The Impact of Racism on Social Functioning: Is It Skin Deep?

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SUMMARY. The extent to which racism impacts social functioning is based on the recognition that those who are able to function adequately view the world and themselves with a sense of worth, independence, and self-determination. Racism adversely impacts oppressed people, manifesting in psychosocial and economic deprivations. Socially inflicted trauma, targeted marketing of commodities that harm health (e.g., alcohol and tobacco), availability of illicit drugs, food that lacks nutrition, and inadequate housing and medical care all impact social functioning. An examination of the onslaught of racism can help practitioners evaluate the extent to which oppression affects one’s ability to handle various roles and responsibilities. Consideration will be given to the impact of racism on an individual’s strengths and how racism exaggerates limitations. doi:10.1300/J135v06n02_03

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This article examines the extent to which social work practice with individuals from diverse racial groups might become more effective through the use of culturally competent strategies. Some of the working concepts highlighted include the strengths-based perspective in mental health service delivery and the benefits of fostering resiliency in those seeking intervention.

The elements of social work assessment are emphasized as an essential step in preparation for the development of a comprehensive service plan. The standards for the process of evaluation of adequate social functioning are reexamined against a deeply entrenched ideology and system of White dominance that compromises racial equity in social service policies, programs, and practices. A historical overview of the dynamics of unequal treatment is provided in order that one might better understand how the evolution of human distinctions and negative perceptions manifested into racism and prevails today.

**HISTORICAL PERSPECTIVE**

Cultural, political, economic, and religious differences have been the basis of human exploitation since the dawn of time. The reliance on racial and biological differences as a justification for human oppression is a product of more recent history. From the beginning of the 16th century to now, racism has been the most persistent element of oppression used to exploit human beings. This practice is a product of European expansionism throughout the globe and is the most socially impacting and psychologically dehumanizing dynamic of this period. Now, five hundred years later, racism not only lingers, but mutates and replicates itself crippling the social body of human society. If we seriously expect to eradicate the devastating impact of racism, it is important for us to analyze the cause and effect of this phenomenon.

Many Americans believe that racial discrimination is a thing of the past, as asserted by Brown et al. (2003). These researchers pointed out that it is also believed that any racial inequalities that persist—in wages, family income, access to housing or health care, can be attributed to the disadvantaged group’s cultural, ethnic, and racial failures. While not denying the economic advances of Black Americans since the 1960s, these authors draw on new and compelling research to demonstrate the persistence of racism and the effects of organized racial disadvantages across many institutions in American society. The institutions include the labor market, the welfare system, the criminal justice system, schools,
and universities. Looking beyond the stalled debate over current antidiscrimination policies, the authors also put forth fresh vision for achieving genuine racial equality of opportunity in a post-affirmative action world.

Racism remains a crushing force of oppression in our society, but the internal strength of individuals allows many people of color to achieve success and satisfaction in spite of it. It is from this point of view that I have become increasingly aware of the need for this positive potential, the strengths inherent in even the most vulnerable of people, to be activated in social work intervention—to work for social justice and individual emotional health.

**Dimensions of Racism: Discrimination and White Privilege**

What is racism? Racism is a system of structuring opportunity and assigning value that provides unfair advantage to some individuals while unfairly operating to disadvantage individuals of another group. This kind of advantage raises the issue of White privilege and a sense of White entitlement. While Whites enjoy greater advantages through the system of racism, it is undermining the realization of the potential of the whole society, because we are wasting the human potential of others. Thus, we are all adversely impacted by racism. Institutionalized racism manifests itself in terms of access to resources such as housing, education, employment, income, etc. Institutionalized racism also manifests in terms of access to power.

What is White privilege? White privilege is a favored state, either earned or conferred by birth, to establish dominance over others because of race. Racial discrimination has multiple manifestations. It can be experienced directly, vicariously, collectively, institutionally, and trans-generationally. However, it is the daily “micro stressors,” such as being followed or observed in public places, that may be most detrimental to the psyche of African Americans in that the accumulative effects may increase their overall stress load. Social functioning impacted by racism and discrimination is likely to be affected by the coping strategies used. When coping strategies are actively engaged in an effort to resolve stressors, the outcome is usually a greater sense of self-efficacy and less distress. In contrast, the use of strategies that avoid stresses generally results in lower feelings of self-efficacy. However, the coping strategies used in response to racism and discrimination may have divergent effects on the oppressed person’s adjustment and well-being given the ambiguity, power differential, unpredictability, and uncon-
trollability of unfair treatment. Many studies confirm that one of the cumu-
ulative outcomes of social inequities, systemic racial discrimination,
poverty, and marginalization is the debilitating impact on social func-
tioning, including the multidimensional impact of intersections of low
levels of education, limited employment opportunities, and inadequate
housing based on race (Cheung & Snowden, 1990).

The key element in understanding racism is to focus on the outward
manifestation of an internal system of values deliberately designed to
demean people of color and undergird belief systems out of which racist
action emerges. This value system justifies power of position by placing
negative meaning on perceived or actual biological factors that are dif-
ferent from the dominant White culture, such as skin color, texture of
the hair, and other physical features. Cultural differences, such as lan-
guage, religion, and ethnic traditions, are also given negative meaning
that legitimizes treating others as inferior to the dominant White group.
The result is unequal treatment, where people of color are consistently
short-changed.

Many authors have explored the dimensions of racism and the mani-
festations of discrimination and White privilege, including Franklin,
Boyd-Franklin, and Kelly (this volume). For example, Loury (2002)
identifies racial stereotypes and racial stigma as fundamental causes of
racial inequality in the United States. He points out that racial stig-
matization plays a more important role than direct discrimination in
producing racial inequality, by depriving people of color opportunities
for development. He shares his observation that inequalities produced
through intentional stigmatization become entrenched, perpetually re-
producing negative impact on targeted people of color. Marable (2001)
asserts that race is superimposed on people of color so that the national,
religious, or ethnic differences are secondary to how they are racialized
in an unfair way within society. Marable points out that the one thing
that people of color have in common is a history of being denied basic
citizenship, including political rights, in this country because of their
race.

Hacker (1992) questioned why race remains America’s deepest and
most enduring division. He points out that despite efforts to increase un-
derstanding and expand opportunities, Black and White Americans still
lead separate lives, continually marked by tension and hostilities. Hacker
explains that racial disparities persist because of White people’s need to
hold on to privilege, social position, and resources. He uses updated
statistical data to support the stark realities of unequal income, em-
ployment, education, political influence, and social justice. Hacker
forecasts that race will continue to play a pivotal role in our society, unless or until we modify our value system.

No person of color has ever suffered discrimination simply because of the color of his or her skin, contend Oliner and Oliner (1995). If color were the only problem, then the solution would be a change in skin color. Axelson (1998) also argues that the problem is not skin color, but value systems that perpetuate evil against others and then justify that evil by focusing on outward differences. Outward differences, such as color, gender, language, or religion, contain no positive or negative value in and of themselves; they are merely biological or cultural factors. It is not skin color that forms the basis for discrimination, but the negative meaning and value given to the color of skin. The negative meaning is not inherent in the color nor the skin, but in the culture. This process of oppression justifies inequality by finding defects in the victims of inequality. The logical outcome of analyzing social problems in terms of the deficiencies of the victim is a simple formula for action. The uninformed social worker operates from the perspective of change the victim rather than one’s value system. The more appropriate approach to a problem presented by a person of color necessitates a conceptual framework that enables the social worker to organize and accurately assess those factors interfering with adequate social functioning.

Effective social work practice with people of color requires consideration of the impact of adverse social, environmental, and political factors when assessing problems and designing interventions. Intervention strategies should match the client’s level of need. Careful review of presenting problems will often include layered issues that will unfold based on the client’s evaluation of the worker’s level of empathy and genuine interest in providing help without prejudicial judgments. One might find a client’s initial request for financial assistance as the first phase of a series of issues that will follow as the course of service delivery evolves. Many times ethnic clients phase in problem issues as they grow more comfortable with the social worker and evidence of acceptance becomes more apparent.

The kind of objectivity that is expected in the field of social work is too often colored by a practitioner’s preconceived notions and stereotypes when clients from different cultures and races are encountered. Brooks (1983) argues that systemic, institutionalized racial discrimination is especially wrong and deserving of special rectification measures. Systemic, institutionalized racism generally refers to invisible dynamics within organizations and social structures that advantage Whites and
make people of color more vulnerable to negative social factors such as poverty, unemployment/underemployment, or racial profiling. A society that maintains institutionalized racism, however, also creates a cultural milieu that produces a potential for outright violence and hate crimes. A key point of Brooks’ argument concerns the ways group identities magnify the harms that are motivated by society’s antipathy toward that group. For example, the terror of a racist lynching is experienced not just by the particular victim, but by everyone else in the group who is symbolically targeted by the lynching. By identifying with the victim, they feel the subhuman treatment vicariously and are therefore traumatized by the event. Thus, when clients reach out for help, they usually realize that they are not being evaluated on an individual basis, but on the perception of their race. The desired rapport for healthy dialogue and mutual respect in the helping relationship is heavy laden with doubt, mistrust, fear, and compromised engagement.

**THE WEIGHT OF OPPRESSION ON SELF-CONFIDENCE AND SELF-IMAGE**

The weight of racial oppression is an additional burden superimposed on the client who finds him or herself in need of social service. Oppression as a psychosocial process can be used to make one feel superior to others by making erroneous assumptions based on racial characteristics. There are three forms of oppression based on racism: individual, institutional, and cultural. The oppression of an individual may be a circular and reciprocal process; those perceived as inferior may internalize the other’s perception as valid and behave accordingly (Henderson, 1999). The person perceived as inferior may develop a self-fulfilling prophecy in relation to this, until this cycle is broken. The effects of oppression on individuals include lowered self-esteem and inadequate self-concept. As an individual internalizes these negative ideas about him/herself, he/she may enact “The Pygmalion effect,” a self-fulfilling prophecy where people conform to others’ expectations regardless of their true abilities. If clients determine that their presenting problem will be addressed more quickly by diminishing their capacities, many will cater to the service provider’s need to feel superior in order to have their basic needs met. Blitz and Illidge (this volume) discuss how internalized racial oppression can be enacted in staff dynamics and client relations.

Institutional forms of racism may include unemployment, inadequate housing and education, and other discriminatory practices that limit access to basic resources. Those people who are disadvantaged and rele-
gated to a subdominant group because of their race face a devaluation that grows out of images that society uses to catalogue people. The catalogue need never be overtly taught since it is implied by all we see around us. These images are constantly reinforced by the kinds of people referenced in advertising, the movies, and media, which create an impression that people of color do not fare well. In many ways, these projections require no fueling from strong prejudice or stereotypes. The impact of these images expands the devaluation of people of color. They act as mental standards against which information about people of color is evaluated. This assessment fosters acceptance of images that fit devaluation. That which fits these images is accepted and that which contradicts them is suspect.

The client will often adapt a chameleon-like presence in an effort to find acceptance and problem resolution. Clients who have had demeaning experiences when seeking help opt to camouflage assets/strengths in order that they might become more eligible for services, withholding information or denying strengths. This has not always resulted in positive outcomes. In years past, families felt that they had to deny the presence of a father in the household so that they could be declared eligible for financial supplementation. This denial of an intact family was always up for scrutiny during a social worker’s verification home visits. The man who had to vacate the premises and the mother who presented herself as a single head of household willingly masked their realities for the assurance of continued provision of basic human needs. These portrayals impact a healthy psyche over time and warp self-perception and self-worth. Such negative or stereotyping images do something else as well, something especially pernicious in the field of social work. They set up jeopardy of double devaluation for people of color, a jeopardy that does not apply to Whites.

Tragically, such devaluation can seem inescapable. Sooner or later it forces on its victims two painful realizations: the first is that society is preconditioned to see the worst in them; the second is that even if a person of color functions well, he or she will have to constantly disguise or prove themselves. Of course, individual characteristics that enhance one’s value in society—skills, class, appearance, and success—can diminish the racial devaluation one faces. Sometimes the effort to prove oneself fuels achievement and boosts social functioning. Few individuals from any group, however, could hope to sustain so daunting and everlasting a struggle. Thus, too many people of color are left hopeless and deeply vulnerable. In significant part, the struggles experienced by people of color stem from the power of this vulnerability to undercut posi-
Negative self-confidence and self-image, as discussed by McGann (this volume). Although racial vulnerability may undermine people of color, so many other factors seem to contribute, from the debilitation of poverty to the alleged dysfunction of culture.

A Need for Social Justice in Social Work Intervention

Erasing stigma improves the achievement of people of color and is the strongest evidence that this devaluation is what depresses adequate functioning. Poverty, social isolation, and poor preparation for negotiating hostile and racist systems may be substantially overcome in an atmosphere that reduces racial and other vulnerabilities. There is a basic expectation that people of color should assimilate to the dominant culture. It is often suggested to those members of a subdominant group that they may be helped to function adequately, if they master the culture and ways of the White American mainstream. This means that they are expected to give up many facets that are unique to them—styles of speech, appearance, value priorities, preferences—at least in mainstream settings. The offer of acceptance in return for assimilation carries a primal insult. It requires the most vulnerable among us to join in and identify with something that has made them invisible.

When social workers, or the overarching social service or mental health systems, encourage assimilation, this vulnerable population experiences the people they turn to for help as reinforcing how little they are valued more concertedly, persistently, and authoritatively than anywhere else in society. Clearly, no simple solution can fix this perception, but we now understand the basics of a corrective approach. Social work must focus more on reducing the social dynamics that contribute to vulnerabilities that block identification with achievement.

If what is meaningful and important to a social worker is to become meaningful and important to a client, the client must feel valued by the social worker for his/her potential and as a person. Among those who receive White privilege in our society, this relationship is often taken for granted. It is precisely the relationship between individuals that race can still undermine for people of color in American society. When clients bear race and class vulnerabilities, building this relationship is the first order of business. No social work modality or intervention, no matter how ingenious, can succeed without it. In keeping with the standard practice of social work, there is an expectation that practitioners will, regardless of ethnic/racial background, come to terms with how their own cultural background/experiences, attitudes, values, and biases influence
their helping process. Social workers might routinely ask themselves, “Is it appropriate for me to view this client any differently than I would if they were from my own ethnic or cultural group?” An effective social worker’s practice is enhanced when he or she respects a client’s religious and/or spiritual beliefs and values, including attributions and taboos, since they affect worldview, psychosocial functioning, and expression of distress. Effective practice might also be aided by consultation with a practitioner relevant to the client’s culture and belief systems.

**ASSESSMENT OF SOCIAL FUNCTIONING AND STRENGTHS-BASED SERVICE PLANNING**

Careful and diligent evaluation of a client’s social functioning will always produce strengths as well as weaknesses. A full assessment will provide sufficient building blocks from which to structure an individualized service plan that incorporates a client’s strengths. The challenge and the promise of personal fulfillment (for the client and the worker) should guide strengths-based treatment and service planning. The clients’ present skills should be taken into account and they should be moved along at a pace that is demanding but doesn’t defeat them. Their ambitions should never be scaled down, but should instead be guided to inspiring goals even when extraordinary dedication is required. Frustration will be less crippling when their potential is affirmed and they are credited with their achievement. A valuing social worker-client relationship will not progress without challenge, and challenge will always be resisted outside of a valuing relationship.

Racial and cultural competence is a useful element in assessment and treatment/service plan design. Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that comes together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989; Isaacs & Benjamin, 1991). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes (Davis, 1997).

Cultural tunnel vision could be considered a form of racism. The word culture is used because it implies the integrated patterns of human
behavior that include thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. The word competence is used because it implies having the capacity to function in a particular way: the capacity to function within the context of culturally integrated patterns of human behavior defined by a group. Being competent in cross-cultural functioning means learning new patterns of behavior and effectively applying them in the appropriate setting. For example, a social worker with a group of African American children may find that a certain look sufficiently quiets most of the group. Often African American adults use eye contact and facial expression to discipline their children. However, this is not effective with all African Americans; intra-group differences, such as geographic location or socioeconomic background, require practitioners to avoid over-generalizing. With other groups, one might have to use demanding tones, quiet non-threatening language, or whatever is appropriate for the group members. The unknowing social worker might offend some group members and upset others by using the wrong words, tone, or body language. Being culturally competent means having the capacity to function effectively in other cultural contexts.

There are five essential elements that contribute to a worker’s ability to become more culturally competent. The worker should (a) value diversity, (b) have the capacity for cultural self-assessment, (c) be conscious of the “dynamics” inherent when cultures interact, (d) increase institutionalized cultural knowledge, and (e) develop adaptations to service delivery reflecting an understanding of diversity between and within cultures. Further, these five elements must be manifested in every level of the service delivery system. They should be reflected in attitudes, structures, polices, and services.

Many social workers operate under a framework of monocultural tunnel vision. They are uncomfortable working with poor people or people of color. They make implicit and explicit assessments that people of color are unresponsive to professional intervention due to a lack of motivation to change or due to some form of resistance in seeking professional help. These cultural assumptions show insensitivity to individual cultural differences, accept unreasoned conclusions with no proof, do not evaluate other viewpoints, do not try to accommodate the behavior of others, and are trapped in one way of thinking.

Historically, social work has focused on human weaknesses and problems in its practice. This problems-focused approach has several downsides and using a strengths perspective could be beneficial. When helping people professionally, many practitioners focus mainly on their
client’s problem in an effort toward solving it, but categorizing people does not necessarily reveal their real struggles. Plus, the problem is named in the professional’s language, not the client’s. Furthermore, if, for instance, alcoholism is the problem, the professional will seek specifically to help the client stop drinking. While seemingly logical, this approach actually draws the problem into the solution by making alcohol the center of the problem and the treatment. Concentrating on problems does not help people grow. Taking a strengths perspective involves asking clients questions that help them see their own resilience amongst conflict and recognize their own resources.

A strengths perspective focuses on helping people to see and appreciate their strengths. This approach is appropriate considering the mission of social work, which includes respecting everybody’s worth and dignity. During the assessment process, it is important to focus on the client’s strengths, potentials, and capabilities. One might ask, “what are strengths?” Strengths are what people have learned about themselves, others, and their world as they have struggled with life issues and situations. Strengths are qualities, talents, traits, and virtues that people possess and use in developing approaches to deal with obstacles, in rebounding from misfortune and hardship.

Focusing on a client’s strengths fosters a helping relationship of collaboration, mutuality, and partnership. The essential element of strengths-based practice is the significant value emphasized in addressing, acknowledging, reexperiencing, and putting in perspective the social functioning issues of the client’s life. A collaborative helping relationship utilizes five specific techniques: (a) accepting the client’s definition of the problem, (b) identifying and building on existing strengths, (c) raising the client’s awareness of issues of power imbalance, (d) teaching skills so that clients experience increased personal, interpersonal, and sociopolitical power, and (e) mobilizing resources or advocating for clients. The primary focus and purpose of strengths-based practice is always to look for the seeds of resilience and rebound. Bartle, Couchonnal, Canda, and Staker (2002) highlighted the importance of incorporating lessons learned from adversity—cultural, ethnic, and familial sources of adaptability.

The strengths perspective obligates workers to understand that however dysfunctional a client might be, they have survived (and in some cases even thrived). They have taken steps, summoned up resources, and coped. We need to know and reinforce what they have done, how they have done it, what they have learned from doing it, and what resources (internal and external) were available in their struggle to sur-
mount their troubles. Clients are always attempting “to fix” their situation; as helpers we must tap into that work, elucidate it, find and build on its possibilities.

While we live in a multicultural society, it does not always reflect public sentiment or public policy supportive of a value for cultural diversity. Thus, social workers must incorporate knowledge of cultural norms and cultural variability with practices that respect and account for individual difference. Inherent in this combination is the need to understand the effects of oppression, discrimination, and a culturally sensitive explanation of human behavior. It is also necessary to understand the impact of unequal or restricted access to economic and political power, services, and resources.

The realization that culture permeates the ways in which people interpret and relate to others is significant for social workers in performing all their functions throughout the service delivery cycle. Becoming culturally competent is a developmental process, a journey that involves time, commitment, and a learning environment supportive of opportunities to safely share experiences and struggles when working with someone of a different culture. Education and training, through experiential and knowledge workshops, and consultation with members from diverse cultural groups are proactive methods of enriching cultural competency. Exposure in working with clients of different cultural groups along with cross-cultural supervision might also be helpful in this journey toward cultural competence.

**Resiliency and the Process of Change**

The concept of resiliency has deep roots in social work, and is defined as unpredicted or markedly successful adaptations to negative life events, trauma, stress, and other forms of risk. After years of focusing on pathology, social workers have begun the task of identifying strengths, resources, and talents of individuals and families (Hawley & DeHaan, 1996; Rutter, 1987; Walsh, 1996). Resiliency has been defined as the ability to cultivate strengths (Smith, 1996), returning to “original form or position after being bent” (Valentine & Feinauer, 1993), and reparation of one’s self after hardship (Wolin & Wolin, 1993). According to Walsh (1999), being resilient includes more than merely surviving and being a victim for life, it also encompasses the ability “to heal from painful wounds, take charge of their lives, and go on to live fully.” Rutter (1987, p. 317) postulates that there are four main processes for developing resilience: “reduction of risk impact, reduc-
tion of negative chain reactions, establishment and maintenance of self-esteem and self-efficacy, and opening up opportunities. “If we can understand what helps some people to function well in the context of high adversity, we may be able to incorporate this knowledge into new practice strategies” (Fraser, Richman, & Galinsky, 1999, p. 133).

There are two key features to the process of change: resiliency and resistance. As noted by Franklin, Boyd-Franklin, and Kelly (this volume), resiliency is an important factor in how people of color resist racism. Human beings have a natural resilient nature, but it must be nurtured or it will be lost. Highly resilient people know how to bounce back and find a way to have things turn out well. They thrive in constant change because they are flexible, agile, creative, synergistic, and adapt quickly with the ability to learn from experience. When hit by major setbacks they often end up stronger and better than before. Integrating resiliency in social work practice provides a powerful intervention for moving from a narrow focus of risk, deficit, and pathology to a focus of strength and how it is brought to bear in promoting healing and health.

The assessment of strengths, and the acknowledgement that everyone has strengths and the capacity for transformation, gives clear direction, and informs us of “what works.” Assessing strengths also helps us to move beyond risk identification or labeling pathology, practices that can harmfully label and stigmatize people of color and disadvantaged clients, their families, and their communities. Simply assessing for risk or diagnosis can perpetuate stereotyping and racism. Most importantly, the knowledge that everyone has innate resilience grounds practice in optimism and possibility, essential components in building motivation. Not only does this prevent the burnout of practitioners working with clients who present elements of dysfunction, but it provides one of the major facilitating factors required for effective social work and positive expectations. When the client and practitioner are of different races and share/internalize these expectations, they are more apt to become motivated and able to overcome adversity.

The major implication of integrating cultural competence and resiliency in social work practice is successful and measurable outcomes. If we hope to help people of color who are fragile and vulnerable to become socially competent and able to make life-affirming decisions, set goals, and believe in their future, then meeting their basic human needs for caring, connectedness, respect, challenge, power, and meaning must be the primary focus of any social work intervention. Fostering resilience, inclusion, and valuing difference can facilitate change at a deep
structural, systemic, and human level. This change enhances mutuality in the helping relationship, embracing beliefs and opportunities for participation and power that are a part of every social interaction, every intervention no matter what the focus.

To be an effective social work professional who is able to create these safe, healing, and embracing relational experiences, one must first and foremost support his/her own resilience. Building community and creating a sense of belonging for our clients means we must also do this for ourselves. The need for community is universal. A sense of belonging, of continuity, of being connected to others and to ideas and values that are meaningful and significant is generally a desire of all people. Respectful relationships and opportunities to make decisions are important for the social work process in facilitating the goals and objectives of those we serve.

Modeling is a basic operating principle of resilience in our practice. It must be acknowledged that this is a major challenge for social workers given that we live in a society that does not place a high priority on those who are disadvantaged. This makes our work as providers not only a challenge but a vital necessity. Ultimately, integrating resiliency, cultural competence, and inclusion as a focus of our practice provides a mandate for social change. It is a clarion call for creating those relationships and opportunities in all human systems throughout the life span. Changing the status quo in our society means changing paradigms, both personally and professionally, from risk to resilience, from seeing clients as problems to seeing them as resources, from institution building to community building. For the personal development of the helping professional, fostering resilience is an inside-out, deep structure process of changing our own belief systems and working on the policy level for social and economic justice.

When we engage clients in a manner that invites their participation—their critical inquiry, dialogue, reflection, and action—we are creating the condition that allows for their innate potential for adequate social functioning, problem solving, sense of identity and efficacy. As adequate social functioning is sustained, hope for the future unfolds. In the process of fostering resiliency, cultural competence, and inclusion, we are building a critical mass of citizens who will recreate a social covenant grounded in social and economic justice, thereby moving toward the eradication of the negative impact of racism.
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