EXPLORING PREJUDICES IN PSYCHOLOGISTS: A FIRST STEP TOWARDS SOCIOCULTURAL COMPETENCE

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Arguments are presented for including the exploration of prejudices in the training and professional development of psychologists. The thesis of this paper focuses on the assumption that the first step towards sociocultural competence is our ability to recognize our prejudices and manage these in order to minimize their impact on therapy. Theories and related empirical findings within the psychology of prejudice literature are identified in order to discuss how intergroup biases affect psychologists' work. The cognitive model of prejudice is highlighted. The reductionist, universalist and benevolent biases are discussed as traps within the professional socialization of psychologists, which can interfere with the honest exploration of our prejudices as well as the inclusion of social and cultural factors in our analyses. Finally, the importance of exploring our prejudices is discussed and suggestions on to how to begin this process are presented.
Key words: Prejudice, Professional training, Multicultural competence.

*Se presentan argumentos para la inclusión de la exploración de prejuicios en la formación y desarrollo profesional de los psicólogos. La tesis del trabajo se centra en la presuposición de que no se puede tener competencia terapéutica sin competencia sociocultural, y que el primer paso hacia la competencia sociocultural es nuestra habilidad para reconocer nuestros prejuicios y manejarlos de forma tal que minimicemos su impacto en la terapia. Se identifican teorías e investigaciones empíricas dentro de la psicología del prejuicio para discutir cómo los sesgos intergrupales pueden afectar el trabajo de los psicólogos. Se hace hincapié en el modelo cognitivo del prejuicio. Se discuten los sesgos reduccionista, universalista, y de benevolencia como trampas del proceso mismo de socialización profesional de los psicólogos las cuales impiden la exploración sincera de nuestros prejuicios así como la inclusión de factores sociales y culturales en nuestros análisis. Finalmente se discute la importancia de afrontar nuestros prejuicios y se presentan sugerencias de cómo comenzar este proceso.
Palabras clave: Prejuicios, Formación profesional, Competencia sociocultural.*

At the time she was attending therapy with me, Nora was a 20-year-old university student with moderate depression. I clearly recall the first time I spoke about her partner. As though the name of her partner were important, I asked: "What's your boyfriend's name," to which she replied "It's not my boyfriend". "Ah! Sorry…!" I said, thinking I'd lent the relationship more seriousness than I should have. "It's my girlfriend," she said. "I…, I see," I stuttered, more for me than for her, but what I was thinking was "What an idiot! And how do I get out of this?"

This anecdote is based on a type of situation that can arise in therapy with patients who are gay, lesbian, bisexual, or exploring their sexual orientation. In this case, the therapist assumed the patient's sexual orientation to be heterosexual. This kind of error, be it based on a personal or a social normative prejudice toward this population in particular, can considerably affect the therapist-patient relationship. It should be stressed, moreover, that even when the prejudice is based on cultural norms (i.e., it is socially accepted and/or common in the society, so that we have learned it through the socialization process), this does not excuse us from our personal and professional responsibilities.

There are many other errors like the one above that we frequently commit when working with the gay population. But we also make similar mistakes (intentionally or not) in relation to other social and cultural groups.

In the majority of cases the target of such "aggression" is some member of a socially or culturally marginalized group. In the case of sex, we could mention girls and women as targets of prejudice; in that of social class, the poor; in relation to physical or mental ability, people with disabilities or special needs; with regard to migratory status, immigrants; in relation to skin colour and other physical features, black people, Asians and indigenous peoples; and so on for other types of social groups. Socially and culturally marginalized groups are in a

position of vulnerability that often makes them the target of prejudice and discrimination.

Even so, discrimination occurs not only toward those from socially marginalized groups; the targets of discrimination can also be people from any outgroup, that is, a group to which we do not belong. According to minimal group theory, the simple categorization of individuals in groups is sufficient for increasing the attraction of members within the group, and can sometimes lead to negative appraisals of those external to the group (Tajfel, 1969).

The thesis put forward in the present work is that regardless of their origin and toward whom they are directed, our prejudices mediate the therapist-patient relationship. Consequently, a lack of awareness about the influence of our prejudices and being ill-equipped to manage them effectively can have important implications for the therapeutic relationship, and hence for the clinical efficacy of our work. It is argued that we cannot have therapeutic competence without socio-cultural competence, and that the first step toward socio-cultural competence is precisely our ability to recognize our prejudices and manage them in a way that minimizes their impact on the therapy (Pedersen, 2000; Sue & Sue, 2008).

THE BASES OF INTERGROUP PREJUDICE

"The human mind must think with the aid of categories [the term as used here is equivalent to that of generalizations]. Once formed, categories are the basis for normal prejudgment. We cannot possibly avoid this process. Orderly living depends upon it" (Allport, 1954, p. 35).

Psychologists have been addressing the question of prejudice for many decades, the first substantial work being carried out by Gordon Allport (1954). In *The Nature of Prejudice*, Allport made a comprehensive study of the issue. Many of the concepts and hypotheses proposed by Allport remain highly relevant in the light of both theoretical and empirical advances in this field. As the title of his book denotes, the general question Allport set out to answer was "Where does prejudice come from? Attempts at providing the answer have emerged from a range of theoretical approaches. These theoretical currents can be categorized as based on universal psychological characteristics, individual differences, realistic group conflict theory, and social identity theory (Condor & Brown, 1988). In the present work I shall focus

on universal psychological characteristics, and more specifically, in the context of cognitive models.

Since the 1980s the cognitive perspective within the psychology of prejudice has gained considerable ground. According to this cognitive explanatory model, prejudice derives from basic mental processes present in all human beings (with very few exceptions). Our minds work constantly to simplify the complexity of the world around us. One way in which we simplify the great quantity of information perceived by our senses is through processes of categorization, which have a substantial automatic basis (Macrae & Bodenhausen, 2000; Mason, Cloutier, & Macrae, 2006; Moskowitz, 2010).

Via these processes, our minds organize the information perceived from the outside world into general categories in which it can be stored in organized fashion and more easily retrieved when necessary. Stereotypes arise precisely from this categorization process (Allport, 1954; Tajfel, 1969; Kunda & Spencer, 2003; Spencer-Rodgers, Hamilton, & Sherman, 2007).

Thus, from this perspective, the concept of stereotype plays an extremely important role in prejudice. Stereotyping is an automatic form of categorization based on membership of social and cultural groups. Indeed, a review of the literature on research about prejudice in children led to the conclusion that from a very early age we categorize others on the basis of characteristics such as sex and ethnicity (Banse, Gawronski, Rebetez, Gutt, & Morton, 2010).

It is important to stress that these categorization processes are considered automatic, so that even when people are aware that they are engaging in stereotyping and wish to avoid it, they are unable to. Moreover, research has shown that trying to avoid stereotyping only serves to create a "rebound" effect, whereby stereotypes emerge with greater intensity following the period in which one attempted to suppress them (Ko, Muller, Judd, & Stapel, 2008; Lenton, Bruder, & Sedikides, 2009; Macrae, Bodenhausen, Milne, & Jetten, 1994; Monteith, Sherman, & Levine, 1998).

It is also crucial to highlight the fact that although the cognitive explanatory model improves our understanding of why stereotypes are so common, this does not explain either individual or group differences in the manifestation of prejudice. What the model does help us explain is why people who do not consider themselves prejudiced, and even those who actively fight prejudice, both social and individual, also tend to have prejudiced thoughts and engage in prejudiced behaviour.

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It has been proposed that at least one important dimension for understanding prejudice is the cognitive dimension. In this context, it is argued that prejudice is mediated by normal cognitive processes. Psychologists are clearly not exempt from the use of such normal cognitive processes. We also automatically categorize and process the information from our environment in order to simplify our lives. We are aware of innumerable stereotypes in relation to outgroups, and our knowledge about socially and culturally marginalized groups in society is even greater. We too identify and label "others".

Despite the fact that here I have highlighted the universal dimension of cognitive processes, other factors also influence the development of prejudice in us as psychologists. Individual factors such as those related to personality and to social and political ideologies have been found to influence the presence of prejudice (Sibley & Duckit, 2008). Within this dimension, authoritarian and social dominance tendencies are the factors most consistently associated with prejudice (Altemeyer, 2004; Duckitt & Sibley, 2007; Pratto, Sidanius, & Levin, 2006; Whitley, 1999).

Another perspective is that of realistic conflict, which holds that prejudice is generated by competition between groups for goods or goals (Jackson, 1993; Sherif, 1966; Zárate, Garcia, Garza, & Hitlan, 2004).

Finally, social identity theory maintains that our self-concept is significantly sustained by our social identities (Tajfel & Turner, 2004; Scandroglio, Martínez, & Sebastián, 2008) – in other words, our self-concept is linked to our membership of social and cultural groups – , in contrast to the reductionist perspective on our self-concept. Thus, from a social identity perspective, favouring ingroup members and deprecating those of outgroups would be based on psychological motivation to maintain a high level of self-concept.

These different theoretical approaches reveal the diversity and complexity of factors operating in the development and maintenance of our prejudices. We psychologists, as the reader will see in the following section, are far from free of the influence of such factors.

PSYCHOLOGISTS AND THEIR PREJUDICES

"Psychologists and counsellors who presume that they are free of discrimination, prejudice, racism, and other biases underestimate the social impact of their own socialization. In many instances, racism emerges as an unintentional attitude among well-meaning, right-thinking, good-hearted, caring professionals who are probably no more or less free from cultural biases than other members of the general public" (Pedersen, 2000, p. 53).

So far we have identified and briefly described the principal theoretical perspectives within the psychology of prejudice, and how these can help us to explain our thoughts, attitudes and behaviours in relation to individuals from social or culturally marginalized groups, or simply those labelled as members of some outgroup. We can also identify biases present in the processes of psychologists' socialization and training, since their very education and professional role can contribute to the development and/or maintenance of certain biases that affect not only their socio-cultural competence but also, and more specifically, the possibility of honest reflection about their own prejudices.

Here I shall consider three such biases: the reductionist bias, the universalist bias, and the benevolent bias.

The reductionist bias is based on the Cartesian paradigm and the medical model of mental health. In synthesis, within the reductionist bias, psychological "problems" can be identified and "reduced" to entities of the organism itself or intrapsychic conflicts. An example of characteristics of the organism itself would be biochemical and endocrinal changes such as variations in serotonin levels in the human body mainly related to mood disorders. An example of intrapsychic conflict would be a fixation in one of the stages of development of the personality in Freudian theory. The reductionist bias ultimately leads to a short-sighted view in which socio-cultural concepts and perspectives are discarded, generating an asocial and ahistorical perspective on the problems we face (Prilleltensky, 1989; 1990).

The universalist bias involves the belief that psychological problems can be explained by processes common to all human beings. In contrast to the reductionist bias, which is based on individual differences, the universalist bias focuses on the factors we share. Thus, on considering the lowest common denominators, it does not admit the inclusion of differences in behaviour caused by group-based (e.g., social and cultural) factors. An example of the universalist approach would be an understanding of prejudices as influenced only by normative cognitive processes, without taking into account social, cultural, economic or historical factors. In this specific case of prejudices, although there

is indeed a normative cognitive basis that has been supported empirically, social and cultural factors always mediate prejudiced behaviour.

Finally, the benevolent bias is based on the belief that, as mental health professionals, our intentions are good, and that we therefore do not have the same social and cultural prejudices as other people. This kind of bias derives from a psychological motivation to preserve and enhance our self-concept. Jones and Pittman (1982), for example, have identified a series of strategies we use on a daily basis for influencing the way others perceive us. Among those most closely related to the socialization process of psychologists we find self-promotion strategies, whose objective is to present ourselves as competent, and exemplification strategies, through which we set out to present ourselves as worthy and respectable. Let us consider, moreover, what it would mean for many to admit and internalize a view of ourselves as "prejudiced" or "bad people". The realization of being biased against individuals because of their group membership can be quite uncomfortable, particularly if our self-concept gives importance to being a good person with good intentions, and at a professional level, being competent and respectable. This image of ourselves we wish to present, however, is unreal, since being a good person with good intentions and a competent and respectable professional does not rule out the possibility of having prejudices based on categories such as gender, race, ethnicity, socio-economic class and so on – particularly when we take into account the role of implicit cognitive processes. The natural tendency of our ego is to protect itself against a negative self-concept (Hepper, Gramzow, & Sedikides, 2010). Unfortunately, by focusing on the protection of our ego from information that feeds a negative view of ourselves, we fall into the trap of not realizing how we affect others around us, including our patients.

Having defined these biases, we must now consider the question of their relationship with the development and maintenance of prejudice in psychologists. Basically, these biases contribute to a perspective in which we deny the existence or reduce the importance of social and cultural factors in the lives of our patients, and one which at the same time gets in the way of our being honest with ourselves and accepting our prejudices. In short, they lead to an approach whereby we try to be "blind" to social and cultural differences. This perspective assumes that racial and social differences are unimportant, and should not be taken into account (Richeson & Nussbaum, 2004).

It should be stressed here that in many cases the motivation behind this perspective is "benevolent", insofar as we seek to avoid harming "different others" by *seeing* them as different. Our intention is to see and treat everyone the same, but on adopting this approach we ignore the social, economic, political and psychological cost of the marginalization experience. The conflict derives from the fact that, as already discussed, prejudice has a very strong automatic cognitive basis, and implicit prejudice comes out sooner or later (Correll, Park, & Allegra Smith, 2008).

So, how do we resolve the conflict arising from the fact of maintaining a perspective of not "seeing" social and cultural differences when we *are* actually seeing them and acting based on them? The resulting cognitive dissonance is very strong. A recent qualitative study on the experiences of white post-graduate students highlighted anxiety, impotence and fear of being misunderstood as factors contributing to the fact that such students avoid talking about questions of racial differences (Sue, Rivera, Capodilupo, Lin, & Torino, 2010).

DEALING WITH OUR PREJUDICES

Up to now we have identified prejudice in psychologists and its consequences. It remains for us to consider how to address such prejudice. The literature on the reduction of prejudice (Oskamp, 2000; Paluck & Green, 2009; Stephan & Stephan, 2001), as well as that which focuses on training in cultural sensitivity for psychologists (American Psychological Association, 2003; Pedersen, 2003), is encouraging. There are a number of interventions that have proved effective. A couple of factors should be highlighted. First, it is important to identify oneself as someone who acknowledges that there are differences in the way people are treated in accordance with group membership, and who is prepared to fight for social justice. Returning to the matter of automatic categorization processes and their relation to the "blind to differences" approach, it has been shown that although none of us is exempt from stereotyping, there is a difference between those individuals who have adopted an identity of social awareness and conscience in relation to these issues and those who have not. The difference resides in the conscious control we exercise, not necessarily over the appearance of stereotypes as such, but over the fact of not allowing them to affect our behaviour. People with lower levels of prejudice tend to feel a conflict in response to inter-group stereotypes, since

these contradict their beliefs (Devine, 1989). Conscious of this discrepancy, they feel remorse or guilt, which in turn leads to their actually being able to inhibit spontaneous discriminatory behaviour (Fiske, 2004; Gill & Andreychik, 2007; Gunz, 2005; Kawakami, Dion, & Dovidio, 1998). Thus, it is important to recognize how stereotypes present themselves to us and struggle actively against their influence on the way we act.

The other aspect to take into consideration is the importance of training in cultural competence. The emphasis on social and cultural competences constitutes an attempt to offset the reductionist bias within psychology. Three broad categories have been identified in relation to these competences: a) acknowledgement of the biases, values and beliefs of the psychologist, b) the acquisition of knowledge about social and cultural concepts and variables, as well as about social and cultural groups in particular, and c) the acquisition of skills specific to interaction and intervention with individuals from groups that are socially and culturally different from that of the psychologist (Sue, Arredondo, & McDavis, 1992). In the United States, since the 1970s there has been a concerted effort to raise awareness about the negative effects of therapists' prejudice on their patients. In that country, of course, there is a substantial degree of ethnic diversity, with large populations of African-Americans, Latin-Americans, American Indians and Asian-Americans, among others. The feminist and gay movements have also been crucial in this regard, and have highlighted the importance of attention to discrimination based on sex, gender and sexual orientation. Hence, great efforts have been made to incorporate a cultural competence component in the training programmes of psychologists.

The American Psychological Association (APA), in turn, has set up committees to address this issue, and has drawn up numerous documents to inform its members accordingly. Among the most significant of these documents are the guidelines on education, research, practice, and multicultural organizational change for psychologists, as well those on psychotherapy with gay, lesbian and bisexual clients (American Psychological Association 2000, 2003, 2009). For example, in order for Psychology degree programmes to be endorsed by the APA, they must first demonstrate the systematic inclusion in the curriculum of both multiculturalism and diversity. Proactive work on the training of psychologists in these issues has undoubtedly borne fruit, despite the fact that

there is still a long road ahead. And although transferring any conclusions about interventions of this type to other countries is inadvisable, given the social, cultural and historical differences, we can always learn from such experiences (Qureshi & Collazos, 2006). It is indeed reassuring to know that addressing such issues of prejudice in a proactive way has an effect, especially when they are systematically incorporated into psychologists' training programmes. In many countries the education of psychologists in social and cultural issues has been confined almost exclusively to the area of Social Psychology, extending in just a few cases to that of Cultural Psychology. Indeed, with very few exceptions (e.g., Ramírez, 1986; Rubilar Solis, 2003), the link between the psychologist's training and the importance of including social and cultural issues is not established in the literature. A consideration of the literature also raises some questions to be answered: How are issues of social and cultural prejudices being incorporated into the training of psychologists? Are we facing up to these issues or in denial of them? To what extent do our histories, economies, politics and cultures permit an open and sincere debate on these aspects? Although these are complex questions whose responses require a more exhaustive analysis than the present study can provide, the issues involved demand serious consideration in relation to the training of psychologists in our countries.

CONCLUSIONS

Psychologists work on a daily basis with individuals who find themselves at some of the most vulnerable times of their life. Patients' social and cultural characteristics can be quite diverse, if we take into account aspects such as sex/gender, socio-economic class, race, ethnicity, physical/mental ability, sexual orientation, migratory status, and so on. While psychologists are in a profession generally associated with helping and care, this does not exempt us from harbouring prejudice. We are made of flesh and blood like the rest of the population, so that we also engage in stereotyping, and may even develop negative attitudes toward people based on their group membership. Such prejudice can have negative effects on our therapeutic relationship and efficacy. In this context it is important for us as psychologists to acknowledge our social and cultural prejudices and fight actively to avoid their affecting the quality of the services we provide. Even though the process of exploration and recognition of our prejudices may lead us to an unwanted encounter with

our "dark side", we must go through with it, since it is imperative both ethically and professionally (Pedersen, 2008). For example, Principle I (Respect for the Dignity of Persons and Peoples) of the *Universal Declaration of Ethical Principles for Psychologists* states that "Respect for dignity recognizes the inherent worth of all human beings, regardless of perceived or real differences in social status, ethnic origin, gender, capacities, or other such characteristics " (International Union of Psychological Science, IUPsyS, 2008, p.2). Furthermore, Principle II (Competent Caring for the Well-Being of Persons and Peoples) recognizes the value of "adequate self-knowledge of how one's values, attitudes, experiences, and social context might influence one's actions, interpretations, choices and recommendations" (p. 4).

It is crucial for us to prioritize the benefits we can provide to patients, at the same time as reducing the likelihood of doing them harm. And who knows whether, at the end of the day, on being honest with ourselves about our biases, we might not find an improvement in our self-concept – not a superficial one based on the negation of our less desirable characteristics, but a more authentic one based on an affirmation of social justice values and the development of greater social and cultural empathy.

REFERENCES

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for Psychologists. *American Psychologist, 58*(5), 377-402.

American Psychological Association (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist, 55*(12), 1440-1451.

American Psychological Association (2009). *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Washington, DC: American Psychological Association.

Allport, G. W. (1954). *The nature of prejudice*. Reading, MA: Addison-Wesley.

Altemeyer, B. (2004). Highly Dominating, Highly Authoritarian Personalities. *The Journal of Social Psychology, 144*(4), 421-447.

Banse, R., Gawronski, B., Rebetez, C., Gutt, H., & Morton, B. J. (2010). The development of spontaneous gender stereotyping in childhood: relations to stereotype knowledge and stereotype flexibility. *Developmental Science, 13*(2), 298-306.

Condor, S., & Brown, R. (1988). Psychological processes in intergroup conflict. In W. Stroebe, A.W. Kruglanski, D. Bar-Tal, & M. Hewstone (Eds.), *The Social Psychology of Intergroup Conflict: Theory, Research, and Applications* (pp. 3-26). Berlin: Springer-Verlag.

Correll, J., Park, B., & Allegra Smith, J. (2008). Colorblind and Multicultural Prejudice Reduction Strategies in High-Conflict Situations. *Group Processes & Intergroup Relations, 11*(4), 471-491.

Devine, P. G. (1989). Stereotypes and prejudice: Their automatic and controlled components. *Journal of Personality and Social Psychology, 56*(1), 5-18.

Duckitt, J., & Sibley, C. G. (2007). Right wing authoritarianism, social dominance orientation and the dimensions of generalized prejudice. *European Journal of Personality, 21*(2), 113-130.

Fiske, S. T. (2004). *Social beings: A core motives approach to social psychology*. Hoboken, NJ: Wiley

Greene, B. (2007). How difference makes a difference. In J. C. Muran, (Ed.). *Dialogues on difference: Studies of diversity in the therapeutic relationship* (pp. 47-63). Washington, DC: American Psychological Association.

Gill, M. J., & Andreychik, M. R. (2007). Explanation and Intergroup Emotion: Social Explanations as a Foundation of Prejudice-Related Compunction. *Group Processes & Intergroup Relations, 10*(1), 87-106.

Gunz, A. J. (2005). *Compunction's beta: The Power of the Motivation to Avoid Prejudice* (Doctoral dissertation, University of Waterloo, 2005). *Dissertation Abstracts International, 66*, 3464.

Hepper, E. G., Gramzow, R. H., & Sedikides, C. (2010). Individual differences in self-enhancement and self-protection strategies: An integrative analysis. *Journal of Personality, 78*(2), 781-814.

Jackson, J. W. (1993). Realistic group conflict theory: A review and evaluation of the theoretical and empirical literature. *The Psychological Record, 43*(3), 395-413.

Jones, E. E., & Pittman, T. S. (1982). Toward a general theory of strategic self-presentation. In J. Suls (Ed.), *Psychological Perspectives of the Self* (Vol. 1, pp. 232-262). Hillsdale, NJ: Erlbaum.

Kawakami, K., Dion, K. L., & Dovidio, J. F. (1998). Racial prejudice and stereotype activation. *Personality and Social Psychology Bulletin, 24*(4), 407-416.

Ko, S. J., Muller, D., Judd, C. M., & Stapel, D. A. (2008). Sneaking in through the back door: How category-based stereotype suppression leads to rebound in feature-based effects. *Journal of Experimental Social Psychology, 44*(3), 833-839.

Kunda, Z., & Spencer, S. J. (2003). When do stereotypes come to mind and when do they color judgment? A goal-based theoretical framework for stereotype activation and application. *Psychological Bulletin, 129*(4), 522-544.

Lenton, A. P., Bruder, M., & Sedikides, C. (2009). A meta-analysis on the malleability of automatic gender stereotypes. *Psychology of Women Quarterly, 33*(2), 183-196.

Macrae, C. N., Bodenhausen, G. V., Milne, A. B., & Jetten, J. (1994). Out of mind but back in sight: Stereotypes on the rebound. *Journal of Personality and Social Psychology, 67*(5), 808-817.

Macrae, C. N., & Bodenhausen, G. V. (2000). Social cognition: Thinking categorically about others. *Annual Review of Psychology, 51*, 93-120.

Mason, M. F., Cloutier, J., & Macrae, C. N. (2006). On Construing Others: Category and Stereotype Activation from Facial Cues. *Social Cognition, 24*(5), 540-562.

Monteith, M. J., Sherman, J. W., & Devine, P. G. (1998). Suppression as a stereotype control strategy. *Personality and Social Psychology Review, 2*(1), 63-82.

Moskowitz, G. B. (2010). On the control over stereotype activation and stereotype inhibition. *Social and Personality Psychology Compass, 4*(2), 140-158.

Oskamp, S. (2000). Multiple paths to reducing prejudice and discrimination. In S. Oskamp (Ed.), *Reducing Prejudice and Discrimination* (pp. 1-19). New York: Psychology Press.

Paluck, E. L., & Green, D. P. (2009). Prejudice Reduction: What Works? A Review and Assessment of Research and Practice. *Annual Review of Psychology, 60*(1), 339-367.

Pedersen, P. (2000). *A handbook for developing multicultural awareness (3rd ed.).* Alexandria, VA, US: American Counseling Association.

Pedersen, P. (2003). Reducing prejudice and racism through counselor training as a primary prevention strategy. In G. Bernal, J. E. Trimble, A. K. Burlew, & F.T.L. Leong (Eds.), *Handbook of Racial and Ethnic Minority Psychology* (pp. 621-632). Thousand Oaks, CA: Sage Publications.

Pedersen, P. B. (2008). Ethics, competence, and professional issues in cross-cultural counseling. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures (6th ed.).* (pp. 5-20). Thousand Oaks, CA US: Sage Publications.

Pratto, F., Sidanius, J., & Levin, S. (2006). Social dominance theory and the dynamics of intergroup relations: Taking stock and looking forward. *European Review of Social Psychology, 17*, 271-320.

Pratto, F., Sidanius, J., Stallworth, L. M., & Malle, B. F. (1994). Social dominance orientation: A personality variable predicting social and political attitudes. *Journal of Personality and Social Psychology, 67*(4), 741-763.

Prilleltensky, I. (1989). Psychology and the status quo. *American Psychologist, 44*(5), 795-802.

Prilleltensky, I. (1990). The politics of abnormal psychology: Past, present, and future. *Political Psychology, 11*(4), 767-785.

Qureshi Burkhardt, A., & Collazos Sánchez, F. (2006). El modelo americano de competencia cultural psicoterapéutica y su aplicabilidad a nuestro medio [The American model of psychotherapeutic cultural competence and its applicability in the Spanish context]. *Papeles del Psicólogo, 27*(1), 50-57.

Ramirez III, Manuel (1986). El multiculturalismo en las Américas: Un enfoque cognoscitivo [Multiculturalism in the Americas: A cognoscitive approach]. *Papeles del Psicólogo, 25*.

Richeson, J., & Nussbaum, R. J. (2004). The impact of multiculturalism versus color-blindness on racial bias. *Journal of Experimental Social Psychology, 40*(3), 417-423.

Rubilar Solis, L. (2003, January). Nuevos aportes de la psicología a la formación docente [New contributions from psychology to teacher training]. FID National Congress, UMCE (Mexico).

Scandroglio, B., Martínez, J. S. L., & Sebastián, C. S. J. (2008). La teoría de la identidad social: Una síntesis crítica de sus fundamentos, evidencias y controversias [Social identity theory: a critical synthesis of its foundations, evidence and controversies]. *Psicothema, 20*(1), 80-89.

Sherif, M. (1966). *Group conflict and cooperation: Their social psychology.* London: Routledge & Kegan Paul.

Sibley, C. G., & Duckitt, J. (2008). Personality and prejudice: A meta-analysis and theoretical review. *Personality and Social Psychology Review, 12*(3), 248-279.

Spencer-Rodgers, J., Hamilton, D. L., & Sherman, S. J. (2007). The central role of entitativity in stereotypes of social categories and task groups. *Journal of Personality and Social Psychology, 92*(3), 369-388.

Stephan, W. G., & Stephan, C. W. (2001). *Improving intergroup relations*. Thousand Oaks, CA: Sage Publications, Inc.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20*(2), 64-88.

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice (5th ed.)*. Hoboken, NJ, US: John Wiley & Sons Inc.

Sue, D. W., Rivera, D. P., Capodilupo, C. M., Lin, A. I., & Torino, G. C. (2010). Racial dialogues and White trainee fears: Implications for education and training. *Cultural Diversity and Ethnic Minority Psychology, 16*(2), 206-214.

Tajfel, H. (1969). Cognitive aspects of prejudice. *Journal of Social Issues, 25*(4), 79-97.

Tajfel, H., & Turner, J. C. (2004). The social identity theory of intergroup behavior. In J. T. Jost & J. Sidanius (Eds.). *Political psychology: Key readings* (pp. 276-293). New York, NY: Psychology Press.

International Union of Psychological Science (2008). *Universal Declaration of Ethical Principles for Psychologists*. Available at http://www.am.org/iupsys/resources/ethics/univdecl2008.html

Whitley, B. E., & Kite, M. (2006). *The Psychology of Prejudice and Discrimination*. Belmont, CA: Wadsworth.

Whitley, B. E. (1999). Right-wing authoritarianism, social dominance orientation, and prejudice. *Journal of Personality and Social Psychology, 77*(1), 126-134.

Zárate, M. A., Garcia, B., Garza, A. A., & Hitlan, R. T. (2004). Cultural threat and perceived realistic group conflict as dual predictors of prejudice. *Journal of Experimental Social Psychology, 40*(1), 99-105.