Potentially Harmful Therapy and Multicultural Counseling: Extending the Conversation

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Abstract

In this rejoinder, we address three responses to our major contribution in this issue, "Potentially Harmful Therapy and Multicultural Counseling: Bridging Two Disciplinary Discourses." These responses support our contention that not only are the potentially harmful therapy and multicultural counseling and psychotherapy literatures quite disparate, but that this compartmentalization is a symptom of broad and serious problems in the discipline. We explore further some of the underlying complexities the responding authors have raised, including (a) systemic ways that the current landscape of psychotherapy research maintains the status quo, thereby limiting a desirable integration of the two literatures; (b) complexities associated with multiple aspects of diversity, including the inadequacy of current professional ethical codes and practitioner training for addressing potential harm for disparate and vulnerable populations; and (c) the need for the discipline to articulate collective "goods" (against which conceptions of harm are at least implicitly formulated).

Keywords

multiculturalism, ethics, social justice, psychotherapy, race/ethnicity

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We are grateful for the opportunity to address three valuable responses to our article, "Potentially Harmful Therapy and Multicultural Counseling: Bridging Two Disciplinary Discourses" (Wendt, Gone, & Nagata, 2015, this issue). Our intention with the original article was to spark a dialogue about these issues, and each response has been a wonderful contribution to the conversation. These responses support our contention that not only are the potentially harmful therapy (PHT) and multicultural counseling and psychotherapy (MCP) literatures quite disparate, but that this compartmentalization is a symptom of broad and serious problems in the discipline. Our purpose in this rejoinder is to extend the dialogue by exploring further some of the underlying complexities the authors have raised. We address each response in turn.

Sue: "Back Talk" and the "Master Narrative"

Sue (2015, this issue) argued that the separation of the PHT and MCP literatures is due to a clash of worldviews, one-way power dynamics, and, ultimately, cultural oppression. We appreciate Sue's caution about culturally related aspects of harm being misappropriated and misinterpreted in the way they are enacted by mainstream psychologists (e.g., racial microaggressions being seen merely as linguistic faux pas rather than instances of broader social inequities). These issues certainly suggest that bridging the conversation between the PHT and MCP literatures requires more than simply expanding PHT research to diverse populations.

In addition, Sue provocatively argued that mainstream psychotherapy researchers, including those in the PHT movement, have not wanted to hear the "back talk" of the MCP movement because it challenges the "master narrative" of mainstream psychotherapy research and practice (p. 364). In this way, the relationship between mainstream psychotherapy researchers and the MCP movement reflects a power differential that is a microcosm of "nearly all aspects of life in the United States" (p. 362). We agree that this power differential is essential to reckon with, requiring both sides to be "willing to engage in dialogues and not just monologues" (p. 364). Sue discussed several challenges in this regard, with emphasis on the mainstream profession's "sociopolitical power to impose their definitions [of abnormality and healing] upon less empowered groups" (p. 365). We wish to elaborate here on three systemic ways the current psychotherapy research landscape maintains the status quo and thereby limits our desired integration of the two literatures.

First, a common refrain in mainstream applied research circles—echoed several times in manuscript reviews of our original article—is that although absence of evidence does not mean treatments are not harmful (or

efficacious), the burden of proof lies with those who wish to make such a case. There is logic to this position from a strict empiricist standpoint, but it fails to appreciate that only those with a certain level of institutional support, funding, collaborative partners, and so on, have the ability to even attempt to make persuasive evidentiary claims relative to psychotherapy. There appears to be a sort of "pull yourself up by your bootstraps" assumption here, as well as an "us versus them" mentality. The inevitable result—absent major structural changes in society and in the professions—is that specific concerns for ethnoracial and other marginalized populations (in terms of potential harm as well as culturally centered interventions) will continue to be inadequately investigated by mainstream researchers. This is why we argued in our original article that appeals for evidence must be married to a social justice agenda.

Second, as Sue discussed, hierarchies of evidence used in PHT research (as well as efficacy research) serve to maintain a status quo of marginalizing diverse communities. Because randomized controlled trials (RCTs) and other experimental designs are expensive and time consuming, it is unreasonable to expect that trials or analyses would frequently have sufficient statistical power to examine effects for diverse population groups. As we articulated in our original article, Barlow (2010) and Dimidjian and Hollon (2010)—without addressing the issue of marginalized populations—called for PHT research to have a broader epistemic toolkit, inclusive of uniquely valuable idiographic research. Nonetheless, we worry that only certain prized types of evidence (e.g., independently replicated RCTs) will continue to be consulted in treatment recommendations and considerations of harm, effectively making it extremely unlikely for the concerns of small marginalized groups to ever appear "on the radar." Such an oversight appears to have been the case with "reparative" therapy for gay and lesbian clients, which was not included in Lilienfeld's (2007) list of PHTs (or even having "preliminary indications" of harm; p. 58). Despite prior publication of two independent and robust qualitative studies indicating alleged harm for hundreds of clients (see Beckstead & Morrow, 2004; Shidlo & Shroeder, 2002), not to mention warnings of potential harm from "all of the major mental health associations in the United States" (Spitzer, 2003, p. 404), Lilienfeld omitted this treatment from his list. The likely reason for this omission was because this evidence was derived from *qualitative data analysis*, and findings from research based on qualitative inquiry did not factor into Lilienfeld's hierarchy of evidence. We suggest that a superior and more socially just approach than this narrow kind of evidence hierarchy would be to cast a wider net and to examine each kind of evidence on its own merits. At least in theory, qualitative inquiry that finds widespread, consistent, and egregious allegations of harm for a marginalized

population can be more alarming—and more demanding of immediate action—than an RCT with mild indications of harm for a small subset of clients.

Finally, clashes of worldviews can play a strong role in the appraisal, review, and publication of psychological research. In fact, this appears to have been the case in regard to our original article. On one hand, Sue not only commended us for our balanced approach but also suggested that we were too soft on the PHT movement. He made an excellent case for this argument, and this same conclusion was reached by others who reviewed earlier manuscript submissions of our article. On the other hand, the *opposite* conclusion was reached by several other reviewers, who argued that the article was too soft on the MCP movement. In contrast, they asserted that the onus was on MCP scholars to collect more evidence before they should be taken seriously, and/or that MCP scholars overgeneralize and see discrimination and oppression everywhere they look. Thus, even the pathway for publishing the article was a major undertaking, reflective of a wide cultural divide between proponents of the two literatures. This poses a problem for attempts to do integrative research at the intersection of disparate camps; top psychology journals are generally risk-averse, and challenging the status quo "inevitably offends and even antagonizes some reviewers" (Sternberg, as quoted in "Sternberg," 2014).

Davidson and Hauser: Diversity, Ethical Guidelines, and Practitioner Training

Davidson and Hauser (2015, this issue) discussed numerous issues and strategies that are deserving of more consideration—only a few of which we are able to address here. First, they argued for attention to aspects of diversity beyond ethnoracial minorities, as well as greater attention for intersectional identities. We agree wholeheartedly that "reducing clients to a single identity is potentially harmful and culturally insensitive" (p. 372). Moreover, consideration of intersectionality is important because an individual may grapple with competing values concerning beneficial versus harmful treatment. Our focus on ethnoracial minorities in the original article was motivated by practical constraints and rhetorical purposes, underscoring that even with the MCP movement's long-standing focus on ethnoracial minority concerns, these concerns have been compartmentalized from the PHT literature. Although we have less awareness about harmful treatment concerns in relation to other aspects of diversity or intersectional identities, it is likely that these aspects or identities are marginalized to an even greater degree. For example, as discussed in this rejoinder, it is remarkable that "reparative"

therapy for gay and lesbian clients was not mentioned in Lilienfeld's (2007) article on PHT. We encourage greater incorporation of issues pertaining to diversity in all of its forms and intersections in the PHT and MCP literatures, which would necessitate greater attention to idiographic research and small sample designs.

Second, Davidson and Hauser recommended an integration of harmful treatment concerns with professional ethical guidelines. We certainly agree, but along with Sue (2015) in this issue, we suggest that existing ethical guidelines are part of the problem. These guidelines—including the two specific codes cited by Davidson and Hauser—are often vague and insufficient in adequately addressing and remedying potential harm for marginalized populations. Western ethical codes are heavily inspired by *The Belmont Report* of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979). The principles underlying *Belmont* have been criticized—in research and health care practice—as embodying unmistakable ideals of a Eurocentric individualism, including being inadequately considerate of collective concerns for vulnerable and ethnoracial minority populations (e.g., Azétsop & Rennie, 2010; Cassell, 2000; Evans, 2000; Fisher, 1999; Marshall, 1986; Turoldo, 2009). We worry that this same predominant concern of the individual is implied by Davidson and Hauser's contention that a practitioner's primary ethical duty is to avoid harm to "the person(s) in the room" as opposed to others (p. 375). Although this view is understandable in light of the market-driven nature of mental health services in the United States, we suspect that the predominant concern for the individual client may reflect a Western tendency to abstract individuals away from context. We believe that the time is ripe—especially in the wake of allegations of the American Psychological Association's complicity in torture (Reisner, 2014)—to reassess professional ethical standards in a way that more clearly and unambiguously addresses collective and social goods. Thorny issues would remain, but an excellent starting place—albeit in the context of research rather than practice—is Fisher's (1999) formulation of a "relational ethics," in which diverse communities serve as partners in the ethical decision-making process.

Finally, we appreciate and echo the complexities raised by Davidson and Hauser about integrating PHT and MCP perspectives. These include the assessment of effectiveness of graduate training in multicultural competence, the difficulty of parsing treatment-induced harm from other causes of client deterioration (including anticipated short-term exacerbations of symptoms), the importance of predicting which clients may benefit from and which may be harmed by certain treatments, and the need for practitioners to recognize and seek to remedy inevitable ruptures in the therapeutic alliance. One

comment to add is that we may be less confident than Davidson and Hauser about the influence of graduate training on multicultural competence. Although we agree that this training is critically important, individual practitioners retain minimal facility and opportunity to mitigate the ethnocentrism that is embodied in individual treatment approaches, organizations, and society. Two of us (Wendt & Gone, 2012) have argued that training in multicultural competence would be improved by focusing "less on psychotherapists as culturally sensitized persons and more on psychotherapeutic interventions as culturally constituted artifacts" (p. 218)—including greater attention to bottom-up indigenous interventions, as Sue (2015) discussed in this issue. This approach would "require very different ways of conceptualizing culture and community engagement within professional psychology relative to current training regimens in the United States" (Wendt & Gone, 2012, p. 218).

Fowers, Anderson, Lefevor, and Lang: Individual and Collective Goods

Fowers, Anderson, Lefevor, and Lang (2015, this issue) elucidated a crucial point that we could only barely touch upon in our original article: Any conceptualization of harm implies what is "good," and it is imperative for the discipline to be explicit about what these "goods" are. They argued further that the MCP movement has been explicit about shared collective goods, in terms of "frank and extended discussions of goods such as equality, inclusiveness, more accurate cultural knowledge, mutual respect, and respect for differences" (p. 383). In contrast, the goods cited in the mainstream psychotherapy literature, including the PHT literature, are limited to individual goods (e.g., "thinking styles," "self-confidence," or "emotional regulation"); these goods communicate little about the "good life" because they can be used to pursue very different ends (e.g., educating children vs. child trafficking). Fowers et al. persuasively argued—alongside the implied view of the MCP literature—that collective goods are primary even if unrecognized and unacknowledged, as they are required to sustain individual goods.

Extending the authors' contribution further, then, the major task appears to be for the mainstream discipline to be clear about its implied values for society. As Fowers et al. argued, placing the onus here on individual clients (a value-neutral or morally relative approach) is unsatisfying and ultimately untenable. That individuals in fact do pick and choose their own values is ontologically suspect, and that they should do so with unfettered freedom is ethically suspect (conflicting with broadly shared values such as justice and safety). What, then, are the broad societal goods valued in mainstream psychotherapy? One might point to the positive psychology movement, but here

too, ethnocentric individualist goods such as personal fulfillment and subjective well-being have arguably been assumed (Christopher & Hickinbottom, 2008). Alternatively, one might make broad gestures toward "health"—a seemingly "monolithic, universal good" (Metzl, 2010, p. 9), but which, upon examination, is inseparable from "culturally affected perceptions of wellbeing" (Napier et al., 2014, p. 1608). Neither of these routes takes us very far in articulating a sense of collective goods.

Perhaps the first step, then, is for the mainstream discipline to simply clarify the extent to which it shares any of the collective goods explicated in the MCP literature—and to explain how it prioritizes pursuit of these goods in relation to other goods. An obstacle in this regard is that the "clinical science" movement—arguably the driving force of the PHT literature—appears to have a limited mission beyond advancing science and training scientists. PHT researchers are predominantly from clinical psychology programs recognized by the Academy of Psychological Clinical Science (n.d.). The mission of the Academy is to "advance clinical science," with "clinical science" being defined as "psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition or health; and, at the application of knowledge consistent with scientific evidence." Absent in such a formulation—as well as in any elaborated treatise of the clinical science movement of which we are aware (including McFall's [1991] "Manifesto," which continues to serve as a banner for the movement)—is any explicit gesture toward broad collective or societal goods (beyond the advancement and employment of science). The problem here is that scientific endeavors across all applied psychology can be utilized for different ends and with differential benefits and risks for certain segments of society, including ways that may profoundly harm vulnerable populations—what Teo (2011) referred to as "epistemological violence." A science without social justice can become monstrous.

An additional obstacle in a conversation about collective goods, from our experience, is the tendency for many applied researchers to make a sharp distinction between "science" and "non-science," with the latter labeled as "values" or "extrascientific." (Our original article addressed this issue in regard to Lilienfeld, 2007.) As several observers have noted, a rhetoric of value-free, transparent objectivity obtained through assiduous application of a narrow range of scientific methods has prevented psychological researchers from critically examining the discipline's underlying assumptions and values (Christopher & Hickinbottom, 2008; Christopher, Wendt, Marecek, & Goodman, 2014; Fox & Prilleltensky, 1997; Slife & Williams, 1995). Moreover, philosophers of science and ethnographers of scientific practice have argued that individual,

disciplinary, and social values are inseparable from scientific practice at every stage of inquiry (e.g., Bishop, 2007; Machamer & Wolters, 2004; Osbeck, Nersessian, Malone, & Newstetter, 2011). Thus, it will be necessary for researchers to reach into the realm of what might be termed "extrascientific" in any articulation of collective goods. To do otherwise implies that extrascientific considerations are not important or necessary to articulate, which is itself a value-laden stance worthy of critical examination.

Conclusion

Again, we are grateful for the opportunity to address these three thoughtful responses to our original article. Doing so has enabled us to articulate important complexities pertaining to the intersection of the PHT and MCP literatures that we have not yet had proper opportunity to address. We recognize that this extended conversation did not involve researchers who are more exemplary of the PHT movement—who we know are more inclined to disagree with us! We sincerely invite public engagement of these ideas by them and others as this conversation continues to unfold.

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