# Multicultural and Social Justice Counseling Competency

## *A Body Psychotherapy Perspective*

**Ila Anemone Zeeb**


### ABSTRACT

A growing body of literature and educational trainings advocate multicultural awareness in counseling. Traditionally, discussions and measures of cultural competence on race focus on racism's impact on people of color, and rarely ask white counselors to examine cultural countertransference in relation to racial identity. According to the U.S. Department of Health and Human Services, much needs to be done to address disparities in mental health services, which at least in part can be shown to be a result of counselor bias and stereotyping (2001). This paper aims to highlight the importance of cultural awareness in counseling, and poses the following questions: How can the concept of "embodiment" support multicultural and social justice competency? How can somatic modalities aid counselors' insight into their cultural countertransference? To establish a current and meaningful framework for a discussion on cultural countertransference and equity in counseling, definitions of race and barriers to equity in clinical practice are reviewed.


***Keywords:*** counseling, social justice, cultural awareness, whiteness, body psychotherapy

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The Multicultural Competencies (1992) emphasize that all counseling is cross-cultural, since all counseling happens in contexts and between people influenced by social and cultural biases and norms (Sue *et al.*, 1992). Multicultural competence in clinical practice is the focus of an evolving conversation. Operationalizing cultural competence principles in counseling, and establishing integrated models for counselor training and skills, interventions, and outcomes is an ongoing inquiry. While there has been significant progress in establishing and operationalizing competencies, Hays (2020) points out the ongoing need for scholarship and innovation in multicultural and social justice research in the field of psychology. How to conceptualize models of practice and research that are inclusive and multicultural in their premises and move away from a monocultural conceptualization of psychology and research, is a fundamental challenge in addressing ongoing questions about multicultural and social justice competencies.

> ***"The capacity to experience affect related to sociocultural location could be viewed as fundamental to embodiment..."***

This paper focuses on the criticality of examining cultural countertransference in clinical work for white counselors. As a white somatic counselor, I hope to contribute a somatic perspective to support the assertion that cultural awareness is fundamental to ethical counseling practice. "Psychologists recognize that fairness and justice entitle all persons to access and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists." (American Psychological Association, 2003) This paper proposes the cultivation of somatic awareness of sociocultural identities to support efficacy in tracking cultural countertransference.

The reader is invited to reflect on personal associations and definitions of race before continuing to read this paper, such as taking note of images that come to mind associated with the term "race."

Definitions of race or racial categories backed by scientific consensus could not be found in the literature. It is noteworthy that, while sociocultural constructs of race are embedded socially and culturally in the United States and Europe, there is little scientific consensus regarding racial groupings or categories. The discrepancy between widespread belief and scientific consensus may indicate the significance of social constructs about race (Morning, 2008; Lowe, 2009; Fernando 2011) and their influence over popular belief and, potentially, treatment outcomes in counseling.

A relevant concept to consider in this context is the reciprocal relationship between whiteness and ethnocentric monoculturalism (Sue, 2004). Ethnocentric monoculturalism assumes the accuracy and superiority of a worldview, which minimizes and erases the legitimacy of other cultures, beliefs, and worldviews (Sue, 2004). Many discussions on cultural competence focus on counselors' comprehension of client cultures (Sue *et al.*, 2009). While that is important, this paper posits that when counselors understand sociocultural influences on their own identity and clinical conceptualizations, ethnocentrism is brought into conscious awareness. With an understanding of potential bias affecting clinical perspectives, therapeutic relationships, and interventions, counselors can engage more critically with their cultural countertransference. Removing cultural bias and assumptions from a position of assumed neutrality fosters critical thinking and ethics in psychotherapy.

Literature cited in this paper references terms such as "minority" and "majority." Concepts of minority/majority tend to be "defined by power and status" (Ponterotto *et al.*, 1991, p. 218), and therefore these terms will be omitted in this paper.

## Racial Constructs

Morning (2008) reviewed 80 high school biology textbooks to examine American public education about race over time. Morning found that how race is presented has been shifting culturally from so-called observable characteristics and differences to race being associated with genetic differences (Morning, 2008). As reflected in textbooks published from 1952 to 2002, racial categories are increasingly explained based on genetics and biology. However, there is no currently existing scientific consensus backing genetic racial categorical assertions (Forster & Sharp, 2002; Brown *et al.*, 1999; Bonham *et al.*, 2005; Pendry, 2012; Fine *et al.*, 2005). A body of research asserts that social classifications of race have little biological significance, and that race-based categories have not been clearly delineated in genetics research (Forster & Sharp, 2002; Brown *et al.*, 1999; Pendry, 2012; Fine, 2005; Bonham *et al.*, 2005).

Current genetic data also refute the notion that races are genetically distinct human populations. There are no gene variants present in all individuals of one population group and no individuals of another. No sharp genetic boundaries can be drawn between human population groups. However, "frequencies of genetic variants and haplotypes differ across the world." (Bonham *et al.*, 2005, p. 4) Research on human genome variation increasingly challenges the applicability of the term "race" to human population groups, raising questions about the validity of inferences made about "race" in the biomedical and scientific literature (Royal & Dunston, 2004). Others dispute the assertion that there is no connection between race and genetics but emphasize correlations with ethnicity and cultural ancestry (Collins, 2004) and not race.

Morning (2008) points out that while cultural beliefs about race have changed over time, those beliefs have not become more factually accurate. Notions of what defines racial differences, even as they change culturally over time, continue to be a product of cultural bias. Opinions about definable racial groups' characteristics often reflect sociocultural constructs, and may have little scientific or factual basis (Fernando, 2011; Yee *et al.*, 1993).

In the absence of scientific consensus on definitions of race, some argue that race-based concepts are "viable as a biological concept only in that there are ascriptive markers (e.g., skin color) that have important social consequences." (Brown *et al.*, 1999, p. 169) It can be argued that definitions of race originated from colonial times (Okazaki *et al.*, 2008), asserting a hierarchical structure based on so-called biological differences (Lowe, 2009). Since social constructs of race are inaccurate, they can have a harmful and dangerous effect on the health and wellbeing of individuals and cultures (Sue, 2004).

Helms (1994) conceptualized race in three interrelated definitions: the visual or quasi-biological, the sociopolitical history of domination and oppression, and the cultural beliefs and practices based on heritage or racial group (Helms, 1994). This paper focuses on the sociocultural concepts of race, and their potential influence on the counseling relationship.

## Functions of Whiteness in Clinical Work

Sue & Sue (2013) define three aspects of cultural competence for counselors: counselor awareness of own bias, assumptions, and values; understanding the experiences and perspectives of culturally diverse clients; and developing appropriate treatment interventions and strategies.

Kumas-Tan *et al.* (2007) reviewed cultural competence measures in the helping professions in approximately twenty years of literature, and found that in most of the measures reviewed, "ethnicity and race" were

applied only to groups associated with people of color. The majority of reviewed cultural competence measures rarely examined dominant cultures or acknowledged that members of dominant cultural groups also have identities and worldviews shaped by culture and racism (Kumas-Tan *et al.*, 2007). Therefore, the measures assess only the understanding of the effects of ethnocentrism and racism on people of color, and do not examine the effects of dominant cultures on white people, which speaks to the cultural positioning of whiteness as a norm (Kumas-Tan *et al.*, 2007).

As an implicit, invisible norm, whiteness is a function of racism (Wallis & Singh, 2014). "Making the invisible visible" (Sue, 2004, p. 762) is one of the most significant challenges society and the mental health professions face about racism (Sue, 2004; Sue *et al.*, 2007). Consequently, whiteness needs to be included in discussions and measures of cultural competence (Sue *et al.*, 1982). Norms function as lenses through which therapeutic work and clients' symptoms, experiences, and lives are viewed. Norms associated with whiteness, if not conscious to the white counselor, function as a dominant lens that filters the clinical encounter and disrupts the therapeutic process (Lee & Bhuyan, 2013; Sue *et al.*, 1982). These norms result in well-meaning discussions and instruments of cultural competency based on deficit models focusing on the disadvantage of ethnic and racialized groups (Wallis & Singh, 2014), rather than dissecting the norms and institutions that could be considered sources or functions of racial inequity. Even when concerns beyond race and ethnicity are considered (which is rare), this view of culture "assumes that the locus of normalcy is White, Western culture – that 'difference' means nonwhite, non-Western, non-heterosexual, non-English-speaking, and most recently, non-Christian – how they are different from us." (Kumas-Tan *et al.*, 2007)

DiAngelo (2016) explains whiteness as a social process instead of a "discrete entity" such as skin color. Whiteness is a dynamic process, which includes fundamental rights, values, beliefs, and experiences "purported to be commonly shared by all but are only consistently afforded to white people" (DiAngelo, 2016). The conscious inquiry into racial identity and sociocultural constructs and assumptions about race may be especially critical for white counselors due to whiteness's positioning as a cultural norm. The sociocultural positioning of whiteness as the implicit norm is a significant barrier to cultural competency for white counselors (Sue, 2004; Lee & Bhuyan, 2013). Whiteness as a cultural norm exempts white people from needing to think of themselves in racial terms, rendering their race in a sense invisible, and, therefore inevitably others as highly visible (Wallis & Singh, 2014; Lee & Bhuyan, 2013).

In an empirical study on whiteness in clinical encounters in social work, it was found that practitioners assert Western values as the cultural norm in clinical assessment and treatment options, using discursive strategies to recruit clients to assimilate to unmarked normative values of whiteness (Lee & Bhuyan, 2013). Whiteness was found to interfere with practitioners' capacity to be client-centered, leading to misguided treatment recommendations (Lee & Bhuyan, 2013). Ethnocentric norms' invisibility presents a barrier to clinical effectiveness, since unconscious bias can inhibit the ability to weigh appropriate ethical and clinical treatment considerations. Counselors need to have insight and knowledge of how oppression, prejudice, and racism affects their identity and their work" (Arredondo, 1999; Hays *et al.*, 2007; Lee & Bhuyan, 2013; Sue, 2004; Pendry, 2012; U.S. Department of Health and Human Services, 2001).

Making the invisible visible for white counselors may mean first and foremost to make whiteness visible and ask, "What does it mean to be white?" (Helms, 1992, 1995). What beliefs, assumptions, and affective responses may result from the conditioning of whiteness (Helms, 1992, 1995; Thompson & Neville, 1999)? According to Helms's (1992) White Identity Development model, a healthy white racial identity is formed through a two-step process: the abandonment of racism and the evolution of a non-racist white identity.

A growing body of research asserts that exploring racial constructs and privileged statuses fosters professional development and reduces the likelihood of counselors resorting to racial stereotyping while increasing their ability to view problems from a systemic perspective (Arredondo 1999; Neville *et al.*, 2001; Kiselica, 1998). By seeking to understand the unique internalized cultural meaning of sociocultural factors, instead of attempting to assimilate to whiteness as the norm, counselors promote social justice (Lee & Bhuyan, 2013). To adopt a social equity-informed clinical lens, counselors may be required to expand their clinical perspectives from the interpersonal or intrapersonal to the systemic and cultural factors influencing clients' lives. Counselors are called to consider both the sociocultural and the psychological factors affecting clients' lives, and acknowledge how systemic issues shape everyday clinical practice (Lee & Bhuyan, 2013). Thompson and Neville (1999) recommend "articulating a personal theory of reality and therapeutic change in the context of an environment of racism" to integrate knowledge of racism with the practice of psychotherapy.

## Barriers to Multicultural and Social Justice Competency

In 1982, Sue *et al.* and the American Psychological Association put forth an urgent call: while psychology had long emphasized the importance of self-understanding, it had failed to do so regarding culture and counselor training, and asserting the importance of counselors' understanding of their own culture, biases, and prejudices (Sue *et al.*, 1982). Sue recommended competencies concerning beliefs, attitudes, knowledge, and skills to increase cultural efficacy (Sue *et al.*, 1982). Sue *et al.*

(1992) expanded on these original competencies to include 31 specific multicultural counseling competencies (MCC). Sue *et al.* (1992) highlighted the importance of multicultural approaches to practice, assessment, training, and research, and suggested the necessity for related accreditation standards. The Cross-Cultural Competencies and Objectives (1992) outline requires counselors to know how their cultural background influences their belief systems and clinical work (Sue *et al.*, 1992). Cognitive understanding of social and cultural factors and insight into one's affective responses may be crucial for culturally-informed clinical practice. However, is cognitive understanding sufficient to avoid harm in the therapeutic relationship?

Studies show that well-intentioned white people may identify as anti-racist and consciously believe in equality while unconsciously acting in a racist manner, committing what can be described as "microaggressions" (Wong *et al.*, 2014). The term was first coined by Chester Pierce, M.D., in the 1970s (Pierce, 1970, 1974). These unconscious acts of racism can be mostly invisible to white people (Wong *et al.*, 2014). The majority of white people are not familiar with being a consistent target of racial bias. Therefore, they may not register microaggressions, or may perceive such actions as isolated rather than systemic incidents. An example of racism that may be invisible to white people is the belief by a white person that they "do not see race or color." Neville *et al.* (2013) argue that a "colorblind ideology" ("I do not see race") is a "modern form of racism." Research has correlated a "colorblind ideology" with increased racial prejudice (Tynes & Markoe, 2010). Colorblindness can be used to deny incidents of racism (Nelville *et al.*, 2013), and could be seen as indicative of this time, when more overt forms of racism are socially less acceptable than in the past. This does not mean, however, that individual, institutional, and systemic racism is less prevalent. Widespread racism has morphed into "modern forms" (Neville *et al.*, 2013).

Sue (2007) proposed classification of racial microaggressions manifesting in clinical practice, suggesting three types of racial transgressions:

- Microassaults. Conscious, intentional actions or slurs.
- Microinsults. Verbal and nonverbal communications subtly demeaning a person's racial heritage or identity.
- Microinvalidations. Communications that subtly exclude, negate, or nullify the thoughts, feelings, or experiences of a person of color (Sue, 2007).

Sue explains (2007) that "micro-aggressions hold their power because they are invisible, and therefore they don't allow us to see that our actions and attitudes may be discriminatory." O'Keefe *et al.* (2014) found that repeated experiences of microaggressions can be associated with adverse mental health outcomes, including suicidal ideation. These findings suggest that denying personal, racial-cultural biases, "being colorblind," and minimizing or ignoring racial and cultural issues could have damaging consequences on the therapeutic alliance, counseling outcomes, and clients' mental health. The experience of microaggressions enacted by a counselor may be even more damaging, due to the sensitive nature of the counseling relationship (Constantine, 2007). The counselor's position of power may also reduce the likelihood of clients honestly assessing the counselor's behavior, potentially causing clients to doubt their perceptions. Therefore, the harm that counselors may cause to clients could be unknown and underestimated (Dovidio *et al.*, 2002; Constantine, 2007).

In essence, anti-racist values can be held consciously and expressed overtly while racist beliefs are held unconsciously, therefore creating a split between explicit beliefs and implicit responses (Devos & Banaji, 2005). Counselors must recognize and examine privilege and oppression issues to avoid unethical and harmful practice (Arredondo, 1999). Counselors who are unaware of the difference between themselves and the client may mistakenly attribute negative qualities to a client (Sue *et al.*, 1992). The invisibility of subtle racism to white people may prevent white counselors from consciously working to change racist beliefs, potentially contributing to harm and barriers in mental health services (U.S. Department of Health and Human Services, 2001). Identifying and monitoring microaggressions within the therapeutic context to avoid harm may be ethically imperative (Sue *et al.*, 2007). Mistrust, based on expectations of racism related to counselor bias and stereotyping, has been found to be a barrier to mental health services for people of color in the United States (U.S. Department of Health and Human Services, 2001).

Considering the potential for harm in the therapeutic relationship, examining cultural countertransference, specifically whiteness, could be deemed as important as evaluating attachment or trauma-related countertransference. Kiselica (1998) highlights that exploring these constructs fosters the capacity for introspection regarding identity, facilitating potentially significant personal and professional growth for counselors.

## Counselor Training, Social Justice, and the Body – Learning Reflections

As a student of somatic psychotherapy, embodiment became a focus of exploration in connection with modalities and theories on the process of change in psychotherapy. Under the mentorship of Dr. Carla Sherrell, who serves as faculty in the Somatic Counseling Psychology Department at Naropa University, I began to explore embodiment in connection with sociocultural location and social justice. In a course on Social and Multicultural Foundations, Dr. Sherrell would repeatedly prompt students to focus on somatic responses to readings and discussions on identity/sociocultural location, social justice, privilege, and oppression. I then joined a cam-

pus group facilitated by Dr. Sherrell called Communities of Color and Allies, which met weekly. The mentorship by Dr. Sherrell, the experiences in this class and group, in addition to my clinical internship at a human rights organization, were essential in fostering a social justice lens in somatic psychology, and an understanding of whiteness in me as a white counselor in training.

I learned that I had been accustomed to focusing solely on the intellectual understanding of social justice issues that did not pertain to my identity and sociocultural location, such as white, cisgender, and able-bodied. I found it challenging initially to access specific somatic and affective responses to discussions and class material. In the Communities of Color and Allies group, we explored whether intellectual conditioning in response to social inequity subjects is conditioning resulting from privilege. Could an intellectual reaction and lack of affect be a conditioned response when issues appear impersonal because of one's identity? What is the impact of a counselor's inability to experience affect in response to social issues that have profound ramifications for clients' lives? Consequences within a therapeutic relationship could be conceived as misattunement, lack of empathy for the client, or, possibly at worst, pathologizing or gaslighting the client.

The following questions resulted from my learning under Dr. Sherrell's mentorship:

- How is the concept of embodiment related to the sociocultural location of identity and promoting justice in counseling?
- How can somatic counselors bring awareness to counselor and client identities, sociocultural location, and the historical trans-generational trauma present between social groups?
- What role does awareness of whiteness and sociocultural location play in embodiment, given the history of family systems, ancestry, and ethnicity inevitably tied to bodies living in the context of a community, society, and culture?
- What is the relationship between embodiment and the capacity to feel affect associated with whiteness or any sociocultural location?
- What are the experiences of affect in connection to whiteness, considering the direct correlation of social constructs of whiteness, and the historical and current oppression of people of color?

For white individuals, the suggestion that affect could be related to whiteness may seem confusing, due to the assumption of whiteness's neutrality resulting from the sociocultural positioning of whiteness as a norm. Due to whiteness's cultural positioning as "invisible" and the norm, the development of the capacity for affect in relation to whiteness may be even more imperative for white counselors interested in embodiment and justice in counseling.

## Body Psychotherapy and Cultural Countertransference

Body psychotherapy modalities can facilitate a conscious experience of somatic manifestations of sociocultural identity, shed light on cultural countertransference, and support self-efficacy in working with whiteness and internalized sociocultural concepts of race. This section will provide a framework for utilizing somatic modalities for work with whiteness and cultural countertransference.

The Moving Cycle, a body psychotherapy and dance/movement therapy theory developed by Dr. Christine Caldwell (1997), can be utilized to map changes in awareness of whiteness from an implicit norm and unconscious aspect of identity to consciously working with reactions, affect, and beliefs. The Moving Cycle is conceptualized into four phases: Awareness, Owning, Appreciation, and Action.

### The Awareness Phase

> *"The Awareness phase is a body experience, in that awareness of physical sensations forms the keystones of my ability to pay attention and wake up. Awareness recovers my ability to know what is actually occurring, to assess what is."* (Caldwell, 1997, p. 104).

Caldwell (2002) describes awareness as a light, and when awareness is focused on a part of the self or experience, attention is like a beam of that light, giving rise to an internal witness. Sensation is viewed as experience, as perspective, rather than "the truth," which can elicit a mindful surrender to present-moment experience and an openness to change (Caldwell, 2002).

Applying Caldwell's theory to work with whiteness, mindful attention on present-moment experience, and fostering a capacity to witness sensation and affect may lay a foundation for the ability to witness cultural lenses or vantage points. The capacity for mindfulness can bring whiteness into conscious awareness and out of "invisibility" as a norm, identity, and sociocultural location. Racial microaggressions by individuals who identify as non-racist can be described as a dissociation between explicit beliefs and implicit responses (Devos & Banaji, 2005). Recovering awareness of what is occurring in the body may support the ability to be conscious of implicit responses expressed through the body. This awareness could help counselors track cultural countertransference and microaggressions in the therapeutic relationship. Caldwell explains that the Awareness phase can also be viewed as a deconstruction phase, as it would be used in critical theory (C. Caldwell, personal communication, April 29, 2015). With awareness of body, breath, sensation, and movement, implicit narratives and beliefs about the self are deconstructed, creating the possibility for more inclusive and just narratives (C. Caldwell, personal communication, April 29, 2015).

### The Owning Phase

In this phase, one takes responsibility for one's experience by acknowledging the truth about one's experience (Caldwell, 1997).

> *"In the body, it requires that I tolerate and commit to continuing to feel and be curious about feelings and sensations I was disowning before."* (Caldwell, 1997, p. 104)

Caldwell (2002) explains that during the Owning phase, a shift occurs from previously unrecognized or disowned experience to a more profound sense of responsibility, self-efficacy, and internal locus of control. Caldwell (2002) also points out that this phase can include a sense of vulnerability, unfamiliarity, and recovery of integrity. The process of recognizing whiteness as a central aspect of one's experience that was previously unconscious or disowned can feel vulnerable and disorienting. Simultaneously, the increased sense of self-efficacy and integrity, as described in the Owning phase of the Moving Cycle, may also be a natural result of whiteness transforming in one's awareness from an invisible norm to a conscious sociocultural location and influence on thinking, feeling, and action.

The Owning phase may include insight into microaggressions. Noticing somatic states, responses, sensations, and affect enables the ability to register one's microaggressions and the resulting impact. This could be a significant step towards fostering the capacity to experience affect in relationship to whiteness and racial inequity.

### The Appreciation Phase

In the Appreciation phase, one is accepting of one's experience (Caldwell, 1997). Accepting what has been brought into conscious awareness through the Moving Cycle's previous phases allows a deepening, facilitating understanding and unfolding of newfound awareness and experience (Caldwell, 1997). This phase often includes profound affect and the emergence of a new capacity for remaining in relationship and dialogue with oneself (Caldwell, 2002). Mindful acceptance supports change.

As applied to whiteness, acceptance can be conceived as a general position of kindness towards oneself, but not as acceptance of the condition of whiteness as an invisible norm and the resulting systemic racism. Awareness of whiteness can be appreciated as a tool for social change and forward movement out of unconscious bias (T. Topper, personal communication, April 20, 2018). Caldwell (1997) articulates that this phase indicates a reoccupying or reasserting of a person's creative force, which can be experienced as a reclaimed sense of movement. Since whiteness may manifest as an inability to feel sensation and affect regarding sociocultural location, a restoring of the ability to feel sensation and affect could be indicative or symbolic of a reoccupying of an aspect of the body, a reclaiming of the ability to be in relationship with oneself and others in a more genuine and embodied way.

### The Action Phase

In the final Action phase, change is facilitated by "taking my experience out into the world and manifesting it in relation to others" to make inner change real and meaningful". "No change will be permanent unless I do something with it in my daily life" (Caldwell, 1997, p. 104). In the Action phase, privilege is acknowledged and used consciously to deconstruct systemic bias and the sociocultural positioning as whiteness as the norm. Privilege is used to point out norms centered on whiteness and bring attention to racist systems and events. When whiteness remains invisible to white people, racism continues to be reinforced implicitly and explicitly through thoughts, somatic responses, social interactions, and cultural and institutional norms.

As the Moving Cycle illustrates, awareness of sensation facilitates insight and understanding of what is occurring in the moment, creating opportunities for change. Fostering the ability to feel sensations and affect could be essential for work with whiteness that transcends cognitive understanding. Numbness resulting from privilege perpetuates racism and structural oppression. Fosha (2000) explains that the somatic experience of core affect facilitates change. Core emotions are deeply-rooted bodily responses, offering a royal road to the unconscious and unlocking deeper experiencing and previously unavailable material (Fosha, 2000).

Based on my learning under the mentorship of Dr. Sherrell, I propose that the experience of core affect in relation to whiteness changes the somatic manifestations of privilege in the body, creating the possibility for more profound awareness, feeling, and relating. By taking notice of body sensations, postures, and affect associated with beliefs shaped by whiteness, white counselors may, in a sense, map their personal body landscape of whiteness. Different body landscapes manifest themselves not only in different subjective experiences for the individual, but also in different rates and patterns of speech, different access to internal experience, as well as different qualities of concentration, attention, and relating (Fosha, 2000).

## Conclusion

A psychology that does not recognize and practice diversity is a psychology that is truly bankrupt in understanding the totality of the human condition. It will forever perpetuate a false reality that provides advantages for certain groups while disadvantaging and oppressing others. As long as the invisible is not visible, the profession of psychology may continue to operate from monocultural theories and practices that deny the rights and privileges due to all individuals and groups (Sue, 2004, p. 768).

The Counselors for Social Justice (CSJ) Code of Ethics (2011) offers comprehensive guidelines and a vision of counseling professionals' ethical standards (Ibrahim *et al.*, 2011). Sue (2013) notes that cultural competence

is an "active, developmental, and ongoing process that is aspirational rather than achieved" (p. 48). Tracking somatic and affective manifestations of sociocultural identity may help counselors strengthen countertransference awareness and foster personal and professional development and ethical practice.

Johnson *et al.* (2018) reflect that the counseling relationship can be both a venue for the unconscious reenactment of microaggressions and a platform for liberation from it. In particular, conscious understanding of the nature of nonverbal communication and its involvement in the establishment and maintenance of privilege, bias, status, and domination can assist both counselor and client in dismantling oppression and understanding trauma symptoms as potentially arising from the chronic trauma of oppression (p. 166).

When whiteness is removed from a position of neutrality and implicit norm, and placed in relationship with the body, people, and environment, it takes shape in the white person's awareness and experience as something that exists, informs, and impacts. The capacity to experience affect related to sociocultural location could be viewed as fundamental to embodiment, since it means to be able to feel what my body symbolizes in the world that I live in, and how it relates to the experience of sociocultural locations and the bodies of others.

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**Ila Anemone Zeeb** holds a master's degree in counseling psychology/somatic psychotherapy from Naropa University and is currently a graduate student at Northeastern University.

Email: zeeb.a@northeastern.edu.

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