers have also found that individuals behave as if they are aware of stimuli even though they report no awareness consciously (Merikel, Smilek, & Eastwood, 2001; Sidis, 1898). Blackmore (2004) illustrates the role of the unconscious in perception:

Suppose you are sitting at dinner, chatting with your friends, oblivious to the hum of the microwave in the corner—until it stops. Suddenly you realize that it was humming along all the time. Only in its silence are you conscious of the noise. This simple, everyday phenomenon seems odd because it suggests perception without consciousness. It suggest that all along, in some unconscious way, you must have been hearing the noise. . . . The crucial finding is that people deny consciously detecting something while their behavior shows that they have detected it. (p. 274)

Acknowledging perception without consciousness and the role of the unconscious in perception and learning from both psychology research and consciousness research is an important step toward understanding not only the difficulties of accessing inner experience but also the complexities involved in knowing one's own values, beliefs, and biases, as well as truly understanding those of others. Implicit learning in the formation of values, beliefs, and biases is an example of the role of unconscious perception in learning. Some individuals talk of justice and equity in human diversity

(on the conscious level) but are against justice and equity for people who are culturally different from them (on the unconscious level).

Individuals' values, beliefs, and biases are formulated through both conscious and unconscious processing with fluidity. Blackmore (2004) summarizes the implications of unconscious perception:

Perceptual thresholds are not fixed but depend on variable response criteria; there is no undisputed measure for deciding whether something has been consciously perceived or not; and there are many stimuli that are deemed to be consciously perceived by some measures and not by others. All this threatens the idea that any stimulus is unequivocally either "in" or "out" of consciousness. It suggests instead that sensory information is processed in a wide variety of ways, with different consequences for different kinds of behavior. Some of these behaviors are usually taken as indications of consciousness, such as verbal reports or choices between clearly perceptible stimuli, while others are usually considered to be unconscious, such as fast reflexes, guesses or certain measures of brain activity. In between lie many behaviors that are sometimes taken to indicate consciousness and sometimes not. But there is no right answer. (pp. 279–280)

The above statement indicates consciousness can be understood from a holistic perspective that includes dynamic fluidity as a process. Conventional dichotomous categorizations hinder the ability to understand a whole range of perception, making divisions between personal inquiry and scientific inquiry by claiming that scientific inquiry is the only acceptable path for academic studies or learning. Dichotomous and hierarchical thinking is no longer adequate in explaining inner and outer experiences. Postmodernity requires a holistic perspective that embraces inner and outer experiences, the conscious and the unconscious, personal inquiry and scientific inquiry, intellect and emotion, body and mind, self and community, and monocultural and multicultural values with equal emphasis. The focus of this section was awareness of inner experience by being conscious. Expanding one's conscious awareness takes mindful and diligent practice on a daily basis. Finding experience itself without thoughts, theories, and conceptualization is difficult and challenging, especially in academia. The following experiential learning activities are selected from Blackmore's (2004) book to raise awareness of inner experience.

**CONCRETE STRATEGIES***Experiential Learning Activities*

These are consciousness-raising exercises from Blackmore's (2004) book. Each question should be asked without judgment every day as many times as possible.

*Inner experience through consciousness exercises:*

1. "Am I conscious now?" (p. 10)
2. "What is it like being me now?" (p. 24)
3. "Did I do this consciously?" (p. 43)
4. "Am I conscious now?" And then "Where is this experience?" (p. 67)
5. "Am I the same 'me' as a moment ago?" (p. 112)
6. "Am I doing this?" (p. 124)

**Listening to the Body**

Listening to the body is another way to access inner experience. The body expresses inner experience much more adequately than does verbal communication. Without awareness, individuals often communicate with their body (body language). Some individuals state that they have "butterflies" in their stomach, have headaches, or are shaky when they are anxious or nervous. Some individuals complain about their physical symptoms without knowing why. Some individuals state that they feel "fine," but their body language contradicts their verbal expression. An individual may smile as tears roll down his/her/zir cheek and say, "I am sorry. I don't know why I am crying" or raise his/her/zir voice with shallow breathing. The inability to identify outer expression of body language as the inner expression of an individual is a result of cultural conditioning by which individuals have been conditioned to separate their body from their mind as if they are two separate entities. Historically speaking, Descartes considered the body a machine without considering its connection to mind, memory,

and emotion (Radomsky, 1995). Radomsky discusses healing the body not by focusing on the correct diagnosis on the basis of symptoms but by paying attention to inner experiences expressed through bodily symptoms. As she shifted from a biomedical approach to a socio-cultural approach, she learned that her female patients' chronic pain was related to psychological, emotional, and mental abuse by their partner or cultural myths about their role as women rather than due to specific organic causes. Radomsky writes:

My effort to put these women into tightly defined categories regularly failed. In addition, I realized I was not connecting with them in a meaningful way. Eventually I stopped trying to make the correct diagnosis when it came to these chronic pain problems that had no identifiable organic cause. I started listening and asked different questions. As I altered my obsession with cure for chronic pain, I began to notice some changes. Many of these women started to talk to me about their lives. Some told painful and disturbing stories. . . . I gradually realized the connection between chronic pain and powerlessness in women. (p. 3)

Radomsky (1995) addresses the importance of the mind-body connection and listening to patients' inner experiences for healing. Body and mind are an integrated whole. Radomsky's female clients expressed their powerlessness through their bodies. Body language and movement are important aspects of understanding individuals' inner experiences, even though individuals may not be aware of their body language. In order to understand how the mind and body are connected, individuals need to understand the fundamentals of the human nervous system (see Table 3.1). The activities of individuals' bodies are governed by the nervous system, which can be divided into two parts: central nervous system (CNS) and peripheral nervous system (PNS). The CNS has two parts: the brain and the spinal cord. The PNS has two parts: the autonomic nervous system (ANS) and the somatic nervous system (SNS). The ANS (visceral) deals with involuntary functions, is responsible for internal functioning, and affects such organs as the heart, the lungs, and the digestive and reproductive organs. The autonomic division has two parts: the sympathetic and parasympathetic nervous systems. The sympathetic nervous system is activated when the body needs to cope with emergency situations such as a natural disaster, an accident, or a personal crisis. For

**Table 3.1** The Nervous System

<i>Nervous Systems</i>			
<i>Central Nervous System (CNS)</i>		<i>Peripheral Nervous System (PNS)</i>	
Brain	Spinal Cord	Autonomic Nervous System (ANS)	Somatic Nervous System (SNS)
a) Forebrain b) Midbrain c) Hindbrain	Reflex	Involuntary a) Sympathetic system b) Parasympathetic system	Voluntary

example, if an individual feels that someone is following him in the middle of the night as he's walking, he will walk or run as fast as he can to get to his destination, and this results in increased activity of the heart and lungs and decreased activity of the digestive organs. He may be surprised by how fast he is able to run or walk to be secure. The parasympathetic nervous system acts opposite to the sympathetic nervous system to create wholeness within the body. It is activated when the body is relaxing and resting. It is what an individual feels after a big dinner. He may feel totally relaxed because of his decreased heart rate and slowed breathing while his digestive system is activated. Often, he may feel sleepy. The daily balance of the functions of the sympathetic and parasympathetic nervous systems determines the health of the body. However, if an individual is stressed, symptoms of dysfunctions of organs manifest, resulting in an imbalance of the functions of the sympathetic and parasympathetic nervous systems. For example, he may listen only to the sympathetic nervous system because he perceives that his life is a series of crises. This imbalance may lead to some type of sickness. The SNS deals with voluntary functions and is responsible for interaction with the external world. The individual is often aware of such activities of his SNS as smiling, frowning, and shaking hands. He feels sensation through messages carried on somatic sensory nerves. His body experience is from the dialogue between the ANS and the SNS.

Olsen (1998) has a set of exercises that are valuable for understanding the relationship between the somatic and autonomic nervous systems. The author's students have found them valuable in learning to understand their beliefs and values. The following experiential learning activities are taken directly from Olsen's book (p. 124). Olsen's questions have been modified and arranged with some explanations in an attempt to provide clear directions. Centering prior to doing these activities may improve your ability to focus.

**CONCRETE STRATEGIES***Experiential Learning Activities*

The following activities are designed to increase your awareness of listening to your body. Close your eyes and sit still while focusing on breathing. Breathe in slowly and evenly and breathe out slowly and evenly until you feel calm and centered.

1. Body need versus demand of others: There is no right or wrong way of responding, but there is a dialogue between the needs of the body and the outer demands of the world. Observe your interactions throughout a day.
  - a. How often do you respond to your own body's needs? How often do you make choices based on your body's needs and wants, and how often do you make choices based on the demands of others?
  - b. Write a dialogue between the needs of the body and the demands of others.
2. Observing your body's experience:
  - a. In a standing or seated position, imagine yourself in the following situations and observe your body's responses:
    - (1) You are feeling sick and would really rather stay home and rest, but you are going out to work/school.
    - (2) You really don't feel like talking to anyone, but it is your turn to lead the group discussion.
    - (3) You are in a class and have something very important to say, but the teacher interrupts you whenever you start to say it.
    - (4) You go home and want to tell your family everything about your life, but no one is interested in listening.
    - (5) You have something to say, and you get to tell it to your best friend.
    - (6) You want to celebrate, and you are invited to a great party.
    - (7) You need to rest, and you choose to stay home and sunbathe.
    - (8) You are tired, and you take a vacation to go to your favorite beach.

Some individuals who have negative beliefs about themselves and/or their environment may never have known a safe state. Practicing breathing, yoga, visualization, and other types of centering exercises on a regular basis may lead to relaxation of the nervous system. Images help integrate multiple layers of an experience within a single body-awareness activity. When the body

feels safe, it finds its own natural rhythm between activity and rest. The importance of body language in expressing an individual's inner experience is discussed by experts in mind-body work, health, narrative movement, and communication (Halprin, 2003; Miller & Miller, 1997; Olsen, 1998; Radomsky, 1995; Schure, Christopher, & Christopher, 2008). Yet there has been too little emphasis on this aspect and too much emphasis on appearance of the body in relation to meeting the cultural "norm" of beauty and attractiveness. Media (magazines, TV, music videos, movies) portray the body image as important even when they are trying to create strong female images. Tough women are still portrayed as physically attractive and therefore meeting the cultural norm of women's ideal body image (Carter & Steiner, 2004). Some cases of eating disorders, depression, and low self-esteem are a result of individuals' attempts to fit their bodies into an appearance-based cultural norm.

The author once had a client whose mother told her that she (the mother) had to make the author's client's clothes since she (the mother) could not find dresses that fit the author's client well. The mother often said, "You look just like your grandma—fat—and your torso is too short." The client learned to have a poor body image. She said she was fat all her life. She came to counseling because her physician recommended weight loss for her health. She had been encouraged to devalue her body throughout the socialization process by her family, academic institutions, and culture. Her beliefs about herself were distorted by what she was led to believe about her body image. Due to her distorted body image, she was not able to listen to her natural body rhythm. As Progoff (1992) and consciousness studies (Blackmore, 2004) indicate, lack of self-judgment is a key to reaching inner wisdom, and the author's client was unable to reach her own wisdom because of her critical intrapersonal communication on her body image. She accepted her mother's evaluation of her body before she was old enough to formulate her own opinion of her body. The following experiential learning activities are to facilitate transformative learning on having compassion for others through an affective role-taking perspective.

### CONCRETE STRATEGIES

#### *Experiential Learning Activities on Compassion*

How would you feel if you were the following two individuals?

1. "Latinas in this country live in two worlds. People who don't know us may think we're fat. At home, we're called *bien cuidadas* (well cared for)" (Haubegger, 2000, p. 242).



2. "My self-hatred became fuel for the self-mutilating behaviors of the eating disorder" (Chernik, 2000, p. 244).

What messages have you received about your body in relation to your race, gender, class, sexual orientation, age, religion, and region?

Individuals' bodies are their home as long as they live. Their inner experiences enrich their lives, as they become aware of the activities their bodies engage in on a moment-to-moment basis. Olsen's (1998) 31-day body exercises indicate that each body part—skeleton, head, joints, spine, vertebrae, ribs, lungs, shoulders, hands, forearms, bones, pelvis, hips, thighs, knees, tibia, fibula, feet, digestive tract, eyes, face, mouth, nose, ears, elbows, and so on—is active each moment and is engaged in a dynamic process. If individuals are able to listen to their bodies (their inner workings), they are able to know the inner states of their bodies. For example, Olsen writes, "Tension in any part of the body restricts cellular activity vital to healthy tissue. Through bodywork, we use responsiveness of the cell membranes and the skin to heat, vibration, and touch to bring awareness and affect change" (p. 20). The following experiential learning activities are designed to explore a practitioner-trainee's body history through memories, beliefs, and feelings.

### CONCRETE STRATEGIES

#### *Experiential Learning Activities on Knowing Oneself Through the Body*

The purpose of the following activities is for you to know another aspect of yourself through your body history.

Prepare drawing pads and crayons, colored pencils, or paints. Find a quiet place and make sure you are not going to be distracted. Close your eyes as you breathe deeply, slowly, and evenly. Breathe in relaxation, let the relaxation go through your body from head to toe, and breathe out tension. Again breathe in relaxation and see what's in your mind. If your mind is not with your body, ask your mind to be with your body and breathe out tension and resistance. Breathe in relaxation, appreciate your mind for trying to be with your body, and let appreciation run through your body from head to toe. Breathe out tension and resistance. As you are breathing in and out, draw your body image in your mind and feel and listen to your body.

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Be aware of your images, thoughts, and feelings. Count backward from 10 to 1 slowly and when you reach 1 slowly open your eyes.

1. Draw your body image and record any words or phrases that came to your mind.
2. Think and feel about where your body image came from and write them down.
3. Write down your feelings about your body image.
4. If your feelings about your body image are positive or neutral, accept them as they are. If they are negative:
  - a. Assess your criteria for the negative image.
  - b. Replace the negative image with a positive picture. Observe your body language (how did your body respond to this exercise?).
  - c. Write down your body's reaction to this exercise.
5. What was your belief about your body image before, and what is your belief about your body image now?
6. Write your body's story.
  - a. What do you know about your birth?
  - b. What stories did you hear about your infancy about how you physically moved your body as an infant? What do you know about your activity level and your body movement when you are happy, contented, or crying?
  - c. Write down your earliest movement memory (e.g., being rocked, first walking, swimming, falling, running).
  - d. Write down your most significant movement memory.
  - e. Write down your attitude toward movement throughout your life.
  - f. Write down your relationship to your body size, weight, strength, and flexibility.
  - g. How much of your assessment of your body is influenced by your cultural norm?
  - h. If you have had trauma in your life, did it change your body image? Describe as much as you can.
7. Describe your feelings toward your body prior to and after completing the experiential learning activities.
8. What have you learned through the experiential learning activities?

Individuals gradually learn to listen to their bodies and increase their awareness of their inner experiences through their bodies by diligently practicing experiential learning activities. By listening to their bodies, individuals will expand their awareness of their own values, beliefs, and biases. The following experiential learning activity is designed to process the Depth and Meaning dimensions (Progoff, 1992) of a practitioner-trainee's own body.

### CONCRETE STRATEGIES

#### *Experiential Learning Activity on the Body*

Close your eyes for 10 min and observe what your body is feeling. Open your eyes, sketch the area of your body where feeling was observed, and describe the feeling.

## SELF-ASSESSMENT OF VALUES, BELIEFS, AND BIASES

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The exploration of the various ways to access one's inner experience in the previous section suggests that to increase multicultural counseling competencies one needs to pay more attention to knowing the differences between inner experiences and outer events. Various theories emphasize a practitioner's need to understand a client from the client's worldview without providing concrete strategies as to how to explore the client's inner experience (Croteau & Constantine, 2005; Croteau, Lark, & Lance, 2005; Dana, 1998; Flaskerud & Liu, 1991; Lee, 1997; McGoldrick, Giordano, & Pearce, 1996; Paniagua, 2005; Ponterotto, Utsey, & Pedersen, 2006; Ridley, 2005; Robinson, 2005; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Sue, Arredondo, & McDavis, 1992; Sue et al., 1998; Sue & Sue, 1999, 2003, 2007).

Jackson (1999) found that students were reluctant or resistant to learn because they were asked to think about issues or concepts they had never thought about and did not care to learn about. Transcending the talking about multicultural counseling competencies in order to walk the talk requires learning about concepts and ideas that individuals are not comfortable with. The following series of experiential learning activities is designed to increase awareness of inner experience. These experiential

learning activities will assess a practitioner-trainee's values. It is imperative that these activities be carried out without censoring or screening, which creates superficiality. As indicated previously, inner wisdom comes from lack of self-judgment. Experiencing uncensored values and beliefs leads to inner experience and inner wisdom (Blackmore; 2004; Progoff, 1992).

## CONCRETE STRATEGIES

### *Experiential Learning Activities*

Sit in a quiet place without intrusion (e.g., phone, people, TV). Practice self-reflection by engaging in remembering your own early childhood. Close your eyes and breathe in and out slowly and evenly while recalling your family values. Start from the present and travel back to as far as you can remember in your childhood. When your images and/or words represent at least four family values, slowly open your eyes.

### *Values*

1. Draw four pictures that represent your childhood values.
2. What are your relationships to these values now?
  - a. Do you still have these values?
  - b. Have you modified these values and still kept them as part of your core values?
  - c. State reasons for discarding values if you discarded any.
  - d. Do you want to discard a value but find yourself being influenced by it?
3. Which values were emphasized by your mother (or a mother figure), and which values were emphasized by your father (or a father figure)?
4. What were your feelings about yourself if your parents' values were contradictory to each other? How did you manage? Did you make up your own values, follow those of one of your parents, or ignore values altogether?
5. How did your parents or parent figures communicate their values to you (e.g., with anger, force, an attempt to induce your guilt, warmth, inductive reasoning)?

6. Describe the sociocultural and political context of your childhood. What cultural values were emphasized?
7. Reflect on your answers to the previous questions. Close your eyes for about 5 min. Open your eyes and write down the words or draw the images that came to your mind.
8. What is the significance of the words or images in Question 7?
9. What are your significant values now? State at least five core values. What are their relationships to your childhood values?
10. How do you deal with people who have different values from yours? Give a specific example of a value you have and how it is different from that of another person. Describe your thoughts, feelings, and behaviors about the other person.
11. How much of your intrapersonal communication is based on your values?

Expanding on your answer to Question 10 will allow for an in-depth understanding of the process of inner experience. The following exercises are intended to facilitate expansion on your answer to Question 10. Paying attention to each answer without censoring or judging will lead to multiple layers and multiple dimensions of inner experience.

### CONCRETE STRATEGIES

#### *Expansion of Question 10*

Think about the last time you had negative feelings about someone, whether the feeling was frustration, anger, sadness, loneliness, or disgust.

1. What did the other person do or not do or say or not say that made you have the negative feeling?
2. What was your expectation of the person?
3. Where did your expectation come from?
4. Which of your values were applied in order to form your expectation?

Paying attention to details of inner experience can facilitate understanding oneself on a deeper level. For example, an individual is frustrated with her roommate for not doing dishes. She expected her roommate to do his dishes. She was raised with the value that she should be responsible for her actions. She remembers getting into trouble with her mother for not rinsing her dishes after dinner. The trouble ranged from a lecture by her mother about why it is necessary to do her own dishes to not being able to watch her favorite TV program. She resented getting into trouble when she was a child, but later on she realized the importance of taking responsibility. The roommate not doing dishes triggered her own unpleasant and complicated history about dishes and the family dynamics involved in her own story. By understanding her own history, she may project less and may be able to determine how much her frustration is due to the roommate's behavior and how much is due to her own history. By knowing the reason for her frustration, she may be able to divert her attention to negotiating a constructive solution with her roommate. This example is to illustrate how important it is to pay attention to the details of an individual's inner experience to gain access to one's inner mechanism of values. The following experiential learning activities are designed to assist practitioner-trainees with understanding how they constructed their own beliefs and biases. Centering prior to the activities may assist practitioner-trainees with not censoring.

### CONCRETE STRATEGIES

#### *Experiential Learning Activities*

1. Think of one incident where you were frustrated with a client/person/peer. What were your assumptions? What did you expect? Was your frustration related to your values? If so, how?
2. What did you think your role as a practitioner/participant was last session/quarter/semester, and what did you think your role was in this particular situation?
3. How much of your inner dialogue was related to your cultural/family/individual values?

*Beliefs*

1. State what core beliefs you learned growing up from the following:
  - a. Father (or father figure)
  - b. Mother (or mother figure)
  - c. Extended family (grandparents, uncle, aunt, etc.)
  - d. Community
  - e. Country
2. What are your relationships to these beliefs now?
  - a. Do you still have these beliefs?
  - b. Have you modified these beliefs?
  - c. If you discarded all or some of them, state your reasons for having done so.
  - d. Do you want to discard some core beliefs but find yourself being influenced by them? Describe your inner experience.
  - e. How did your parents or parent figures communicate their beliefs to you (e.g., with anger, force, an attempt to induce your guilt, warmth, inductive reasoning)?
  - f. How do you deal with people who have different beliefs from yours? Give a specific example of a belief you have and how it is different from that of another person. Describe your thoughts, feelings, and behaviors about the other person.
  - g. How much of your intrapersonal communication is based on your beliefs?

*Biases*

1. What were the biases you grew up with, and when did you realize that they were biases?
2. What are your relationships to these biases now?
  - a. Do you still have these biases?
  - b. Have you modified these biases?
  - c. If you discarded your biases, state your reasons for having done so.
  - d. Do you want to discard a bias but find yourself being influenced by it? Describe your inner experience.

*(Continued)*

(Continued)

3. Which biases were emphasized by your mother (or mother figure), and which biases were emphasized by your father (or father figure)?
4. How did your parents (or parent figures) communicate their biases to you (e.g., with anger, force, an attempt to induce your guilt, warmth, inductive reasoning)?
5. Describe the sociocultural and political context of your childhood.
6. Reflect on your answers to the previous questions. Close your eyes for about 5 min. Open your eyes and write down the words or draw the images that came to your mind.
7. What is the significance of the words and images from Question 6?
8. What are your significant biases now? How do they relate to your childhood biases?
9. How do you deal with people who have different biases from yours? Give a specific example of a bias you have and how it is different from that of another person.
10. Describe your thoughts, feelings, and behaviors about the other person.

Some practitioner-trainees may notice that their intrapersonal communication reflects their values, beliefs, and biases. They may be able to observe their inner experience clearly and discover various things about themselves. They may discover that they like people who have similar values, beliefs, and biases and do not like people whose values and beliefs are different from theirs. They may feel uncomfortable with the process of discovering their own values, beliefs, and biases that do not fit their self-image. They may feel uncomfortable due to a gap between their real self and their ideal self. Some may be delighted to discover their values, beliefs, and biases; acknowledge their feelings; and let their feelings be felt. Some may be indifferent about the process of acknowledging their indifference without judgment. There are multitudes of reactions, and all of them are unique. The goal of self-assessment through experiential learning and reflective narrative activities is to be aware of one's inner experience with regard to one's values, beliefs, and biases.



## THE IMPACT OF A PRACTITIONER'S VALUES, BELIEFS, AND BIASES ON ASSESSING AND TREATING CLIENTS

The following are a few examples of what happens when a practitioner is not able to perceive the verbal and nonverbal languages of clients. Practitioner-trainees are encouraged to put themselves in the client's position in each case and observe their feelings as the client. Then, they should draw or write a few phrases to symbolize their feelings before reading the next example. Second, quotes from Fadiman's (1997) book are presented, and practitioner-trainees are encouraged to imagine they are Hmong and observe their feelings, thoughts, and behaviors as they read and pay special attention to their intrapersonal communication. The following example illustrates the impact practitioners' unawareness of their values, beliefs, and biases may have on clients.

### PERSONAL STORY

The following is an e-mail the author received in late October 2007 from an Asian American college student who went to the school counselor to get help:

*In terms of the school population being mostly "Christian"—my frustration! Your story about your friends (one Christian, the other's behavior) is like a story I see all the time. I like some of the faculty, but I interviewed one before about how non-white students feel like they are not part of the "community"—and she told me I wasn't trying hard enough! Or another example is—Thursday, I went to talk to my advisor (who I like) and he told me I should consider going to the counseling office, so I went... and in 15 minutes 3 of the 4 people in the office are minority kids. That is 75% in a counseling office, when we make up less than 12% of the college population (actually less than that, they cushion their numbers somehow). When I talked to a counselor about my frustration with only Euro-American ethnocentric views on campus and not being included in the community, she said I need to try hard to reach out. Can you believe?*

When a practitioner is not aware of her own values, beliefs, and biases, she is not aware of how they affect her clients. She may not know they lead to unintentional marginalization, discrimination, prejudice, stereotyping, racism, sexism, heterosexism, ableism, and classism, which devastate

clients' mental, physical, emotional, and psychological welfare (Paniagua, 2005; Ridley, 2005). She may not be aware of the fact that her values, beliefs, and biases may compound the client's problem in the name of helping. There is no one who could intervene to minimize the harm by the practitioner because counseling or psychotherapy usually takes place in the privacy of an office. It is not that the practitioner is intentionally marginalizing, minimizing, or oppressing the client but that she does not know her own values, beliefs, and biases. Robinson (2005) writes, "Regardless of race, counselors who choose not to face their biases with courageous introspection are not appropriate candidates for the mental health profession" (p. 140). The following are two more examples of what happens when a practitioner is not able to hear a client due to her inability to perceive clients from the perspective of their cultural values.

### PERSONAL STORY

Maria is a 27-year-old Mexican American who goes to see a counselor because she is torn between her desire to pursue her career and her obligation to do what is expected of her. Her counselor tells her to listen to herself and do what is "best for her." Maria tells her counselor that she doesn't know what's best for her, and the counselor asks her, "Didn't you say you want to pursue your career?" Maria feels that the counselor has no idea about her culture.

Peter's counselor encourages Peter to move out of his parents' home. The counselor asks, "Don't you think it will be healthy for you to move out of your parents' home?" The counselor continues, "You are 34 years old, and you have a good job." Peter, who is a Vietnamese American, feels he is not understood by his counselor. Peter came to counseling to sort out what he really wants to do for his career; however, the counselor is "fixated" on Peter's living condition. The practitioner does not understand that Peter has no problem living with his parents. Peter has explained to the counselor that it is his cultural custom and he has no problem with his living arrangement. Peter feels that the counselor is much more interested in honoring her values than she is in honoring Peter's. Peter wonders whether it is ethical for him to pay to fulfill the counselor's curiosity.

Native American culture, Afro American culture, Latino culture, and Asian American culture value extended family (Paniagua, 2005; Robinson, 2005). Individuals from these cultures and other cultures that value collectivism are influenced by collectivistic values regardless of their acculturation level. Therefore, doing their own thing creates intense internal conflict that cannot be understood by those who were raised in individualism-oriented cultures. Even though Maria wants to pursue her career, her desire to meet her obligation as a family member is equally strong due to her socialization practice where family is important and extended family members are as close as her immediate family members. It is easier for members of the dominant culture to focus on doing their own thing because they have been socialized to practice being individuals. It is difficult for individuals who have been socialized to value collectivism to do what is best for themselves, even though that is what they want. It is a complex process to sort out or to modify collective values and beliefs to adjust to a way of balancing one's desires and wants with collective values and beliefs. Maria needs a practitioner who can understand this complex process she is going through. A practitioner who can see Maria from Maria's cultural perspective will be able to provide empathy for her. Peter is normal from his cultural perspective. It is a common practice that grown-up children stay with parents until they get married in many cultures with collective value orientations. The sign of independence is not determined by whether grown-up children move out at a certain age in these cultures. These children save up their money while they are staying with their parents, and this money is used for their down payment on a house or condominium. The practitioner's value interferes with her ability to help Peter with his career decisions. She needs to critically examine her role in counseling and how she would feel, think, and behave if she were marginalized—especially by her own practitioner as a result of having different values and beliefs.

Fadiman (1997) portrays the difficulties involved in helping individuals from another culture when helping professionals do not understand the other culture and its way of defining illness and healing. In California, for example, helping professionals did their best to care for Lia, a Hmong child, according to what they knew about helping with regard to North American cultural values. The California court decided that Lia's parents were unfit to take care of their daughter because they were not compliant with medication administration that was determined by Western medical professionals who cared deeply for Lia but were not

trained by their culture to consider the role of the soul in sickness and health. Taking a child away is hard from the perspective of a North American cultural value orientation, but it is even harder from a Hmong perspective because of its collectivistic value orientation. Hmong take care of each other. "I am Hmong. For the Hmong, it is never everyone for himself" (Fadiman, 1997, p. 247).

Fadiman (1997) writes in her book, *The Spirit Catches You and You Fall Down*:

I do not know if Lia would be able to walk and talk today had she been treated by Arthur Kleinman instead of by Neil Ernst and Peggy Philip. However, I have come to believe that her life was ruined not by septic shock or noncompliant parents but by cross-cultural misunderstanding. (p. 262)

It is evident that Western doctors and other helping professionals did their best to help Lia. A language barrier and cultural differences with regard to beliefs, illness, and healing probably played a part in creating misunderstanding. For example, "the mind-body dichotomy does not exist in Hmong culture and because so much illness among Hmong refugees has a psychogenic element, the *txiv neeb* is an ideal collaborator in the healing process" (Fadiman, 1997, p. 267).

Fadiman (1997) continues:

Sometimes the soul goes away but the doctors don't believe it. I would like you to tell the doctors to believe in our *neeb* (healing spirit). . . . The doctors can fix some sicknesses that involve the body and blood, but for us Hmong, some people get sick because of their soul, so they need spiritual things. With Lia it was good to do a little medicine and a little *neeb*, but not too much medicine because the medicine cuts the *neeb's* effect. If we did a little of each she didn't get sick as much, but the doctors wouldn't let us give just a little medicine because they didn't understand about the soul. (p. 100)

Lia's physician, who cared deeply about Lia, wrote to Child Protective Services in an attempt to help her:

Because of poor parental compliance regarding the medication this case obviously would come under the realm of child abuse, specifically

child neglect. . . . It is my opinion that this child should be placed in foster placement so that compliance with medication could be assured. (pp. 58–59)

Lia was removed from her home.

The author's students in a multicultural counseling program learned to feel the pain for Lia's case. Fadiman's (1997) book provided transformative learning experiences for the students because they felt for Lia, Lia's parents, and North American helping professionals. They understood the importance of being aware of the client's worldview but did not know whether they were able to set aside their own values and beliefs in this particular case. Multicultural competencies require tolerance for ambiguity; assigning equal importance to others' cultural values, beliefs, and meaning making as one's own; and having respect for others' way of being and others' traditions. In order to acquire multicultural competencies, practitioner-trainees need to practice strategies to gain access to their inner experience.

### CONCRETE STRATEGIES

#### *Consciousness Practice*

What is your inner experience right now?

