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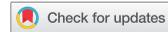
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Race Dialogues in Group Psychotherapy: Key Issues in Training and Practice

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ABSTRACT

Growing racial and ethnic diversity in the United States and globally requires culturally competent mental health professionals who can address ongoing racial tensions and experiences of racism and xenophobia. Attending to racial and ethnic issues and infusing race and ethnic dialogues in group psychotherapy can play a major role in addressing mental health problems, promoting racial harmony, and healing deep psychological wounds and trauma that are the result of racial tensions. This article describes seven key issues necessary to effectively address race and ethnicity in group psychotherapy.

As the world becomes more globally connected, xenophobia and intolerance of cultural, ethnic, racial, and religious differences have become more intensified. Contributing to this is the global mass movement of people as a result of ongoing wars, conflicts, and natural disasters. As formerly homogeneous communities, regions, and countries increasingly become racially and ethnically heterogeneous, potential social and psychological problems can arise. Longstanding

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racism combined with contemporary issues and attitudes about minorities promulgate xenophobia and intolerance while policies that are perceived as discriminatory and exclusionary heighten racial tensions. In the United States, for example, the response to migrants has magnified conflictual race relations by emphasizing the criminality of undocumented migrants and accentuating that refugees are potential terrorists, leading to a governmental Muslim travel ban and the push for “building a wall” between the United States and Mexico to prevent undocumented migration. Adding to this volatile situation is historical, sociopolitical, and contemporary racism. For example, in the United States there have been numerous reports of law enforcement officers killing unarmed Black men and the rise of public demonstrations and expression of racism by White supremacy groups. All of these complex issues create, exacerbate, and ignite racism, xenophobia, and a growing fear of those who are different from oneself. As the world spirals to higher degrees of xenophobia and intolerance, we believe group therapists can play an active role in preventing and intervening in issues of bigotry, prejudice, and racism by incorporating race dialogues during group psychotherapy.

We believe that race, ethnic, and cultural dialogues in group psychotherapy can play a major role in reducing racial tensions and promoting racial harmony. Although we are fully aware of and understand and acknowledge the distinction, as well as the overlap between race, ethnicity, and culture that results in an interchangeability of these terms, for the readability of this article we will use the term *race* to denote racial, ethnic, and cultural groups (Cardemil & Battle, 2003; Day-Vines et al., 2007). Race dialogues have been identified as an effective strategy to prevent xenophobia and racism (Chung, Bemak, Talleyrand, & Williams, 2018; Sue, 2013, 2015; Sue, Lin, Torino, Capodilupo, & Rivera, 2009). Race dialogues involve intense and challenging interactions about race between members from diverse groups that incorporate discussions about prejudice, biases, worldviews, power, and privilege, oftentimes resulting in strong emotional reactions (e.g., Chung et al., 2018; Sue, 2013, 2015; Sue et al., 2009) and can be easily embedded in group psychotherapy. Bohm (1996) described dialogues as free flowing, open, transparent, and honest group conversations where members equally share their

viewpoints without judgement in an attempt to find a common and deeper understanding. This would be consistent with race dialogues with sharing views and attitudes about race, racism, and discrimination. Bohm's principles form a basis for race dialogues that promote a unique way of examining and discussing differing perspectives of group members and acquiring an awareness that can change one's perceptions, biases, assumptions, and stereotypes (Sue, 2015), despite conflict, disagreement, uncertainty, risk, and anxiety (Chen, Thombs, & Costa, 2003).

Given the goals of race dialogues described above and that the majority of the ethnic/racial groups in the United States and 70%–80% of the world's population are from collectivistic cultures that emphasize family, friends, and community as compared with Western individualistic cultures that primarily focus on the individual and self (Pilch, 1997; Triandis, 1995), we believe that incorporating race dialogues in group psychotherapy provides a unique response to the intersection of mental health and racism. Consequently, given the current racial climate, greater systematic attention to racial issues in group psychotherapy may be vital in addressing mental health problems that are a result of racism, discrimination, and oppression (Cardemil & Battle, 2003; Corrigan et al., 2003; Day-Vines et al., 2007; Office of the U.S. Surgeon General, 2001), and subsequently in promoting more harmonious interracial interethnic communities. We suggest that group psychotherapists have a major responsibility to readapt and redesign training and practice so that group psychotherapy becomes a culturally responsive intervention that responds to the psychological impact of changing demographics and contemporary race issues, as well as the potential to support psychological healing, understanding, and appreciation of differences through the facilitation of difficult race dialogues (Bemak & Chung, 2004).

To provide a foundation for understanding the critical need for group psychotherapy to address race relations through difficult race dialogues, we will begin with a brief description of the changing U.S. racial demographics, followed by a discussion of seven key factors that we have found to be effective in addressing race in group psychotherapy: (1) encouraging race dialogues in group psychotherapy; (2) involving the racial interpersonal process as a core element of group psychotherapy; (3) acknowledging racial identity as a key

element in group psychotherapy; (4) dealing with and facilitating emotionally charged difficult race dialogues in group psychotherapy; (5) engaging the group psychotherapist as a role model for how to honestly and courageously raise and engage in difficult race dialogues; (6) incorporating political countertransference in group therapy race dialogues; and (7) emphasizing the importance of redefining cultural ethical boundaries in group therapy race dialogues. Recommendations on how group psychotherapists can effectively facilitate race dialogues will be integrated in these seven factors.

THE COLORIZATION OF THE UNITED STATES

Immigration is a major factor in the increasing U.S. diversity. Projections are that in the upcoming decades many areas in the United States will become majority-minority regions with a number of states and jurisdictions having populations with less than 50% non-Hispanic Whites (Colby & Ortman, 2015), and by 2020 it is projected that foreign-born populations will increase to nearly 20% (Colby & Ortman) as immigration continues to surpass U.S. birth rates (U.S. Census Bureau, 2013). It is estimated that currently one in five persons in the United States has foreign-born parent(s) (U.S. Census Bureau). Projections are that biracial and multiracial populations are the fastest-growing groups, tripling from 8 million to 26 million between 2014 and 2060, an increase of 226%, while Asians, the second fastest-growing group, increasing 128%, and Latina/os, the third fastest-growing group, increasing 115% (Colby & Ortman). Muslims (1% of the U.S. population) are estimated to double to 3.3 million by 2050 (Mohamed, 2016). Given the increasing racial diversity in the United States and with the current tense racial climate, we believe it is essential that group psychotherapists address race issues in group psychotherapy through race dialogues. This requires cultural competence as well as the ability to recognize one's own racial biases and the conspiracy of silence about race (Sue, 2015), as well as the intense emotional reactions and potentially threatening responses of group members (DeLucia-Waack & Donigian, 2004; Sue et al., 2009). We recommend seven key factors, outlined below, therefore, that we have found to be essential in facilitating effective difficult race dialogues in group psychotherapy.

SEVEN KEY ISSUES FOR FACILITATING DIFFICULT RACE DIALOGUES IN GROUP PSYCHOTHERAPY

Encouraging Race Dialogues in Group Psychotherapy

Facilitating difficult race dialogues in group psychotherapy is to encourage expressing and examining issues of power, privilege, status, biases, prejudice, oppression, racism, discrimination, marginalization, cultural mistrust, systematic oppression, and the influence of dominant culture on racial group members, all of which have an impact on mental health. For example, group members of color who experience depression may have countless incidents of discrimination and racism in their daily lives, leading to feelings of hopelessness and helplessness. In addressing these issues, it is important that group psychotherapists are able to recognize both individual and societal, overt and intentional, and covert and unintentional, racism while being acutely aware of the dynamics and reenactment of dominant-minority dynamics in the group (Billow, 2005; Eason, 2009). Portera (2014) argued that these types of dynamic interactions present opportunities for all groups to break down racial stereotypes and myths leading to different perspectives about race and race relations that have a significant influence and impact on psychological well-being. For example, historically in the United States the dominant White culture has been the majority culture with privilege and power (Sue, 2015). Not having life experiences based on their race and skin color may cause a lack of understanding of racial profiling, being routinely stopped in their cars by law enforcement, being the target of strangers' direct and indirect racial slurs, being denied home mortgages or access to housing in certain neighborhoods, or being discriminated against in education, employment, health, and legal systems, in contrast to people of color who may experience these types of encounters on a daily basis. Race dialogues assist in understanding these different experiences based on race and dispel myths, stereotypes, and misperceptions that significantly contribute to healing.

Consequently, diverse groups have both recipients and perpetrators of racism, discrimination, oppression, and marginalization that have a significant impact on mental health and group dynamics. Race-based experiences are carried into group therapy sessions. If the group

psychotherapist encourages and cultivates a safe and supportive environment where issues of race and racism can be respectfully and honestly discussed, group therapy can become a place where individuals have the opportunity to examine the psychological impact of these issues on their lives and relationships. For example, the Latina woman who describes being taunted to “go back home where you belong,” or the Black man who describes his humiliation at being stopped and harassed by the police for no apparent reason, or the White man who describes a time in his life when he and his friends taunted a Muslim woman, all have impact on how each of them are behaving in the group, interpersonal dynamics in the group, and intrapsychic issues that may be helpful to address with diverse clients in the group therapy sessions. We believe that it is incumbent on the group psychotherapist to embolden the group members to open up to these sensitive race issues in treatment in a respectful, honest, and open manner.

Racial Interpersonal Process as a Core Element in Group Psychotherapy

Group psychotherapy has utilized interpersonal process as an important aspect in personal and social development. Racial diversity and the race issues within groups have been found to have significant impact on interpersonal process (Zaharopoulos, 2014). With increasing diversity combined with greater access to social media, it is inevitable that group members will come from or have exposure to diverse racial and ethnic populations. It is important, therefore, that group therapists understand racial dynamics and racism from multiple perspectives that include historical and sociopolitical values (implicit and explicit), biases, prejudices, power, and privileges, and have an understanding of how these variables relate to mental health issues that are present in group therapy with diverse clientele. Helms (1995) provides a useful guideline in understanding the complexities of racial interactional patterns within groups, outlining four types of interactions: parallel interaction—when group members agree and foster harmony through shared racial perspectives; progressive interaction—when group members share views about race that are more complex and promote deeper connections among group members; regressive interaction—when there is a less complex expression

about race creating distance and tension within the group; and crossed interaction—when group members directly oppose others' beliefs about race, causing friction, antagonism, and disunity. The values, biases, power, and prejudices that are inherent in these four racial interactional patterns are oftentimes buried in “political correctness,” so that expressing one's true beliefs and values about race may be socially unacceptable (Chung, Bemak, Ortiz, & Sandoval-Perez, 2008; Chung et al., 2018; Sue, 2013, 2015). It is important, therefore, that the group therapist acknowledges that there is a fundamental interpersonal process that has roots in race relations, racial dynamics, systemic oppression, racism, and political correctness and is able to address these issues as they present themselves within groups.

When facilitating race dialogues in groups, one must acknowledge that cultural mistrust exhibited by group members of color has an impact on group dynamics (Terrell, Taylor, Menzise, & Barrett, 2009). The historical sociopolitical mistreatment and systemic oppression and racism experienced (both directly and indirectly) by individuals, families, and communities of color may have a dramatic negative and transgenerational impact on their attitudes and trust toward mainstream systems, organizations, and White people in general (Jones et al., 2013; Terrell et al., 2009). Stories of racism, mistreatment, and oppression, such as the 1932 Tuskegee study of syphilis in African American men, are talked about and passed down from generation to generation creating cultural mistrust of mainstream organizations and systems, including mental health services, within the African American community (Chung et al., 2018; Jones, 1993; Marcella & Wanamaker, 2017; Thomas & Quinn, 1991). Similarly, for Asian Americans, the U.S. Chinese Exclusion Act of 1882 and the internment of Japanese Americans during World War II (Takaki, 1989) are historical sociopolitical events that remain in the U.S. Asian psyche.

It is vital that group therapists are aware of, sensitive to, and appreciate the origin and relationship between cultural mistrust and mental health and how it manifests in group race dialogues. For example, a Black woman may share in group therapy about the discrimination she experienced when she attended a predominately White school, and talks about her deep distrust of schools and other systems to protect her from harassment. Her sharing may stimulate emotional reactions by other group members who also experienced

discrimination and distrust as well as those who lack an understanding of her experience and feel offended by the criticism of White people and systems. These issues affect group interpersonal dynamics both consciously and unconsciously, and they may have bearing on the interpersonal dynamics in the group.

When understanding these complex race issues and dynamics within group therapy, it is helpful to look at the composition of American Psychological Association's (APA's) Division 49, the Society of Group Psychology and Group Psychotherapy. Division 49 has an overwhelming majority of members who identify as White (73.1%), with only 5.2% of the total membership identifying as people of color or multiracial/multiethnic, and the remaining 21.7% as nonspecified (APA, 2016). Given that almost three-quarters of Division 49 group psychotherapists identify as White, it is critical that they, as well as group psychotherapists from all races, fully understand the impact of microaggressions, implicit biases, racial stereotyping, sociopolitical bias and discrimination, oppression, cultural mistrust, and racism that group members harbor. Furthermore, it is essential that group psychotherapists are aware of the conscious and unconscious expression of power and privilege by White group members and simultaneously expressions of oppression, racism and discrimination by group members of color, all of which contribute to heightened interpersonal dynamics and emotionality in difficult race dialogues in group psychotherapy.

In group therapy one can see examples of these issues when a Black woman passionately expresses her resentment about a comment that was made at her worksite that all lives, not just Black lives, matter, followed by a White group member's comment that she sees the Black woman as "being angry, and not everything is about race." Similarly in another group a White group member asks a Latino group member, without any apparent reason, about his status in the United States, or an Asian American group member is repeatedly asked where she is "really" from, even though she had answered that she is a third-generation American from California. These three examples represent a combination of racial stereotyping, microaggressions, implicit bias, and cultural mistrust and have significant influence on psychological health and group dynamics. Subsequently, it would be important for group psychotherapists in an open and nondefensive way to

understand and respond to the interpersonal dynamics and perceptions of group members within the context of these historical, socio-political, and current race-based issues (Chung et al., 2008).

Racial Identity as a Key Element in Group Psychotherapy

Understanding and acknowledging one's own and group members' racial identity is instrumental in facilitating difficult race dialogues in group therapy (Bemak & Chung, 2004). Racial identity has been a key element contributing to one's personal and social development in a dominant White racially diverse society. The nature of how one incorporates an understanding of one's own and others' racial and cultural identity plays a critical role in one's psychosocial development and impacts one's socioracial socialization (Helms & Cook, 1999), shaping how one views, interacts, and relates to the world around them. Personally understanding the intersection of race and racial identity can buffer the negative effects of discrimination and foster healthy social and emotional development (Else-Quest & Morse, 2015). Related to possible application in group therapy, research has found that successful mental health treatment is linked to helping clients of color deconstruct their racial and cultural identities (Portera, 2014).

Subsequently racial identity can be a useful tool in understanding group members' conscious and unconscious attitudes of privilege, power, racism, and oppression (Hardiman, Jackson, & Griffin, 2013) and help shape interpersonal interactions that can be examined in psychotherapy groups (Singh & Salazar, 2014). Within a psychotherapy group it is likely that members have different statuses of racial identity. One group member may have a more advanced racial identity status, being more aware of racial issues, having a stronger racial identity, and actively working to educate and advocate against racism, while another member may have a beginning racial identity status and be oblivious to race issues believing there is no longer a problem with race and there is full equity, citing a former African American U.S. President as proof of racial equality. Using racial identity to identify the different racial statuses helps understand factors of race and perspectives of group members (Chung et al., 2018). Having a clear understanding of racial identity theory provides the group psychotherapist with a deeper sensitivity about the impact of race on

interpersonal and group behaviors (McRae & Dias, 2014) and affords a theoretical foundation for understanding the intense emotional interactions and psychological issues of diverse racial and ethnic group members during difficult race dialogues.

Dealing with and Facilitating Emotionally Charged Difficult Race Dialogues in Group Psychotherapy

The literature shows that interactions focusing on race, power, oppression, and privilege, may provoke strong emotional interactions (Marbley et al., 2015). Our experiences support these findings where honest and open dialogue about race and racism creates highly emotionally charged interactions in group therapy sessions, especially given the very sensitive nature of race in today's society. Some may view race dialogues as threatening and offensive, as privileges and biases are exposed within the group therapy context. Touching on deeply rooted racial experiences evokes personal and interpersonal reactions related to being the recipients, perpetrators, or observers of discrimination, racism, and prejudice. In our experience, race dialogues in group therapy oftentimes unleash deeply buried memories and life events that are associated with strong and unresolved psychological issues. An example of touching the deepest emotional pain when discussing race in group therapy was evident when an African American client shared an early repressed childhood memory growing up in Alabama when as a 4-year old he and his father watched a White man shoot and kill his dog for no apparent reason. With painful tears he described to the group how hard he was crying while his father stood next to him looking at their dog on the ground and apologizing to the shooter. As a result of this early experience he learned not to speak out against racism. This painful experience, rooted in racial hatred, deeply touched other group members and their own experiences, causing several group members to recall personal experiences of racial encounters and feelings of anger, hurt, pain, frustration, and empathy. Simultaneously, some White group members perceived the discussion about race and racism as frightening, highly uncomfortable, and unpleasant, resulting in fear of revealing their own biases and prejudices and being called a "racist," triggering intense emotional responses

and reactions of defensiveness, fear, denial, guilt, and shame (Chung et al., 2018; Sue, 2013, 2015).

It is critical that the group psychotherapist understands the emotional intensity that accompanies this kind of race dialogue and is receptive to facilitate an honest and open examination of group members' racial experiences and strong emotional reactions. To be effective in this type of highly charged interaction, group therapists should be clear about their own emotional reactions to racism and have clarity about how their experiences and reactions intersect with both the group members and group process. For example, the group therapist listening to the client's story of his dog being killed may trigger memories of witnessing patrons at a restaurant degrading a Latino worker that stimulates feelings of helplessness and regret about her passivity. In this situation, it would be important for the group therapist to understand the impact of their personal experiences and their own racial identity to effectively respond to such a powerful story and group members' reactions. In turn, a lack of awareness may create difficulty in facilitating an honest emotionally charged discussion of conscious and unconscious processes that may be exhibited in the group, and may even cause avoidance to address issues of race and racism. Consequently, it would be important for group therapists to undergo in-depth self-examination of their own racial identity, biases, prejudice, power, and privilege (Chung et al., 2018; Sue, 2013, 2015) to assist in diminishing defensiveness, overreactions, and personalization of group members' comments. Furthermore, monitoring one's countertransference helps to objectively understand the group members' processes and cultivate safe spaces for highly charged race dialogues in group psychotherapy (Chung et al., 2018).

Group Psychotherapists as Role Models

Research has shown that group psychotherapists significantly influence groups (Bechelli & Santos, 2004). What they say, what they do, and how they interact influences group members. Similarly, the group therapist's impact on the group will have substantial effect during difficult race dialogues (Meeussen, Otten, & Phalet, 2014). How the therapist responds to issues of power, privilege, discrimination, racism, prejudice, oppression, and injustice impacts how group

members will participate and respond to one another in the group. For example, in a group facilitated by an Asian psychotherapist, an African American client painfully shares how an Asian shopkeeper followed him and then without cause yelled racial slurs and told him to leave the store. The group may watch carefully to see how the Asian therapist responds to the client's feelings of hurt, violation, and discrimination. What tone of voice does the therapist use to respond; does the therapist objectively facilitate open discussion among all group members, and does the group therapist welcome and explore or avoid emotional responses from group members? Is there openness to discussing racial stereotypes, anger, and distrust, or are these issues avoided or deflected? The modeling by the Asian therapist to address the race issues in this situation affects group members and impacts how efficacious these dialogues will be within the group. Through modeling, the group therapist can demonstrate a genuine receptivity to difficult race issues and by example demonstrate how to responsibly, openly, and respectfully discuss race. Replying in an open manner gives the group permission and courage to share these deeply challenging and emotionally intense issues.

Political Countertransference in Group Race Dialogues

Political countertransference has a major influence in facilitating difficult race dialogues in group process (Chung et al., 2008). As a result of accessibility, frequent usage, and reliance on technology, we are bombarded with a deluge of information from both mainstream and social media through smart phones and other technological devices. The information we receive instantaneously through sound bites in tweets, livestreaming videos, and so on, enables anyone and everyone to be a journalist and critic and share personal opinions and perspectives about contemporary issues such as race relations, immigration, health care, poverty, terrorism, education, gun violence, gun control, climate change, and so on (Bemak & Chung, 2017a, 2017b).

Group psychotherapists, similar to others, receive a continuous barrage of information that influences and affects their values and perspectives of the world and, subsequently, their clinical work. This would be particularly heightened in group therapy that incorporates difficult race dialogues because some media addresses issues specific

to race, ethnicity, and culture. We suggest that group psychotherapists may have explicit and implicit reactions to this barrage of information that may impact their values and attitudes about racial issues and therefore their ability to effectively and openly facilitate race dialogues in group psychotherapy. Take, for example, the Muslim client in group therapy that is quiet, soft spoken, and dogmatic in his beliefs, while at the same time distraught about the discrimination he experiences. During the months that the group is meeting, a series of terrorist attacks occur in the United States and Europe, promoting a high terrorist alert. Despite having no indication or sense that the Muslim client has leanings toward violence or terrorism, the group psychotherapist, who has been bombarded and subliminally impacted with news media about Muslim terrorists, may arrive at an erroneous conclusion that the Muslim client could be dangerous and even potentially violent. This is an example of political countertransference where the group therapist, influenced by the media bombardment, may “rethink” or “overthink” the client’s sharing feelings of alienation and distress and wonder if the client’s comments may lead him to explore terrorist connections and activities despite the lack of any information or clinical evidence to support this notion. We consider this type of clinical misinterpretation based on politics and media information as political countertransference and believe that group therapists have to be keenly aware of the influence of public and social media on their clinical work.

Redefining Cultural Ethical Boundaries in Group Therapy Race Dialogues

Given the importance of considering cultural and racial backgrounds and oppressive life situations as a context for group-based race dialogues, it is important to redefine ethical boundaries within the context of culture. Ethical standards used by mental health practitioners are based on Western European American cultural values (Barnett, Lazarus, Vasquez, Moorehead-Slaughter, & Johnson, 2007; Bemak & Chung, 2015a, 2015b; Eason, 2009) and may not be applicable in group psychotherapy that incorporates difficult race dialogues. There has been longstanding confusion over ethical standards, evident in the 1992 national survey in the United States that found that the second major concern in counseling was the misunderstanding

regarding dual relationships and unclear boundaries (Pope & Vetter, 1992). Although group psychotherapists adhere to the International Association for Group Psychotherapy and Group Processes Ethical Guidelines and Professional Standards for Group Psychotherapy (2009) that specifically address race by noting the inclusion of equality and tolerance between people and prohibiting discrimination against clients based on race, the question remains about how culturally responsive are the ethical codes as they specifically relate to facilitating difficult race dialogues in group psychotherapy.

Of course, certain therapist–client boundaries are universal and applicable to difficult race dialogues in group therapy, such as not abusing one’s power as a therapist; not exploiting, abusing, undermining, or harassing group members; and not engaging in inappropriate behaviors that involve intimate and sexual relationships (Barnett et al., 2007). Beyond these universal basics, we would concur with Lazarus (cited in Barnett et al.) who suggests that some ethics and boundaries are open for reconsideration. Being responsive to racial and cultural differences correlates with understanding how and when ethical standards of psychological practice align with cultural variance. Eurocentric individualistic ethical guidelines may lack cultural sensitivity and result in group psychotherapists losing stature and credibility to facilitate difficult race dialogues as well as negatively impact the therapeutic relationship (Chung & Bemak, 2012), thus potentially hindering a genuine examination of race and racism. Pope and Vasquez (2016) noted the danger of harming clients by applying Western therapeutic boundaries grounded in legality rather than being culturally responsive. We would propose that ethical boundaries are less clear when working from a cross-cultural framework and need to be reassessed when incorporating challenging race dialogues in group therapy.

In our opinion, culturally responsive modifications to ethical standards may be important when conducting race dialogues in group therapy. We have identified three key ethical issues that we believe are helpful for group psychotherapists to reassess when incorporating challenging race dialogues in group therapy sessions. First, it is important to reexamine self-disclosure. In many communities of color and with marginalized populations, openness and sharing by the group therapist has helped establish more meaningful and open relationships with clients (Langseth, 2014), which helps clientele open up

more readily (Bitar, Kimball, Bermúdez, & Drew, 2014; Langseth, 2014). Thus group therapists who facilitate difficult race dialogues may cultivate trust and openness by sharing their own experiences to model authentic and truthful discussions, helping group members have the courage and take risks sharing both their racial experiences and honest reactions to those experiences (Chung et al., 2018). Group psychotherapists' self-disclosure has the potential to be a powerful tool building connections with and between clientele who may share histories of their own experiences related to marginalization, privilege, power, oppression (Burnes & Ross, 2010), discrimination, and racism. Second, many cultures are founded on the principle of gift-giving as a means of expressing gratitude and appreciation. Rather than a gift being a violation of ethics, in many cultures gift-giving is an important means to show respect and thankfulness (Sue & Sue, 2016). An example of this in group therapy was with a Latina who was very appreciative of the progress she was making in the sessions. To express her gratitude, she made a special food for the group psychotherapist as a gift. For the group therapist to reject her offering would have been insulting and culturally insensitive. Although the food was given specifically to the therapist, it was suggested (and gratefully accepted) that the food be shared with all the group members. Third, as group therapists our ethical standards delineate clear boundaries about relationships with clients. When working with issues of race and race relations, part of being culturally responsive may involve accepting invitations to major events such as funerals, birthdays, special cultural holidays, weddings, and graduations (Bemak & Chung, 2015b). Let's imagine for a moment that during an intense and painful race dialogue a client of color shared the sudden death of a loved family member because of a hate crime incident and announced a community gathering to mourn the loss of this person, inviting the group therapist. For the group psychotherapist to refuse the invitation could be seen as a rejection and culturally insensitive in light of the group's very personal race dialogues. It is significant if the group psychotherapist attends the ceremony rather than defines the relationship with group members by Western European ethical standards.

CONCLUSION

With growing diversity and racial tensions in the United States and globally, there is an increased need for racial healing. Race dialogues have been found to be an effective means of addressing psychological issues inherent in racism, xenophobia, and bigotry. Group psychotherapy is in a unique position to incorporate race dialogues in treatment. This article defines critical areas of awareness, cultural sensitivity, and skills in which group psychotherapists can be effective in embracing and facilitating difficult race dialogues outlining seven key issues necessary for effective race dialogues in group psychotherapy that promote psychological healing.

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