Cultural Equity and the Displacement of Othering

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Summary

This article proposes social equity as a paradigm to guide social work practice and education. "Cultural equity" encompasses the multiplicity of personal, social, and institutional locations that frame identities in therapeutic practice as well as the classroom by locating these complexities within a societal matrix that shapes relationships of power, privilege, and oppression. Foregoing cultural competency for a cultural equity framework requires both analysis and interruption of the "otherizing" process inherited through multicultural discourses and the legacies of colonization. Through the use of education for critical consciousness, accountability through transparency, community-learning circles, progressive coalition-building, and usage of action strategies, transformative potential is revealed across multiple sites, both local as well as global. Multiple illustrations for the coherent application of cultural equity in social work practice and education are offered.

Keywords: intersectionality, cultural equity, gender, class, sexual orientation, race, Otherizing, decolonial, global feminism, power, privilege, oppression

Subjects: Clinical and Direct Practice, Policy and Advocacy, Race, Ethnicity, and Culture

Cultural equity represents the complex and interlocking aspects of multiple identities, the social location or mixed spaces these identities inhabit, creating a foundation for liberation-based paradigms (Almeida, Hernandez-Wolfe, & Tubbs, 2011; Almeida, Parker, & Dolan-Del Vecchio, 2007; Almeida, Dolan-Del Vecchio, & Parker 2007; Waldegrave, 2009; Hernandez-Wolfe, Almeida, & Dolan-Del Vecchio, 2005). Moreover, cultural equity affords a novel theoretical teaching and practice lens for viewing diverse groups, not as discreet entities whose constituencies shift depending on an index characteristic (such as gender, race, class, sexual orientation), but rather as groups created by intersections of multiple characteristics and inhabiting various tiers of the social strata in a fluid pattern. Using the lens of cultural equity provides a more comprehensive picture of the current stratification of society based on its social, political, and economical-historical legacy. These ideas have been operationalized for education and practice in the Cultural Context Model (Almeida et al., 2007; Hernandez, Almeida, & Dolan-Del Vecchio, 2005). The Cultural Context Model operationalizes the therapeutic healing process by interweaving the following principles in practice: critical consciousness, empowerment, and accountability with partnerships between therapists, scholars, students, clients, and community activists as allies.

The cultural equity framework described in what follows is anchored in liberation scholarship, multiracial global feminist scholarship, social and gender contributions to intersectionality (Almeida, 1998; Crenshaw, 1994; Collins, 1993; Ferber 2009; Freire, 1999; Freire & Macedo, 2000; Hooks, 1989; Martino & Pallotta-Chirolli, 2009; Waldegrave, Tamasese, Tuhaka, & Campbell, 2003), critical indigenous methodologies and decolonization paradigms in the social sciences (Deloria, 2004; Gone, 2004; Tamasese, Peteru, & Waldegrave, 2005; Bush, Collings, Tamasese, & Waldegrave, 2005), as well as educational pedagogy aligned with therapeutic practices grounded in activist strategies (Almeida, Dolan Del-Vecchio, & Parker, 2007; Hernandez-Wolfe, Almeida, & Dolan Del-Vecchio, 2005; Waldegrave et al., 2003).

Cultural Equity Versus Multiculturalism

While cultural equity is a relatively new framework in social work theory and practice, it is a familiar phrase to anthropologists, particularly ethnologists whose focus is the preservation and comparison of human cultures. Ethnologists, most notably Lomax (1972), define "cultural equity" as the process of de-colonializing broader social discourses about the parameters of culture. In doing so, they identify, document, share, and archive what Foucault called "subjugated" cultures; that is, cultures dis-privileged and potentially oppressed by mainstream culture, elitism, or capitalism (for example, the music of Appalachia, early blues music, the lives of various indigenous communities).

The paradigm of cultural equity encompasses the multiplicity of personal, social, and institutional locations that frame identities by placing these complexities within a societal matrix that shapes relationships into dynamics of power, privilege, and oppression. The epistemology of interlocking experiences and social location ought to be organically linked to theory and practice in social work (Almeida et al., 2011). It is not. African American feminist scholars and post-colonial scholars have long argued for a coherent analysis of grappling with the complexity of multiple identities. Embedded in this thesis is the notion that the interlocking experience of gender, race, class, age, and sexual orientation act simultaneously to create distinct life experiences (Cole, 2008; Collins, 1993; Crenshaw, 1994, 1995; McCall, 2001; Said, 1979; Anzaldúa, 1987; Freire, 1999; Freire & Macedo, 2000; Hooks, 1989, 1992, 1994; Spivak, 1987). These experiences in their rich and complex kaleidoscope are not captured within the Western models of practice and policy currently utilized in social work. Multiculturalism and cultural competency, the prevailing model in social work discourse and practice, follows a single dimension of analysis through the conceptualizing of cultural homogeneity. Although recent scholarship has integrated dimensions of race, class, gender, disability, and sexual orientation, the lineal approach to integration colludes in subtle and overt ways with white supremacy by reifying the process of Otherizing (Almeida et al., 2011; Pewewardy & Almeida, in press). White supremacy manifests narratives for whites that anesthetize them to their racialization, provide false consciousness of status, and promote paranoia (Du Bois, 1982; Helms, 1999; King, 1991; Martinot, 2010; Thandeka, 1999). White social workers, in particular, can fail to grasp how white supremacy manifests through structures and foundations that operate under the surface of overt policies and procedures and are frequently undisturbed by the mechanics of social work.

Consider these examples. A white social worker, Denise, who represents a child protection agency, is faced with a minimum-wage working client, Sara, who is required to meet with multiple agencies and frequently misses her appointments with Denise. Sara views these missed appointments as a reflection of Sara's irresponsibility, a personal defect rather than a reflection of the multiple oppressive structures that strangle Sara on a daily basis. An African American female student who has a pattern of tardiness in class attendance and work completion, instead of being challenged with a higher expectation of performance, is given a pass due to her identification with an oppressed group. At the same time, the recruitment and

retention for people of color are abysmal. Although marginalized groups face firings and oppression more often than their white counterparts, there are many whose incompetence is not challenged for fear of identity politics of victimization as a sole identity marker; a subtle collusion with whiteness.

The system of white supremacy exists today, albeit in subtle and overt ways, like the prison industrial complex and our current educational system of equality within segregation. As will be demonstrated in the following discussion, recognizing only isolated indications of oppression, such as race, gender, class, or sexual orientation, only serves to further perpetuate the experience and ideology of oppression. The framework of cultural equity, on the other hand, offers a way beyond these reifying constructs.

The theoretical assumption of cultural equity aligned with intersectionalities is that the interlocking systems of historic social relations, the structural machineries of power and privilege, create a complex layering of identities that are the lived experiences of simultaneity and multiplicity. These lived experiences are intrinsically linked to the matrix of power, privilege, and oppression. Structural pathways of wealth, capital, and unlimited access are undergirded by alternate routes to social inequity, targeted marginalization, and limited access to resources and to social and economic capital (Allen, 2009; Bourdieu, 1987, 1998). This article proposes a framework for engaging cultural equity as a coherent and binding paradigm in theory, practice, and policy and furthers the production of knowledge in liberation-based healing (Martin-Baro,1994; Almeida et al., 2007). Cultural equity defines liberatory concept of healing practices used by indigenous global scholars to emphasize individual and communal well-being rather than liberation which focuses on individual Eurocentric forms of being and equity practices as including the building of critical consciousness, empowerment, and accountability.

Power, Cultural Capital, and Oppression

Viewing issues of power, privilege, and oppression impinging on clinical practice through the lens of cultural equity makes salient the issues of addressing intersectionality within the social structure rather than within the discrete relationship of helper and client (Almeida, Parker, & Dolan-Del Vecchio, 2007; Hernández, Siegel, & Almeida, 2009; Hernandez-Wolfe, 2011). The lens of cultural equity sheds light on the larger contexts of clinical practice and social work education.

First, regardless of the presenting problem or the site of service delivery, the institutional legacies and policies of power, privilege, and oppression are more effective when undertaken at a systemic level rather than at the level of client service, where the pressing needs of clients are less likely to become excuses for not examining these issues. Webb (2009) suggests that unfettered support of the "other," on the other hand, has become an endorsement of individual and corporate fragmentation rather than encouragement toward building community and fostering respect. Rather than examining larger power dynamics and the way in which individuals are implicated in cross-currents of power, privilege, and oppression, within the multicultural approach individuals are instead identified by singular social characteristics.

Second, committing to cultural equity in practice begins to deconstruct false notions of tolerance that are couched in proclamations about respecting differences and the family structure of patriarchy. When professionals and educators begin to examine their social locations in relationship to the social locations of their clients and students, the option of ethical aloofness becomes more suspect. Instead, the goal of the practitioner becomes, within the cultural equity framework, the willingness and freedom to identify and challenge unethical and unjust institutional practices, with the aim of decreasing social inequality and increasing inclusion along multiple and varied trajectories of life. According to Freire (1999 p. 47), "attempting to liberate the oppressed without their reflective participation in the act of liberation is to

treat them as objects which must be saved from a burning building." Helping the client or student see his or her social location, on the other hand, goes a long way toward setting the individual on the path to liberation. Consciousness of one's subjugation in and of itself is a powerful therapeutic tool and is essential to the practice of cultural equity as a clinical model. In other words, within the cultural equity model, knowledge of the mechanisms of oppression is not reserved for the therapist or administrator alone: the client is part of the process of interrogating the very systems of oppression of which he or she is a subject.

According to Prilleltensky and Prilleltensky (2006), *power* "refers to the capacity and opportunity to fulfill or obstruct personal, relational or collective needs" (p. 262). *Privilege* refers to identity markers (for example, preferred ethnicity, gender, class, and sexual orientation) that give individuals and certain groups unearned advantages (such as white skin, heterosexuality, maleness, able-bodiedness, age) (Almeida et al., 2007). Since power and privilege both embody complex variants of class, critical analysis is necessary in order to move beyond the cycle of oppression. The interplay of power, privilege, and oppression within and across groups helps to develop a foundation for understanding and naming the complexity of individual and multiple identities across varied social locations. The insertion of culture into this matrix distracts from the larger analysis. Power, privilege, and oppression are a part of the human fabric and are present in all relationships to varying degrees. Power has both positive and negative aspects, and is constantly exercised intentionally and unintentionally by a myriad of agents at the individual, group, and institutional levels. Because power is always exercised in one way or another, it is easy to intentionally or unintentionally misuse it and therefore harm others at the individual, group, or institutional level. It is critical, therefore, that those individuals who inhabit institutional spaces pay critical attention to their role in maintaining the standpoint and policies of power and control assigned to them by the status quo.

Allen (2009) and Bourdieu (1987) highlight three types of capital within the construction of social class: economic capital, which includes financial property (wealth, income, and assets); cultural capital, which includes specialized skills and knowledge, such as language and cultural heritages passed down intergenerationally or through institutions like prestigious universities; and lastly, social capital, which consists of webs of connections (Bourdieu, 1987). *Oppression* in contemporary discourse refers to the unjust exercise of authority and power over resources and rights by one group over another, creating a structural barrier to opportunity (Young, 1990). Oppression is an enforcement of barriers at multiple levels that leads to the immobilization of some groups by others, stabilized by largely unquestioned norms. Young describes five faces of oppression: exploitation, marginalization, powerlessness, cultural imperialism, and violence. While the presence of any of these five conditions is sufficient to identify a group or individual as oppressed, the application of these criteria allows for an analysis of different and compounding, rather than additive, oppressions while also revealing the virulence and sustained harm caused by certain dominant groups.

Harro (2000) describes the realm of socialization as one where we are born into discrete sets of social identities, related to categories of difference, with each of these identities determining a proclivity to privilege or a vulnerability to systems of inequity, or both. We are then socialized into norms of superiority, dehumanization, silence, dissonance, stereotypes, prejudices, and internalized dominance or internalized subordination by families, communities, and cultural, social, and educational institutions (Bell, 1997; Ife, 2001). This realm of socialization has very different sets of social identities in the United States as compared to South Asia, for instance. Within those sets of comparisons, vast regional differences in both countries will further determine and shape of these sets of social identities and social locations.

A cultural-equity perspective defines healing as a second-order or structural change in which individuals and families confront their experiences of socialization through challenging, resisting, and questioning the debilitating effects of privilege, power, and oppression in their own lives and the lives of others. They recast their power, privilege, and oppression in life-affirming and transformative ways. Through education for critical consciousness, clients deliberate and resolve their own issues using a social and critical lens within a circle of progressive allies. Language, specific educational tools, and the media allow clients to make visible the hidden systems of power, privilege, and oppression, as well as to deconstruct traditional patterns of socialization often accompanied by internalized subsets of dominance and inferiority around gender, race, class, sexual orientation, and other identity markers. This experience challenges the status quo of unquestioned norms and practices, affecting a critical transformation toward liberation. Not only is critical consciousness achieved via use collective use of language, social media, dialogue, inquiry and reflection, but also, and most importantly, power is shared between practitioner and client when dialogue and inquiry occur through popular culture rather than the discourses of expert knowledge and delivery.

Cultural equity is applicable to institutions, academicians, students, and clients in contexts providing a deeper analysis of larger categorization and within and between group differences and similarities, as well as more nuanced forms of power, privilege, and oppression (Almeida et al., 2007; Almeida, Hernandez-Wolfe, & Tubbs, 2011). These interlocking nuances of lived experience are time- and context-contingent, rather than fixed and ahistorical (Hulko, 2009).

Difference as a Standpoint: Construction of the Other

This standpoint of difference is one in which the observer judges the observed, and where the observer is invisible (Hernandez-Wolfe, 2013). Castro-Gomez (2010) defines this as the basis for the notion of objectivity and the foundation of today's social science. He argues that European philosophers such as David Hume, Immanuel Kant, and John Smith, whose seminal works compose the foundation for the social sciences, constructed a discourse in which the peoples colonized by Europe were characterized as less developed and their ideas as primitive; at the same time, these philosophers praised the market economy, political institutions, and science as conceived by the Enlightenment as the most advanced stage of humanity's development. Park (2005) discusses the way in which "culture" has been used as a colonizing concept:

> Culture is conceived as an objectifiable body of knowledge constituting the legitimate foundation for the building of interventions. But such interventions cannot be considered other than an instrument which reinforces the subjugating paradigm from which it is fashioned. (p. 1)

Through extensive research of organizations, practices, and policies, Park repeatedly demonstrates the use of *culture* as a term that signifies deficit. Furthermore, she argues that social work's focus on multiculturalism as an emancipatory model is conceptually and methodologically at a dead end. Although multiculturalism has opened some doors for marginalized professionals and clients, the very scholarship and its trajectories of essentializing cultural differences have had the unintended effect of colluding with dominant forces and maintaining the status quo (Webb, 2009; Fraser, 1997; Walsh, 2004; Degruy & Eriksen, 2006; Pon, 2009; Park, 2005; Park & Kemp, 2006; Almeida et al., 2011; Pewewardy, Almeida, Dressner, & Hann, 2010; Pewewardy & Almeida, in press). Unlike the essentializing of difference within feminist analysis where ordering different structural, definitional, and social location spaces among

diverse women is critical to dislodging the homogenizing of women from the lens of white middle-case frameworks (the writings of early white feminists described women as homogenous without marking the significant structural differences that exist among women as echoed in the writings of feminists of color) (Young, 1990; Naples & Desai, 2002; Minh-ha, 1987, 1993; Almeida, 1998; Bulbeck, 1998; Frye; 1983; Mohanty, 1993), this same practice of essentializing difference in multicultural scholarship, however, has the outcome of Otherizing (Burman, 2004). Monk, Winslade, and Sinclair (2008) located the existing literature as cemented in static categorizations of culture by further exposing the essentializing of culture.

This essentializing stems from "an underlying cultural structure" (Martinot, 2010 p. 28) that equates whiteness with normativity, confounds diversity with Otherizing and replicates through indifference (Alexander, 2010; Almeida, Hernandez-Wolfe, & Tubbs, 2011; Frankenburg, 1997; Iverson, 2007; Jakobsen, 1998; Burman, 2004; Park, 2005). Otherizing is the deeply embedded foundation of historic marginalization and dispossession of community and psychic life. Scholars of critical pedagogy across disciplines (Said, 1979; Anzaldúa, 1987; Freire, 1999, 2000; Hooks, 1992, 1994; Pon, 2009; Spivak, 1987; Memmi, 1967; Park, 2005) use the concept of "the Other" to describe the acts of naming, categorizing, and classifying as acts of power used to demarcate the center from the periphery, the normal from the abnormal, same from the different, and self from other.

The social work knowledge base in the United States is firmly rooted within capitalist and Eurocentric social paradigms that created, sustain, and perpetuate white hegemony (Symington, 2004; Pon, 2009; Park, 2005; Kivel, 2000, 2007, 2004; Mullaly, 2010). Otherizing as a standpoint of multiculturalism further justifies the need for a new paradigm. From its inception, the multicultural movement has focused on theorizing about the Other and for the Other, through practices of assimilation, acculturation, cultural awareness, multiculturalism, and cultural competency. Early in its development, multiculturalism in education and practice developed elaborate theoretical constructions and knowledge about groups of people, usually marginalized groups (such as African Americans, Blacks, Latinos, Asians, Jews, Italians, and Irish, as well as men, women, and gays and lesbians within these populations). These constructions were intended to help the privileged (by virtue of their race, gender, ethnicity, able-bodiedness and sexual orientation) understand those in "need of help."

This focus on the Other explicitly authored around difference has been extensively elaborated in the multicultural literature without critically questioning the dialectical connectedness of the privileged self who studies and helps the "Other," and the marginal "Other" who is the object of intervention by the members of the dominant group. The invisibility of this dialectical connection embedded within white privilege colludes with the explicit de-centering of equity, through barricades to economic, social, and political access. Production of knowledge steeped solely in the oppression of the "Other" leaves out critical praxis and accountability around domination of structural and multiple forms of power and privilege (Speed, 2005; Almeida et al., 2007; Hernández & McDowell, 2010; Pewewardy, 2003, 2007; Pewewardy, Almeida, Dressner, & Hann, 2010; Pewewardy & Almeida, in press; Farmer, 2003; Pincus, 1994; Park, 2006, 2008).

Dismantling the scaffolding of Otherizing requires (1) decentering the hegemony of whiteness; (2) reconciling the disconnect between multiculturalism/cultural competency and current models of practice, and (3) further interrupting the bifurcation and compartmentalization of service and knowledge production.

Decentering the Hegemony of Whiteness

Many scholars challenge the omission of white power and privilege with a simultaneous emphasis on oppression (Helms, 1999; Pewewardy & Severson, 2003; Pewewardy, 2007; Abrams & Gibson, 2007; Abrams & Moio, 2009; Almeida, Dolan Del-Vecchio, & Parker, 2007; Hernández & McDowell, 2010). A lack of questioning of the culture of dominant groups upholds the status quo of power over historically targeted groups and blocks solutions for intervention (Pewewardy, 2007; Waldegrave, 2009; Walby, 2009; Ortiz & Jani, 2010). For instance, critical discourse in white hegemony would assert that while not every white person is racist, every white person has access to white privilege, with its unearned benefits of options, opinions, and opportunities (Guerrero, 1997; Wise, 2011; Kivel, 2000). The same logic could be extended to the realities for persons of color. While not all persons of color experience the same level of oppression or disadvantage, they are disproportionately and intractably over-represented in targeted groups of inequity. A nuanced picture that represents advantage within this location of disadvantage is the statistic whereby Asians ranked second lowest in poverty and earned the highest income of all groups. The diagram illustrating the hierarchy of power, privilege, and oppression demonstrates how various identity markers combine to form an individual's status, not always static, within this hierarchy.

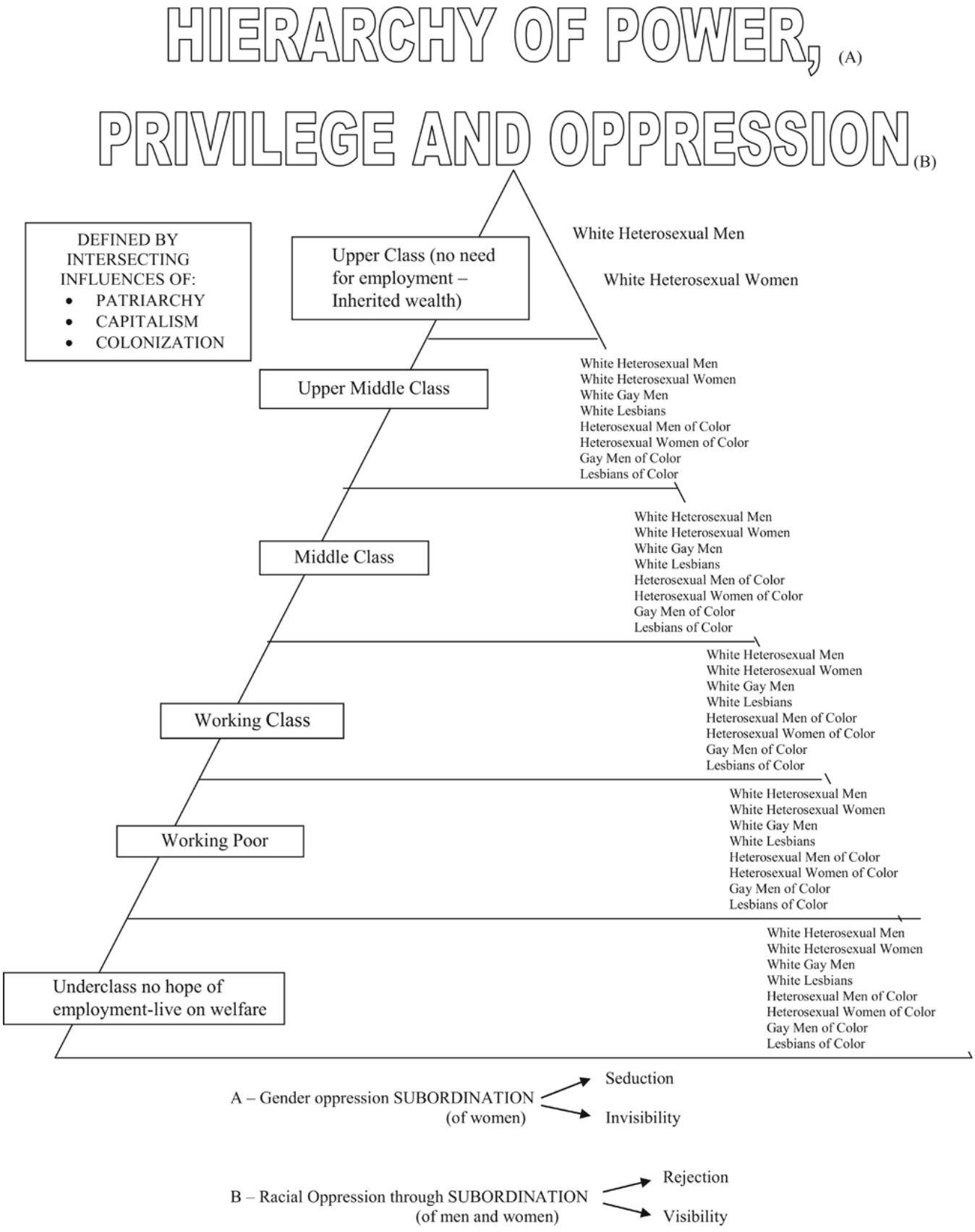

Figure 1. Diagram from *Transformative Family Therapy: Just families in a Just Society*, by R. Almeida, L. Parker, and K. Dolan-Del Vecchio, 2007.

The historic racialization of a people is not a static system, as illustrated through the experience of Asian Americans. This group was viewed favorably when large numbers of inexpensive laborers were needed, as in the construction of the cross-country railway. The ensuing success and economic independence of this group quickly led to their exclusion from citizenship and their Otherizing in popular culture. Instead of

citizenship, Chinese immigrants in particular were given work visas to sustain the cheap labor base, and the government conveniently ignored the heavy illegal trafficking during the Cold War between the United States and China to further encourage immigration by way of fostering good relations between the two countries. In today's context, Asian Americans are again mostly revered for their hard work and high-achieving academic successes, a perception that places them in a conflicted position within the social hierarchy, to be sure.

Faced with these "sensitive" and challenging social histories of power, academics often abandon the teaching of white privilege and resort to safe multiculturalism when confronted with hostility, real or perceived, from their students. Kivel (2007) views the role of social work organizations as creating a buffer zone between the majority of oppressed citizens and those who oppress and amass the majority of wealth and social capital. Mullaly (2010, pp. 254–256) offers critical strategies for challenging organizations and their oppressive practices as well as strategies for addressing the consequences of opposing these practices. These are just some examples of how social work, albeit unintentionally, colludes with the practices of white supremacy (Leonardo, 2004; Alexander, 2010) and leaves uninterrogated the hierarchical nonprofit social service organizations with their policies and procedures.

The prevailing result is one of hierarchical intersecting paths of privilege and inequity that call for collective and multipronged strategies for change. Mental health, as an illustrative case, has not shifted sufficiently to address persistent structural inequalities acting as barriers to accessible and quality care. For example, when a poor white woman, a single parent of three children, comes in complaining of excessive anxiety and difficulty managing her life and attending to all of the needs of her children, the conventional prescription would be medication for her depression and cognitive behavioral therapy (CBT) to interrupt her disabling patterns of thought. It would be atypical to connect her with other single-parent women and empower her through building critical consciousness around women and poverty.

The above example demonstrates how the very foundation of structural violence that creates much of the harm experienced by those who seek professional help is unacknowledged by the very system that purports to give help. Multicultural discourses, with cultural competence as a promised shift away from coloniality and assimilationist practices, offered social workers and educators a new platform and a departure from the previous model that pathologized and marginalized populations of color and dissociated majority clinicians from the negative impacts of power and privilege on their clinical work. However, instead of the departure it promised to be, this new veiled form of racism, under the guise of culturally competent practice, ignores structural violence and inequities and once again institutionalizes the foundation for Otherizing (Webb, 2009; Park, 2006, 2008; Farmer, 2003; Almeida et al., 2011; Jain., 2011; Pon, 2009; Nylund 2006; Park, 2005; Gone & Alcántara, 2007).

Reconciling the Disconnect: Multicultural Scholarship and Models of Practice

The multicultural and cultural competency discourse, while perhaps an important step in the history of social work, currently stalls the movement towards a transformative paradigm. The following discussion shows the disconnect between this position and current white, male, Eurocentric approaches to practice, education, and research.

Essential to cultural equity and liberatory practices is the exploration of the implications, history, and context of social, economic, political, and psychic colonization of communities (Hernandez-Wolfe, 2002; Brave Heart, 2003, 2007; Brave Heart, Chase, Elkins & Altschul, 2011). Countering individualism as a

dominant paradigm in American psychology and contrasting this idea with that of an interdependent self has not received much attention in the social work literature. This raises many questions about the interdependency and collective experiences of those facing contemporary instances of social injustice and inequity. Can we educate students and practitioners to move between personal suffering and collective trauma towards collective healing and thereby replace the dominant paradigm with a liberatory one? Liberatory practice includes raising critical consciousness, empowerment, and accountability as foundational pillars (Hernandez-Wolfe, Almeida, & Dolan-Del Vecchio, 2005). Can practitioners be trained to embrace these pillars of cultural equity?

When we examine the issue of unresolved disparities and inequities after decades of multicultural practice, many questions remain unanswered. Is the problem a lack of cultural competency as we know it, or a disconnect between dynamics of power, privilege, and oppression within and between families and communities, and between clients and service providers? How do the interesectionalities of power, privilege, and oppression reconcile with dominant models of practice that are largely individualistic? For over two decades, social work has focused on learning about the Other without resolving the disparities within education, health, and mental health. Monk, Winslade, and Sinclair (2008) underscore an understanding of colonialism as critical to anyone working in mental health, as it has shaped the entitlements that people claim, their privileges or lack of privileges, family composition, life expectations, and even how they respond to adversity. These authors affirm that "the psychological effects of colonization that persist to this day cannot be fully understood by counselors and by their clients without taking account of the history of the cultural relationships reproduced by colonization" (p. 56). Neither multiculturalism nor cultural competency incorporates or acknowledges the debilitating and generational effects of colonization on the daily lives of clients. The following example illuminates the paradox of a multicultural/cultural competency framework that is dangerous to women.

A common stereotype of Asians is their exquisitely hierarchal family system and an avoidance of direct eye-contact along hierarchal lines, like children to adults, parents to elders, and so on and, by extension, client to practitioner. Because cultural competency does not systemically address different scenarios, such as a non-white, bi- or tri-racial, or same race or culture therapist, the presumably white therapist is taught to work within this value system and familial structure. How might they begin to address child marriages, corporal punishment, child abuse, or domestic violence? What about illnesses that remain untreated in girl children? Does the therapist challenge the hierarchy of the family structure or resituate the conversation around the subjugated position of girls and women? How does he or she reconcile disrespect for this group with the conventional wisdom of cultural competency?

To further illustrate the disconnect between multiculturalism and structural inequity, consider another common stereotype, the high value placed on education among African Americans. What happens when a single mother is faced with children who are failing in school and, because of her low-paying, income-driven, benefit-deficit job, is unable to attend parent-teacher meetings? Does a culturally competent therapist challenge the mother's African American values around education, or instead the systems she is embedded within that fail to provide her with the kind of support that would enable her to be a part of her children's education?

What if social workers operated on the premise that all cultures value education for their children? Or, more critically, if the analysis were centered on naming institutional patterns of oppression and strategizing change around these dimensions rather than questioning a culture's value on education? For a paradigm shift to positively impact the strategic choices for empowerment and action, it must address the lived experience of a child or parent limited to apprenticeships or vocational jobs. As long as all of the

contemporary models of therapeutic practice remain rooted in white, mostly male, Eurocentric, and individualistic paradigms along single-strand models of oppression, the production of Otherizing continues with limited potential for transformative change.

The strong influence on social work by critical theory and evidence-based practice contributes to this impasse (Adams, LeCroy, & Matto, 2009; Fawceft, Featherstone, Fook, & Rossiter, 2000; Fook, 2002). How do these white, male, Eurocentric approaches compound the challenges faced by a clinician who might attempt to work within the cultural framework, which in itself creates a treatment paradox as outlined above? Moreover, human development theories accompanying these models of intervention are drawn primarily from Eurocentric, individual, male-based theories of development (Almeida, 1998; Almeida et al., 2007). This has resulted in practice methods in multiculturalism relying heavily on the Eurocentric tradition of one therapist per individual or family, focusing on single or multiple oppressions without the benefit of liberation through collective action (Gray, Coates, & Yellowbird, 2008).

Bifurcation and Compartmentalization: Placeholders for Single-Strand Models of Oppression

Clearly, there is no critical dialogue, and limited critical teaching, around these challenges taking place in social work practice, education, and policy. Single-strand models of oppression are driven often by funding streams that prevent their workers from implementing liberatory practices for their clients, thereby limiting their identities around compartmentalized experiences instead of building resilience around complex identities and multiple lived experiences (Salas, Sen, & Segal, 2010).

The shift to a focus on multiple oppressions has generated an array of scholarship on oppressive theories and practices. Within this discourse there tends to be a lineal focus on oppressions and an unequal focus on the matrix of domination. Mullaly (2010) acknowledges that anti-oppressive theorists in general (Curry-Stevens & Nissen, 2011; Marsiglia & Kulis, 2009) present multifaceted models of oppression that lack a satisfactory conceptual representation or framework that depicts the multifarious nature of oppression. There is a lack of analysis that reflects the relations between and within the experience of multiple oppressions and multiple privileges across social and geographical contexts, as well as the synergy created by their dynamic interactions: "anti-categorical, intracategorical and intercategorical" (Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009, p. 78; Walby, 2009). Whites ought not to be studied as a homogenous group with no attention to class, region, or immigration status; similarly, other racialized groups should not be studied as homogenous groups but rather as identity markers between groups, within groups, and in comparison to non-racialized groups.

Murphy and colleagues (2009) attribute the significant obfuscation in economic social inequality among women and the homogenization of this group as contributing to the inability to track specifics around advancement and entrenched social inequality. Lacking an analysis of the over- and under-inclusion demographics that contribute to social inequality makes it difficult to target women differentially in order to change the fundamental structure of economic inequality. There is also no coherent model that operationalizes these constructs for delivery on the ground.

Quality-of-life disparities are a cradle-to-grave phenomenon for the majority of socially and economically disadvantaged peoples in the United States (Acker, 2004; Bourdieu, 1987; McCall, 2001). Within the varied practices of social work, the history of highlighting ongoing challenges to marginalized groups' access to resources is intertwined with the history of multicultural discourse, critical multiculturalism, and anti-oppressive practices. Somehow the term *critical* is supposed to autocorrect the

implicit and explicit Otherizing within this stance. Since people of color are over-represented in the low socioeconomic strata, concerns have emerged concerning how to respond to the needs of people of color. Although their class was not necessarily a salient factor in these frameworks, practice perspectives addressing the "culture" of various ethnic groups attempted to respond to a conglomerate of issues involving class, ethnicity, gender, and later, sexual orientation. Thirty years after the introduction of multiculturalism to the helping professions across a range of disciplines, glaring disparities still exist between the life trajectories of dominant and marginalized groups in terms of quality services in health, mental health, educational options, and work, income, and economic stability (Algería, Mulvaney-Day, Woo, Torres, Gao, & Oddo, 2007; Cole, 2008; Kumagai & Lypson, 2009).

While historical disparities between the white majority population and non-white populations in the United States have been a longstanding concern, social science literature has tended to focus on single-indicator barriers such as race or class, because they are the most visible forms of marginalization leading to restricted access in numerous venues of life. The simultaneity of oppression, on the other hand, such as the co-presence of race, gender, sexual orientation, and class, for example, has been less studied. A dark-skinned, queer Latina woman, for example, faces a triple jeopardy. Similarly, a poor, middle-aged white woman who is morbidly obese, faces simultaneity of oppression beyond gender. Health disparities reflect higher incidences of morbidity and mortality across the lifespan, and higher rates of acute and chronic illness from childhood through adolescence, adulthood, and old age, including higher infant mortality, childhood respiratory illness, adolescent hypertension, child and adult obesity, and higher mortality among the elderly among populations of color in comparison to their white counterparts.

The majority of these studies, however, research single-dimension characteristics of identity that leave out critical intersections of oppressions.

In contrast to the multicultural approach, an intersectional approach by Cummings & Jackson (2008) underscores the fact that the interlocking relations between gender, race, and socioeconomic status reveal compounding data of unequal access to power, critical resources, and status. In further analyzing such data through this lens, they suggest that "differences between socioeconomic categories within each racial group are larger than differences between races" (Cummings & Jackson, 2008, p. 141). This fact further legitimizes the significance of addressing multiple complexities of identity data that encompass social inequalities to "anti-categorical, intracategorical, and intercategorical" (Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009, p. 78). As these studies show, these are not individual characteristics, but rather complex aspects of lived experience in social, political, and economic contexts.

Disparities in mental health are similarly challenged by single-dimension analysis in attempts to redress barriers to primary access, or basic care, and secondary access, or quality basic care. The result of this single-dimension analysis is contiguous with multicultural and cultural competency discourses. People of color are more frequently diagnosed with, and have less access to, services for all forms of mental illness, such as depression, attention deficit hyperactivity disorder, oppositional defiant disorder, schizoaffective disorders, and substance abuse. An intersectional analysis opens up the complexity embedded in these findings with the potential to provide more accurate targeting by redirecting practice and demanding a higher quality of mental health care.

Consider the overreaching diagnosis of children of color, particularly boys with ADHD. School social workers are often frustrated with black parents who do not readily sign on to medicating their children. Social workers are taught to "flatline" the symptom with the conventional cure, and look for multicultural understandings that might explain resistance, such as "black parents tend to be historically less trusting of the medical establishment." Instead, social workers can do a social, political, and economic assessment

of the problem, link these parents to information that connects pharmaceuticals to these diagnoses and concurrent medications, and, lastly, create a liberatory circle for these parents to better equip themselves with knowledge and strategies to educate their children.

There is unfortunately no critical dialogue around the veiled foundations and relationship of pharmaceuticals, drug therapy, the prison industrial complex, and young inner-city boys of color witnessing violence on an ongoing basis, which in fact produces symptoms similar to ADHD (Mate, 2010). All parents are well advised to be skeptical of remedies that pathologize, medically treat, and funnel their children into the Otherizing pipeline.

An educator, practitioner, or student using a lens of cultural equity would critically examine the matrix of dominance (school as institution, diagnosing professionals, the prescribing doctors, and social workers) and the simultaneity of oppression that young boys of color and their families experience. This could potentially open up numerous liberating options like creating circles for engaging in conversation with other like-minded parents who resist dominant strategies and look for healing solutions that challenge and reside outside the status quo. These circles of resistance become circles of liberation, leading the parents toward the goal of their children's academic success.

That social interconnections work as a critical healing factor is a well-established fact. All of the literature on contemporary families points to the fact that families do best when they live in supportive, connected communities. For example, families who followed white flight into suburbia have paid a high price for diminishments to their overall well being. Lifestyles that are interned within the single-nucleus family structure and focused primarily on work, with little to no contact with neighborhood gatherings and relationships, contribute to a range of social and mental health difficulties (Farmer, 2003, 2008a, 2008b; Farmer, Nizeye, Stulac, & Keshavjee, 2006).

Legitimizing this paradigm of isolation and disconnection means that when social workers as learners or practitioners are presented with clients who experience life challenges, the conventional wisdom is to address each of these challenges within the dominant paradigm of individualism. Funding sources or conceptual frameworks that follow lines of pathology rather than healing tend to be the silent organizers of service delivery, as in the treatment of depression, ADHD, or youth violence. Research dating back over a decade consistently demonstrates that connection in meaningful relationships evidences high levels of endorphins, while isolation leads to the production of higher levels of serotonin, further exacerbating depression (Mate, 2010). Yet clinicians intervene with these depressed individuals in isolation, complicit with the discourse of the pharmaceutical industry that targets individual ailments with individually prescribed treatments. Students are taught to use evidence-based methods of cognitive-behavioral therapy without creating landscapes of liberation for clients that could generate ongoing connections to more than one person, thereby creating sustainable healing practices. Similarly, the assessment of diabetes among indigenous peoples in the United States fails to include the structural violence by the state in disrupting the diet and ecology of native lands. The assessment and intervention for alcoholism likewise proposes treatment without a deep and critical interrogation of the post-traumatic stress disorder of sexual trauma associated with substance abuse (Mate, 2010). The following examples further explicate the challenges confronting educators, students, and practitioners.

A discussion in a supervision class revealed the following ethical and professional dilemma. Monique, a second-year masters in social work student who was enrolled in a required course on cognitive-behavioral therapy, voiced her concerns about using cognitive-behavioral therapy for a domestic violence case. In this course, as part of faculty and student participatory learning, the professor asked students who were assigned to groups to offer field examples that the class could engage with in a cognitive-behavioral therapy framework. Another student, Rena, in Monique's group offered the case of a South Asian

professional woman, mother of a five-year-old girl, who was seeking a divorce but troubled by the cultural implications of her decision. Background information revealed that the couple was unable to have a child, seemingly due to the husband's sperm count, so she had chosen artificial insemination. While the husband, according to the wife, supported this decision and took well to the birth of their daughter, he became abusive during her pregnancy and escalated his violence following the birth of their daughter. The client wrote this off as a standard cultural pattern, but now wanted a divorce since the violence had escalated, leaving her with visible bruises and threats to her job security. Although Rena attempted to open a conversation about the gendered nature of this violence, the client attributed this to common cultural practices. The professor suggested they use this case to demonstrate the practice of cognitive-behavioral therapy.

The group of students then attempted to develop a plan that would assist the client in first identifying "her triggers." This would be necessary in order to provide her with mitigating cognitive constraints that would enable her to prevent the violence. Monique, the student in the supervision class, was very disturbed by the use of this case for cognitive-behavioral therapy for a number of reasons: (a) she believed that there was insufficient focus placed on the safety of the client and her child; (b) she raised the ethical dilemma of agreeing with a client's definition of a problem that conflates patriarchy and the abuse of male privilege with "culture"; and (c) she found it problematic that the husband was never invited in so as to gain a more comprehensive assessment. While this assessment could have been attained without the presence of the client, with all safety standards in place, this aspect of the contextual assessment was never discussed or entertained, as the teaching focus was on cognitive-behavioral therapy.

Monique presented her concerns to the professor and explained her refusal to come up with cognitive-behavioral therapy interventions for this client. The professor reminded her of the disclaimer offered at the beginning of the class that suggested that not *all* clients are good subjects for the practice of cognitive-behavioral therapy. Having raised these objections, however, Monique and her fellow students were not invited into a critical thinking space by furthering the dialogue around the reasons why this client might not be an appropriate candidate for cognitive-behavioral therapy. Furthermore, there was no analysis of the ethics and values that cases like this present. Students like Monique who face these types of dilemmas are not in the minority among the masters in social work programs in the United States today.

Another student, Donna, in the supervision class raised a different dilemma. She had enrolled in a group work class with a focus on social justice. She quickly learned that groups are organized by diagnostic categories or by having had the same lived experiences, or both. She challenged the notion that practices creating borders of segregation are in fact "just" practices. The response she got was that creating support for clients in groups was empowering, but the critical nuance that she raised was left unexamined.

Both examples raise deep social, economic, and political matrix questions about the positioning of teaching and practice models that do not in fact uphold the ethics and values of the social work profession in numerous ways. Such classes are also taught apart from social justice classes. This common practice of dichotomizing social justice classes from the very foundation of *all* learning in social work is the very manifestation of bifurcation and compartmentalization necessary to maintain the status quo of domination.

Consider the following strategies in the interest of disrupting systems of bifurcation and compartmentalization:

1. Analyze the intent of a structural foundational system that builds scholarship and practice around systems of bifurcation and compartmentalization.

2. Reflect and challenge theories, research, and practices of mainstream social work and related disciplines that inform social work practice and policy from an individual pathology or problem-determined perspective.
3. Identify and name the systems of power and privilege operating in your work location.
4. Identify alternative bases for a psychological science that promotes sustainable well-being for global humanity and the environment.
5. Interrupt the individual structure and problem-defined target of change and offer alternatives.
6. Identify decolonizing theories and praxes that promote cultural equity approaches to practice building critical consciousness and empowerment and creating coalitions that launch action strategies.
7. Build collective circles for students to empower them in their learning while teaching accountability and resistance to the status quo.
8. Develop practices for making visible and transparent social locations and power differentials in the class and amongst students.
9. Develop practices to make it a habitual practice to see oneself as a part of a system, never as an objective observer.

Cultural Equity in Practice

The fundamental foundations of cultural equity aligned with systems for liberatory healing involve critical consciousness, empowerment, accountability, and the building and linking of progressive coalitions. Foundations for teaching critical and liberatory pedagogy must also include these foundational pillars.

Critical Consciousness

Raising critical consciousness with student and client populations requires an identification of social location as well as self-reflection on complex standpoints. Moreover, developing critical consciousness means naming the fixed and fluid positions of privilege and oppressions at the personal, political, and institutional levels, and simultaneously highlighting an awareness of how personal dynamics unfold within social, economic, and political contexts. This dialogue and inquiry offers a complex assessment and understanding of the forces of dominance that intersect with those of oppression to manifest in many of the clinical problems that practitioners face. The enormity of this intersection requires strategies of change that encompass solutions launched collectively by individuals, families, and communities.

The process whereby practitioners, clients, and students develop critical consciousness is the first and necessary step toward empowerment and accountability. The process of raising critical consciousness is intrinsically linked to empowerment and accountability. Conceptually anchored in the work of Freire (1999) *conscientização* (conscientization) is defined as the development of a critical awareness of how personal dynamics unfold within social and political contexts as well as how systems of power and social contexts influence our micro, mezzo, and macro situations. The lens of critical consciousness emphasizes the location of families with regard to colonization, class, gender, ethnicity, and sexual orientation, and foster *conscientização*, both critical consciousness and social action, within these areas. Social action requires a critique of the institutions within which lives unfold, and joint efforts toward change within these institutions. The distinct aspects of power, privilege, and oppression are context markers.

Empowerment: Dismantling Subjugation

The processes of raising consciousness and empowerment are interrelated. The empowerment processes requires expanding the boundaries of individuals and families to include community linkages through therapeutic conversations and strategies for social action. *Empowerment*, via naming through language, tools, media, and allies, within a collective of participants refers to developing a voice within a community, restructuring interpersonal relationships in an equitable manner, articulating a new story about oneself in relationship to others, developing a personal vision that embraces relations towards and with others in order to build a progressive community, and taking action through a range of strategies including the endorsement of patterns of resistance. None of this can occur within the dominant paradigm of individualism.

Accountability: Dismantling Dominance

Accountability calls for transforming institutions, creating progressive communities, influencing and changing harmful policies, and shifting power over to power (Ayvazian, 2009). At the personal level, it emphasizes acceptance of responsibility for one's actions and the impact of those actions upon others. It includes reparative action that demonstrates empathic concern for others by making changes that enhance the quality of life for all involved parties (Tamasese & Waldegrave, 1993; Tamasese, Waldegrave, Tuhaka, & Campbell, 1998; Almeida et al., 2007; Hernandez-Wolfe, 2013). Likewise, at the institutional level, action strategies are called for to create equity while accepting responsibility for oppressive and privileged choices that impact both employees and clients (Mullaly, 2010). Transparency is key to dismantling institutional practices and policies of oppression.

Individuals, families, and communities are open systems vulnerable to all of the dimensions of domination and subjugation that operate in the larger society. Therefore, to avoid reinforcing oppressive realities within practice, practitioners need to recognize and challenge the ways in which societal patterns of domination are woven into the fabric of everyday life and the healing endeavor. This is far easier said than done, because many oppressive patterns are ubiquitous and largely taken for granted by educators and practitioners alike. Fostering a culture of critical consciousness certainly makes the task of dismantling dominance less daunting. Students likewise should be encouraged to create circles of empowerment where they can collectively strategize plans for challenging organizational systems of oppression and simultaneously identify structures and procedures of social equity.

This definition of accountability is broader than linking voices of diversity within the therapeutic context; it includes building and embracing individuals, families and communities that uphold values and lifestyles for a just and civic community. Building and embracing coalitions across gender, class, race, sexual orientation, and life cycle is a powerful tool to counter systems of domination and multiple oppressions. Systems of accountability must address the multiple institutions that maintain and perpetuate racism, sexism, homophobia, and economic exploitation, and the ways that those forms of oppression are manifest in daily life.

Building and Linking Progressive Coalitions as Foundational Structures of Resistance

Cultural equity relies on moving away from a focus on knowing or reifying the "Other" to "knowing in context"; to "power with" instead of "power over." "Knowing in context" involves unwrapping systems of domination and subordination across groups and within groups, while paying attention to the borders of connectivity, all in partnership with clients; in other words, sharing power (Ryu, 2010; Cole, 2008; Mullaly, 2010; Waldegrave, 2009) and interrupting oppressive power while simultaneously lending privilege. Action praxis for liberation requires partnerships with clients' allies from dominant groups who are willing and able to use their power to effect significant change across multiple institutions, prioritizing human rights and individual rights over group cohesion. Weaving a tapestry of clients from diverse backgrounds, ages, and classes creates a formidable system of empowerment that can tackle challenges of accountability. Advocacy within this context provides clients with rich resource exchanges and the social capital necessary to sustain liberatory changes. This is the foundation for collective change and should therefore be the formula that students are encouraged to use in their organizational experiences and with their clients. Social transformation begins with dialogue, inquiry, group reflection, and strategic action.

A Look at Cultural Equity Within the Healing Context

The following case study illustrates the dangers of the conventional wisdom of multiculturalism and cultural competency. Sheila, a 12-year-old of Korean descent, was referred to the Institute for Family Services ("the Institute") following a second hospitalization for a suicide attempt. The two attempts were 11 months apart. In reviewing the records from the hospital, all treatment recommendations proposed the multicultural hypothesis and blamed the parents both subtly and overtly for Sheila's suicide attempts. The history described Sheila's difficulties as first surfacing in fifth grade when her family moved from an upscale community with a predominantly white school district to a diverse and more middle-class community and school. Both schools had high standards of achievement. Her behavior in her new school was described as moody, rude, and disrespectful toward adults and peers. She alienated her peers and sat alone at the lunch table, rejecting attempts by the school authorities to facilitate connections.

Sheila was the oldest of three children, with twin siblings, boy and girl, five years old. Prior to the birth of the twins, the family lived in Syracuse, New York, where she spent two years in pre-kindergarten and interacted well with her peers and was an early reader. Shortly after the birth of the twins, the family had to relocate to follow her father's employment. Sheila's father was an attorney who took a job in New York City that required him to work long hours. Sheila's mother was a psychologist whose graduate plans were cut short due to the birth of the twins and her husband's relocation. The family chose to live in New Jersey, in an excellent school district with direct train access to the city. They were unable to afford a single-family home, so they rented an apartment.

Shortly after Sheila began kindergarten in this New Jersey suburb, she was confronted with multiple micro-aggressions on a daily basis. Her looks, the color of her skin, and the small home she resided in were all in the line of attack. Classmates who came over to visit and play likened her home to their garage. These assaults were continuous, and the parents intervened with the school on numerous occasions with no relief. These white supremacist patterns of aggression continued from kindergarten to fourth grade when the family decided to relocate to a more diverse community. By this point the damage was done, and Sheila became a bitter, angry, isolated young girl on the path to academic and life failures.

Following the first suicide attempt, she was referred to a Korean therapist because the hospital social workers believed that Sheila was isolated due to her mother's poor English skills and her father's long work hours. Using their skills in cultural competency, her service providers believed that connecting her to

someone within the same culture could perhaps realign her connection to the Korean community. It was also recommended that her father be brought into Sheila's treatment, since he apparently did not engage with the hospital during her stay. The records also document the white supremacist attacks she endured for several years, but none of this was addressed as the major contributor to Sheila's current presentation.

The Institute invited both parents, and they readily attended sessions. The focus of intervention was first to identity for Sheila and her family the markers of dispossession and oppression she experienced with her peers and to provide her and her family with the language to name and dialogue about these structures and experiences. The entire family participated in culture circles at the Institute. Films, songs, and books were used within a young person's circle as well as the adult circle to engage and dialogue around these issues. She spent the first two sessions being surly with her head down and barely speaking. By the third session she was engaged and fully expressed her fury at the way she was treated by kids she thought were her friends and the lack of protection by the adults in her former school. Both she and her parents read *Killing Rage* by bell hooks as a way for Sheila to mirror her experience in fiction. She went from failing several subjects in school to re-enrolling in learning, joining her classmates in projects, and surrounding herself with a small group of friends. The school asked faculty from the Institute to give a presentation to their staff because they were stunned by Sheila's complete turnaround. This is the potential for healing within a framework of cultural equity.

Building Cultural Equity

Cultural equity as an organizing concept for therapy involves the following building blocks:

1. Build critical consciousness to challenge policies and practices of privilege that deliver and sustain harm and inequity to historically marginalized groups.
2. Embrace teamwork involving therapists, advocates, mentors, and clients and a dislodging from the therapeutic tradition of a single therapist working with a single client or family.
3. Create circles of healing and liberation including clients, allies, activists, and practitioners from multiple locations.
4. Legitimize cross-pollination and enable multiple roles of resident activists and therapeutic practitioners.
5. Build coalitions that embody social exchanges that deliver at the macro-, mezzo-, and micro-system levels.
6. Invite allies from dominant groups as partners in therapeutic endeavors.
7. Build bridges between therapeutic practices and social action strategies.
8. Institute rituals that empower clients and their communities to create and perform their own rituals that open paths towards liberation.
9. Encourage clients to enroll in wellness and spirituality programs of their choice, to heal from current and historic injuries (Almeida, Hernandez-Wolfe & Tubbs, 2011).

The academy is continually preoccupied with building knowledge and productions that maintain the standpoint of the center. A view at decolonized spaces for teaching about cultural equity and liberatory healing requires a contiguous circle that includes reflection, dialogue, and social action. The following

provides a particular illustration for raising critical consciousness and building connections in the classroom.

Cultural Equity in the Classroom: Completing the Circle

Bringing critical consciousness into the classroom requires a debunking of the individual as learner and instead inserting the broad coalition of students as learners. It sets the foundation for learning about liberatory practices with clients. It also calls for the use of popular culture through social media, film, and literature. This brings the lived experiences of a community into the classroom instead of relying solely on textual documentation. While homogeneity of gender, race, class, or sexual orientation will present challenges, they are challenges nevertheless that can be overcome by dialogue, transparency, and a realignment of methodology that focuses on each individual's multiple identities instead of a simple, monolithic difference from the so-called norm. This same process used with students in the classroom can be replicated with masters in social work students and practitioners, and their clients.

As an example, let us take the film *Philadelphia* as a way to raise critical consciousness. A black heterosexual lawyer, Joe Miller, played by Denzel Washington, prepares his white, gay HIV-positive client, Andrew Beckett (played by Tom Hanks) for an upcoming trial. In a particularly poignant scene, while Joe wishes to discuss questions that will be asked of his client during the trial, Andrew plays an aria sung by Maria Callas and recounts her character's journey of pain and destruction to renewal and rebirth. Following the viewing of the clip, the classroom dialogue would begin, utilizing the hierarchy tool to facilitate discussion. This tool used with social media would operationalize intersectionalities and provide a powerful and engaging classroom training model.

Using the tool of power, privilege, and oppression, students would break up into small groups and engage in conversation of interlocking power and oppressions around patriarchy, heterosexism, capitalism, and colonization. Students would also be asked to identify the social location of each of the characters. They would be asked to think about the ways in which multidimensional personhood (multiple identities) and privilege intersect to give, deny, or maintain access to resources and privilege. After spending some time dialoguing about the concept of social location and power, privilege, and oppression (in multiple and single forms), students would be asked to share their reflections with the whole group.

Using the vignettes from *Philadelphia* or a similar film that clearly illustrates the complexities of social power, this exercise is an example of the many ways to bring the language and power analysis of these intersections directly into the classroom while simultaneously inviting conversations around complex standpoints. It orients students towards the power of language and the understanding of cultural equity around intersectionality. The exercise could go further, possibly into the next class, in order to hypothesize how each of the characters would be treated as clients: for example, Joe Miller around his power as a heterosexual male attorney, as well as his homophobia and his class and race; and Andrew Beckett around his experience of near-death through AIDS, his race, class, and sexual orientation.

Furthering the critical consciousness conversation, students could then be asked to identify traditional female and male norms to identify social location. They would use the concept of the traditional male norms to identify the social location of the characters. They would identify Joe Miller's use of homophobic language as aligned with traditional male norms and highlight some of the specific language. To complicate matters, students could be asked to discuss the ways in which race in the case of these two characters is subsumed by other power structures of class, heteronormativity, and health-normativity, as well as the social dynamics of the attorney–client relationship. This would be used by the instructor to

launch a more complex conversation around heteronormativity, race, and class and help students see how social identities must be viewed as compound constructs rather than simple oppositions. Using film and literature to model practice in this way allows students to practice applying cultural equity concepts and develop their imaginative and critical tools for application. This process socializes students for the complexity of client identities they will encounter in their practice. It also allows them to reflect on their own standpoints and social location, as well as that of their organizations and their clients.

Educators, students, and practitioners have expressed discomfort and difficulty over introducing material that directly speaks of systems of domination and subjugation in lived experiences. Using the methods described within a cultural equity framework creates a context for raising critical consciousness and building empowerment and accountability across multiple sites.

Cultural equity promotes liberatory healing practices through raising critical consciousness, empowerment, and accountability among individuals, families, and communities, as we saw in the case study of Sheila. It is important that the practitioner in alliance with the clients also have partners in the context of service delivery, interrupting the individual go-it-alone model. The complex identities of individuals create for the practitioner rich sources of possibilities for connections with other clients, allies, and activists. Within this context, clients learn that many of their problems are rooted in the larger social order that oppresses many and privileges a few with multiple nuances in between. This understanding fosters critical consciousness that not only aids the client through their present treatment but endures beyond the confines of the therapeutic model into daily life. Through dialogue, reflection, and inquiry, individuals are better equipped to challenge the status quo, which leads to empowerment.

This approach to healing not only has the capability of addressing multiple and complex client problems but also reduces practitioner burnout, as there is a system of critical consciousness, empowerment, and accountability occurring simultaneously with the client process. The inclusion of clients with multiple identity markers as well as from a range of social, economic, and political trajectories offers a strong foundation of resource exchanges among clients when treated in a group context and between clients and practitioners. This partnering between people that have less power with those that have more power across the complexity of intersectionalities provides a buffer from systems of oppression, provides action strategies to interrupt oppressive practices, and offers transparency across multiple paths of life.

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