Journal of Marital & Family Therapy

Journal of Marital and Family Therapy
doi: 10.1111/j.1752-0606.2012.00325.x
October 2013, Vol. 39, No. 4, 441–456

CRITICAL PATRIOTISM: INCORPORATING NATIONALITY INTO MFT EDUCATION AND TRAINING

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Topics such as national identity, patriotism, nationalism, and international issues often lead to polarization within the United States and as a result, critical dialogue about these complex topics often does not occur in a meaningful way. The lack of critical inquiry and interaction about these topics is manifest at the macro and the micro level, including within the context of marriage and family therapy training and practice. While the field of MFT has devoted greater attention to addressing issues of diversity in recent years, limited attention has been focused on examining nationality and nationalism. This article presents a critical patriotism framework that training programs can use to examine nationality and expand awareness of international issues and perspectives. Special attention is focused on examining how nationalism, a problematic extreme version of patriotism, infiltrates MFT training and practice. Recommendations are provided for how training programs can focus on nationality, expand awareness of international issues and perspectives, and guide trainees in exploring how their national identity, beliefs about patriotism, and nationalistic attitudes may influence their clinical work.

We live in a world that is both expanding and shrinking at the same time. The expansion is reflected in the unprecedented and alarming rate with which the global human population is growing, recently surpassing 7 billion. Yet, at the same time, accelerating migration rates and rapid technological and communications advancements are shrinking the world by bringing people into closer interaction in ways that were unimaginable even a few decades ago. As the boundaries that once limited contact across national borders continue to soften, a growing number of international students will be educated within the U.S. at large, and within mental health training programs specifically. Mental health professionals also will be called on more frequently to provide services to international communities that are living both within the U.S. and abroad. Consequently, it will be important to consider the impact of nationality and international issues and perspectives on approaches to clinical training and practice. This article examines the influence of U.S. values on the field of marriage and family therapy. A critical patriotism framework is presented to outline how training programs can focus trainees' attention on issues of national identity, expand awareness of international issues and perspectives, and examine how nationalistic attitudes and beliefs may shape trainees' clinical work.

NATIONALITY AS A DIMENSION OF DIVERSITY

Marital and family therapy training and education has made many important strides with respect to focusing on issues of diversity including gender (Goldner, 1985; Hare-Mustin, 1978; Knudson-Martin, 1997; McGoldrick & Hardy, 2008); class (Aponte, 1987, 1994), ethnicity

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(McGoldrick, Giordano & Garcia-Preto, 2005); race (Hardy & Laszloffy, 1992, 1994; Laszloffy & Hardy, 2000; McGoldrick, 1998; McGoldrick & Hardy, 2008); and sexual orientation (Green & Mitchell, 2002; Long & Serovich, 2003; Stone Fish & Harvey, 2005). Yet a dearth of attention is devoted to examining how these factors intersect with nationality in MFT training and practice (Platt, 2012).

The relative inattention to issues of nationality may in part be related to the fact that the field originated in and has been heavily dominated by the United States. Given that the majority of MFTs in the world are from the United States, asking them to consider the influence of nationality on clinical practice is like asking white people to consider how race informs their therapy with other white people. The ultimate benefit of privilege is not having to recognize your privilege. Hence, those who have power based on a given dimension of diversity are often blind to their power and the privilege it breeds. Given the power and privilege that the United States has in relation to other nations, it can be difficult for those who are from the United States to recognize how their nationality shapes their values, beliefs, and behaviors and to recognize the privilege and ensuing benefits that their nationality affords them. Similar examples can be seen with respect to other dimensions of diversity. For example, white people often do not think of the influence of race on their lives and the benefits they derive from their whiteness, just as men often do not consider how their maleness orients and favors them in the world. Heterosexuals tend to not recognize how the world is organized to assume that everyone is straight and that heterosexuality is the only correct and normal way to exist. Similarly, the wealthy often assume merit to be the primary reason for their access to resources and are often unconscious of how societal structures benefit them. Yet it is imperative to be aware of the privileges a group has because as long as a powerful group remains oblivious to how their location shapes what they do (and do not do), and as long as they do not recognize their privilege, they are at risk for enacting patterns of domination and devaluation that are hurtful to those with less privilege.

Given the rapid pace of globalization and the ease with which human beings are able to move around the globe and communicate across national borders, increasingly, MFTs from the U.S. will be called to work with clients from other nations, just as a growing number of MFT trainees will be from other countries. For reasons such as these, it is especially important to provide trainees with opportunities to consider nationality as a dimension of diversity. A core MFT principle is that unless we understand the context within which behavior and interaction occur, we cannot understand the meaning of what is occurring. Just as gender, race, ethnicity, social class background, religion, and sexual orientation are important aspects of the sociocultural context that shape how both therapists and clients participate in and perceive the therapy process, the same is true with respect to nationality. Moreover, focusing trainees' attention on the issue of nationality is a critical step in helping them to develop the awareness and knowledge they will need to assess how clients' presenting issues are connected to nationality and/or migration/immigration experiences.

A focus on nationality as a dimension of diversity within MFT training would involve asking trainees to consider how the national identity of both the therapist and client (even if they are of the same nationality) influences their interactions, whether recognized or not. This consideration becomes especially important when the therapist and client are of differing nationalities. It is important for therapists to be aware of how their own national identity influences the things they see and do not see, and attend to and overlook in their clinical work with clients of all nationalities. Moreover, it is important for MFTs to understand how nationality, and experiences with migration from and immigration to a host country, may shape the nature of the presenting problems clients bring to therapy, irrespective of whether the client makes this connection overt.

CRITICAL PATRIOTISM: DEFINING TERMS

Patriotism can be defined by a loving devotion to one's nation and a desire for the nation to be the best it can be (Primoratz, 2009). However, a person's political ideology can shape the particular way in which this love and devotion is defined. Beinart (2008) suggested that a core difference between how liberals and conservatives experience patriotism is such that "conservatives tend to see patriotism as an inheritance from a glorious past, liberals often see it as the promise of a future that redeems the past."

Scholars such as Primoratz (2002) and Beinart (2008) have suggested that among many who identify as politically conservative, the idea of patriotism is often strongly linked with religious faith, patriotic symbols (e.g., the flag), morality, justice, duty, honor, and loyalty. Liberal patriotism in contrast tends to emphasize liberty, freedom of speech, multiculturalism, and calling America on the carpet for the ways in which we often contradict the aforementioned ideals. These differences can lead to extreme polarizations (i.e., Coulter, 2008; Franken, 2003) and a lack of civil discourse. Yet, despite variations based on political ideology, patriotic sensibilities form the basis for strong positive feelings about one's nation inevitably, these influence how one sees the world and approaches clinical training and practice. For programs that are committed to cultural competence, it is therefore important to be attentive to how patriotic attitudes and beliefs shape and inform MFT training and practice.

Nationalism, which is the shadow side of patriotism, is the belief that ones' own nation is superior to all others, and its interests are more important than those of any other nation (Primoratz, 2009). Nationalism involves an exaggerated sense of a nation's virtues and a corresponding lack of awareness of that nation's vices. Just as with the other "isms" (i.e., racism, sexism, ableism, lookism), nationalism lends itself to patterns of domination and polarization and therefore, like the other "isms" it is important to recognize and confront manifestations of nationalism. There are a variety of ways that nationalism may inadvertently infiltrate clinical training, such as underexposing trainees to non-U.S. ways of conceptualizing health and pathology and approaches to healing. Nationalistic biases may also interfere with clinical efficacy when trainees are not given opportunities to critically examine their nationality and how it informs their clinical epistemology.

Because our national identities influence our attitudes and beliefs and how we approach MFT training and practice, it is important for MFT training programs to guide trainees in critically examining the impact of their national identity on how they see the world, including how they view health and pathology and how they believe healing and change occur. It is also important for trainees to recognize nationalistic biases they may harbor and to understand how these may shape their approaches to clinical practice.

In this article, we present a framework we refer to as "critical patriotism" to guide programs in how to promote meaningful awareness of national identity, patriotism and international issues, and perspectives within MFT training and practice. We suggest that gaining this awareness is an important first step in rooting out nationalism and the barriers to competent practice it can create. We define critical patriotism as *the ability to honestly and fairly reflect and assess the values, history, culture, and traditions of one's country. Inherent in this process is the ability to consider the nation's virtues and vices in a balanced way.* Training programs that adopt a critical patriotism framework take the stance that it is important to be aware of the ways that nationality and national context influence attitudes, beliefs, and behaviors. A critical patriotism framework encourages trainees to expand their awareness of international issues and perspectives. A critical patriotism perspective also advocates the need for meaningful, honest exploration and discussion about the virtues and vices of all nationalities. In particular, because the majority of MFT education and training has been developed in and occurs within the U.S., it is especially important for U.S. programs to engage in a substantive analysis of how U.S. culture and nationalism shape approaches to training and practice.

HOW U.S. CULTURE AND NATIONALISM SHAPE MFT TRAINING AND PRACTICE

There are several ways in which U.S. culture and nationalism influences MFT training and practice including: (a) the (unrecognized) influence of U.S. values on how therapists define health and pathology, treat human suffering, and justify our work; and (b) the exclusion of international perspectives, issues, and critiques; and (c) limited self of the therapist focus on nationality.

THE (UNRECOGNIZED) INFLUENCE OF U.S. VALUES

Approaches to family therapy training and practice heavily reflect underlying U.S. values. To better understand how this occurs it is important to begin with an awareness of the values that

define U.S. culture. Scholars have identified a set of core U.S. values including: capitalism, individualism, equal opportunity, privacy, informality, constant activity and action, hard work and achievement, competition, materialism, either/or thinking, future orientation, and time as a resource to be used (Carr & Sloan, 2003; Kohls, 2001; Nussbaum, 2005). Interestingly, despite the field's systemic and relational roots, nevertheless such contrasting U.S. values as individualism, either/or thinking, capitalism and materialism, are reflected in how MFTs conceptualize health and pathology and treat human suffering. One discernable example of this can be noted in the field's acceptance of and reliance upon the DSM. An analysis of data collected from a national sample of MFTs revealed that roughly two-thirds of MFTs use the DSM in their practice, while 91% of clinicians work with clients who are on psychotropic medications that are utilized in accordance with DSM diagnoses (Doherty & Simmons, 1996; Hernandez & Doherty, 2005).

While the DSM, like many U.S. products, has been successfully exported throughout the world (Bracken & Thomas, 2005), there can be no denying that it is a decidedly U.S. invention, owned and published by the *American* Psychiatric Association (APA). As such, it reflects core U.S. values, and these values inevitably influence how therapists conceptualize health and pathology and treat human suffering. For example, the DSM focuses almost entirely on the individual (versus relationships) and views the troubles people have as internal and unrelated to their socio-historical context. This focus is consistent with the U.S. value of individualism. The DSM also reflects the U.S. value of either/or thinking that underpins the notion that health and pathology are discrete and unrelated conditions, and that human suffering can be treated biologically while ignoring spiritual, social, relational, political, contextual, and other influencing variables. Additionally, the economics and politics that are tied to the DSM further reflect core U.S. values such as capitalism and materialism. Consider that the majority of the panel members responsible for writing the DSM have undisclosed financial links to pharmaceutical companies (Cosgrove & Bursztajn, 2010; Cosgrove, Bursztajn, Krimsky, Anaya & Walker, 2009).

The connection between the DSM and core U.S. values is hard to deny, and the extent to which MFT has incorporated the DSM points to how the field's underlying values are syntonic with those of U.S. culture. Given the field's pride in its countercultural and revolutionary roots, it may be unpopular to publically acknowledge the extent to which the field is aligned with mainstream U.S. culture and values. And yet, the extent to which an instrument like the DSM is incorporated into MFT makes it hard to deny that core U.S. values, like individualism, either/or thinking, capitalism, and materialism do in fact influence how MFTs think about health and pathology and treat human suffering.

There are other ways that field manifests an alignment with core U.S. values like capitalism, competition, and materialism. Increasingly, therapists are at the economic mercy of U.S. funding sources, including third-party payers and governmental grant sources that pressure the field and clinicians to adhere to the guidelines that corporations establish for what constitutes quality of care (Miller, Todahl & Platt, 2010). As corporations determine who gets paid and for what, they exert enormous influence over the care that clients receive, co-opting therapists into conditioning clients to accept "appropriate" ways of thinking and behaving that uphold the ideology and interests of corporate structures. Consistent with U.S. values, the economic interests of corporations drive how problems are understood and treated.

Another way to observe how much U.S. values influence MFT is by considering alternative approaches to how to conceptualize and treat human suffering. For example, Duran, Firehammer and Gonzalez (2008) point out that many indigenous cultures believe that the mere act of labeling and diagnosing human suffering can harm an individual's relationship with her or his soul and the universal cosmology. The etiological explanations that U.S. and other Western therapists employ with regard to psychological disorders such as depression "frequently do not consider clients' socio-historical and psycho-spiritual contexts" (p. 292). Consider for example, a client who is suffering from the effects of severe abuse/trauma. The values reflected in the U.S. culture, and by extension the DSM, would lead to diagnosing this person as depressed and drugs would likely be prescribed. Yet within various alternative cultural paradigms, the view would be that the person's soul or spirit had left her or his body "thus allowing another spirit to enter (i.e., the spirit of sadness). According to the values that organize these alternative paradigms, healing would require a specific set of ceremonies to call back the client's original natural spirit" (Duran et al., 2008,

p. 290). Alternative perspectives such as these and many others often are excluded from consideration within dominant U.S. approaches to treating suffering, including within MFT training and practice.

Another way that U.S. cultural values shape mental health in general and MFT specifically is through the reliance on quantitative methods to define truth and reality. Quantitative methods are rooted in reductionism that assumes that all that is real and valid can be reduced to mathematical formulas, discrete categories, and standardized lists (e.g., Core Competencies). Certainly this approach has credibility, but this is not the only way of defining what is real and valid. For some nations, and especially for indigenous cultures, the emphasis on quantifying and standardizing reality is strange, inhumane and at odds with natural healing processes. "Healing in a traditional Native worldview is primarily concerned with helping individuals learn how they fit into the overall cosmology" (Duran et al., 2008, p. 293). Hence, many indigenous and non-Western ways of knowing are more closely reflected in qualitative research strategies and the assumptions underpinning these methods. Moreover, even if one operates from the assumption that quantitative tools and standardized lists (e.g., the core competencies) are a necessary way of defining what is true and valid, the question must still be asked about how the nature of these lists might vary if they were developed in national contexts other than the United States.

THE EXCLUSION OF INTERNATIONAL PERSPECTIVES, ISSUES, AND CRITIQUES

The extent to which family therapy training programs incorporate attention to international issues and perspectives is critical and yet often under-incorporated (Arnett, 2008; Costigan, 2004; Martín-Baró, 1994; Platt, 2010, 2012; Sloan, 1990; Wieling & Mittal, 2002). Courses that deal with contemporary issues affecting families tend to do so from an intra-national perspective rather than an international one that considers issues in a more globally inclusive manner. Consequently, awareness of reality beyond the borders of the U.S. is limited and the ability to make clinical connections in working with clients whose realities and family networks extend beyond this country is less effective. For example, trainees may be encouraged to discuss how the history of slavery in the U.S. impacts race relations. It is far less likely for MFT trainers to incorporate discussion about the genocide that occurred during Cambodia's Pol Pot regime or the forty-year war that continues to occur in Colombia or even the current human trafficking that occurs in countries around the world, including in the U.S., where human beings, and women and girls in particular, are sold into domestic servitude. There is a tendency to overlook significant global historical and contemporary events that might be considered separate from the United States, despite its involvement or the impact of these on realities the clinical populations found within the borders of the United States.

LIMITED SELF-OF-THERAPIST FOCUS ON NATIONALITY

A focus on the self of the therapist has become widely integrated into MFT training (Baldwin, 2000). Moreover, with increased focus on the importance of issues of multiculturalism, diversity trainers now devote greater focus to examining the self of the therapist in relation to various dimensions of diversity. What is striking is that nationality is rarely included in the list of diversity factors to be considered. This may in part stem from the fact that within the U.S., multicultural education is heavily U.S.-centric and tends to focus narrowly on issues that occur within the borders of the United States. At times, a strange divide emerges between multiculturalism on one hand and internationalism on the other, as if these are discrete and separate entities.

In a special section of *the Journal of Marital and Family Therapy* on addressing person of the therapist in family therapy training, Aponte et al. (2009) state that "the ability to relate to clients' efforts to contend with their life battles will be proportionate to the commitment we, as therapists, make to challenge ourselves to engage the journey of our own personal growth and change" (p. 384). The authors go on to refer to different dimensions of self that warrant introspection including biology, family of origin, race, ethnicity, gender, and spirituality, yet at no point are issues of national context identified as a salient focal point.

The Cultural Genogram (Hardy & Laszloffy, 1995) is frequently used as an MFT clinical training tool that focuses on self of the therapist within the context of family and cultural issues. The Cultural Genogram is an excellent tool for assisting trainees in identifying and exploring how their culture-of-origin impacts their values, beliefs, biases, and behaviors. Yet a limitation of this tool is that it defines culture-of-origin in terms of ethnicity by stating that it refers to "the major group(s) from which one has descended that were the first to come to the U.S. (except Native American)" (Hardy & Laszloffy, 1995, p. 229) and from whom one derives her or his sense of "peoplehood." By defining culture-of-origin in this way, The Cultural Genogram assumes that all trainees live and will work in the U.S., which limits this tool's applicability for many clinicians in training. Moreover, of the many dimensions of diversity that The Cultural Genogram encourages trainees to focus upon as they intersect with culture-of-origin, nationality is not one of them.

Self of the therapist training is based on the assumption that therapists' values, history, beliefs, biases, etc., all influence what they see (and do not see) and do (and do not do) in their role as therapists. The more therapists know about themselves the better prepared they will be to work with a diverse range of clients. Including nationality in self of the therapist training is a way of deepening trainees' awareness of themselves and how a key aspect of their cultural identity (nationality and national contexts) influences how they perceive the world and interact with others. Moreover, including nationality within self of the therapist training is a way to guide trainees to identify and where necessary challenge nationalistic beliefs and biases that may inadvertently interfere with their clinical work. Therefore, an essential aspect of guiding trainees to explore self of the therapist issues in relationship to issues of diversity must include a focus on nationality and the ways that nationalism shapes perceptions, beliefs, biases, and behaviors.

INTEGRATING CRITICAL PATRIOTISM INTO MFT TRAINING

Our hope is that MFT training programs will adopt a critical patriotism framework as a component of how they train future generations of MFTs. Toward this end, this article presents several pedagogical strategies and recommendations that MFT training programs can employ from a critical patriotism framework that are aimed at enhancing an awareness of nationality and the ways this dimension of diversity influences the process of therapy. We offer five strategies that are: (a) adapted Cultural Genograms; (b) an analysis of how nationality shapes MFT theory; (c) increased international faculty representation and scholar exchange opportunities; (d) Freirean Dialogues on patriotism and nationality; and (e) increased immersion education opportunities.

ADAPTED CULTURAL GENOGRAMS

Hardy and Laszloffy's (1995) The Cultural Genogram can be adapted in two ways: (a) culture-of-origin (e.g., ethnicity) can be re-defined so it can apply to those who reside outside of the U.S. This could be accomplished by defining culture-of-origin as "the group(s) from which you are descended and derive your sense of peoplehood"; and (b) to include questions that ask trainees to consider how the organizing principles and pride/shame issues of their current national location are congruent and incongruent with those that define their nationalities of descent (which in the U.S., is synonymous with ethnicity). For example, a trainee who is of Chinese descent but whose nationality is Brazilian would develop a culture-of-origin chart for Chinese culture (that would include organizing principles and pride/shame issues), while also developing a nationality chart for Brazil (that would include organizing principles and pride/shame issues). In the case of a trainee who is a U.S. citizen and whose family descended from Denmark and Thailand, she would develop culture-of-origin charts for Denmark and Thailand and a nationality chart for the United States (refer to Figure 1). Once the charts are completed, the areas of convergence and divergence between these three groups should be explored.

As a caveat we wish to acknowledge how difficult it often is for anyone born in the United States to identify the values that define U.S. culture or the privileges tied to being a global superpower. Like most groups with power and privilege, those from the U.S. tend to assume that cultural values are something that others nations and groups possess, while remaining blind to their own. As occurs with respect to other dimensions of diversity, this often leads people from the

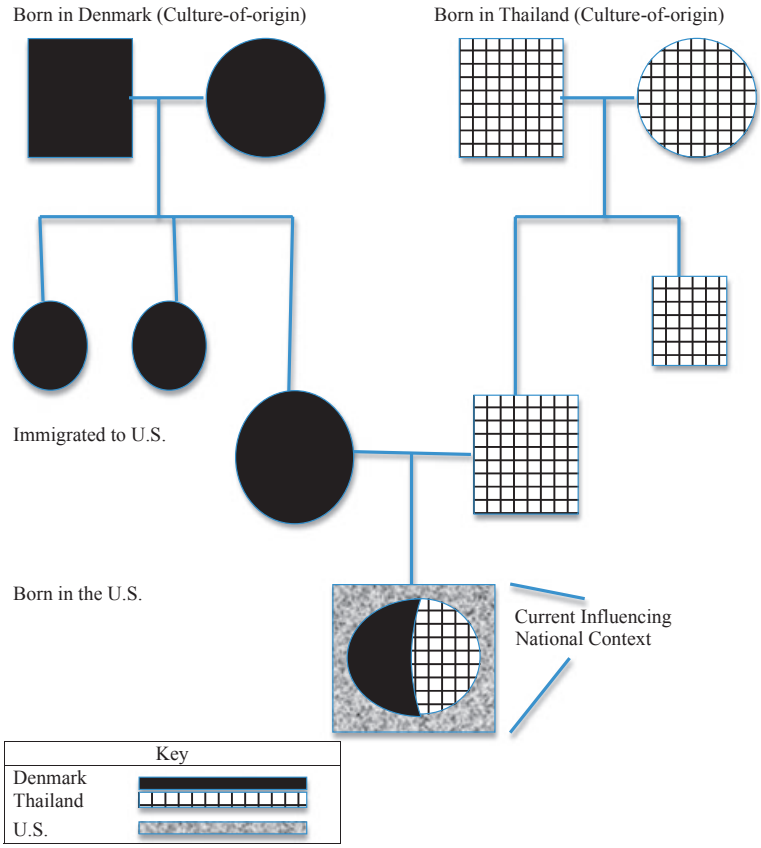

Figure 1. The revised cultural genogram. In this example, organizing principles and pride and shame issues for Denmark, Thailand, and the United States would be identified. Trainees would then create symbols for each of these and identify on their genograms where they see them demonstrated within their family. Facilitators would assist trainees in exploring the influence these different factors have on their identity, worldview and clinical practice.

United States to inadvertently assume that their cultural values are universal norms or generic standards that other nations can be judged and evaluated against. While not true of all people from the U.S., there are many who tend to have a limited awareness of how their national identity affects their attitudes, values, and beliefs. There also is a tendency to deny having any unearned privileges. Consequently particular energy may need to be applied to assisting U.S. trainees in identifying and understanding the underlying values of U.S. culture and how these shape their identity.

NATIONALITY-BASED ANALYSIS OF MFT THEORY

A second recommendation is for trainees to write an analysis exploring the influence that nationality has on the core family therapy models. The founders of every model of family therapy developed their thinking and theory within a national context. In some instances, both the individual and the theory developed in the same location. For example, Murray Bowen was born and developed his natural systems approach within the United States. Other theorists were born in one national context and developed their theories while in another. Salvador Minuchin was born and raised in Argentina and developed the structural family therapy approach in the United States. Theorists are often decontextualized and their ideas presented without an acknowledgement that they were born within some type of influencing national context. The intent of this analysis is to uncover and examine the influence that nationality has on MFT theories and clinical approaches.

As part of this process, we suggest the following components be included in a written analysis of the influence of nationality on an MFT model of therapy:

- Identify the national origin of the founder(s) of one MFT model. In some instances, more than one theorist was involved in developing the model. In such situations, the nationality of each theorist should be identified. For example, the founders of solution focused therapy, Insoo Kim Berg and Steve de Shazer, are from South Korea and the United States respectively.
- Identify the dominant values and cultural norms of the theorist's nation of origin. For example, Paul Watzlawick, co-developer of communication theory and the practice of the MRI Brief Therapy, was Austrian. Therefore, in the case of this theory, it would be necessary to identify the dominant values and norms of Austrian culture. We also want to acknowledge that within each nation, variations exist on the basis of other dimensions of diversity and as such, at times it may be difficult to discern values and norms that are reflective of nationality versus those that may reflect other dimensions of diversity, such as one's racial, ethnic, regional, socioeconomic or religious background.
- Identify the national context in which the model was primarily developed and was first implemented. For example, Milan systemic family therapy was developed and largely first put into service in Italy.
- Once the dominant values and cultural norms have been identified for both the national origin of the theorist(s) and the national context in which the model was developed, write a brief description of how these values and norms are represented (or not represented) within the model of focus. For example, Structural Family Therapy was developed by Salvador Minuchin, who was born and grew up in Argentina. However, he developed and refined his model of therapy within the U.S. Therefore, an analysis of Structural would require identifying and comparing and contrasting the values and norms reflected in Argentinian and U.S. cultures.
- Pick a nation that is not tied in any way to the MFT model that is the focus of study. Identify the dominant values and norms associated with this nationality. Next, describe how these values and norms fit or do not fit with the values and norms associated with: (a) the nation of origin of the founder(s) of the model; and (b) the national context within which the model was primarily formed and implemented. For example, if Narrative Therapy was the model being focused upon, trainees would explore how Australian cultural norms and values are reflected in Michael White's Narrative Therapy approach. Next, trainees would select another country and would explore how the underlying values and norms of Australian culture both converge and diverge from the cultural values and norms reflected in this other country.

INTERNATIONAL FACULTY AND SCHOLAR EXCHANGE OPPORTUNITIES

A third recommendation consists of increasing the recruitment and integration of international faculty into MFT training programs. It is vital for dialogues about nationality to include voices from diverse nationalities. However, once recruited, it is important for universities and programs to provide international faculty with support in dealing with common hurdles such as immigration, visas issues, and negotiating the complexities of a new national context. It also is essential to provide international faculty with the intellectual space to teach and interact from non-U.S. perspectives. After all, a crucial contribution of international faculty includes their unique national perspective that will inevitably differ from a U.S. perspective in various ways. Welcoming the expression of unique national perspectives is one of the many benefits that programs and students can derive from the inclusion of international faculty.

A potential pitfall that programs and universities must vigilantly guard against is the tendency to subtly pressure international faculty to "integrate" in ways that require them to abandon their unique national and cultural perspective in the interests of homogenizing with mainstream U.S. values and perspectives. This tendency has the flavor of educational colonialism wherein international faculty must radically alter their ways of conceptualizing and teaching to fit in and succeed. To help push against the pressure to homogenize, it can be useful for universities and programs to

consider the question posed by McLaren (1998): "In what ways do school rituals uncritically transmit the dominant ideology? The key word here is 'uncritically'" (p. 85). Additionally, programs and universities might consider, "What knowledge and ideas are lost when international faculty are pressured to surrender their national and cultural perspectives in deference to the requirements of U.S. education?"

Invaluable opportunities for learning and growth are possible from the tensions and clashes that sometimes arise between international faculty and U.S. students. One of the most common tensions arises around biases that students often exhibit in response to instructors whose first language is not English or who may have an accent. A number of studies show that students are more likely to evaluate instructors more harshly in response to perceived linguistic issues (Kavas & Kavas, 2008; Lippi-Greet, 2003). This is worthy of program dialogues and exploration.

Another clash that routinely arises between some international faculty and U.S. students centers around differing perspectives on the rights of students and the nature of the student–instructor relationship. In the U.S., where students are viewed as consumers, with ties to capitalism, there is a heavy emphasis placed on student-centered education that privileges students voices and provides numerous opportunities for the expression of frustration and dissatisfaction. As Chambers and Chambers (2008) observed, "A definite 'consumer knows best,' 'customer's always right' orientation is obvious, reinforced by the consumer orientation pervading most aspects of higher education in the United States today" (p. 148). For many international faculty who come from countries where education has not been commodified, the authority of instructors is privileged and approaches to education tend to be more top–down, prohibiting students from questioning the opinions and conclusions rendered by faculty. When faculty from other countries come to teach in the U.S. tension sometimes arises around this issue of how much voice students are supported in having and by extension, how much latitude they have to challenge instructors. Those who are from the U.S. tend to see it as normative and reasonable for students to challenge instructors about everything from a concept being presented to a grade that has been issued. However, in many other countries this kind of challenging is viewed as disrespectful and even entitled, thereby contributing to a point of tension between international faculty and U.S. students. But this is a tension that can be highly valuable and educational in its own right. It can demonstrate what it looks like when multiple realities are represented and can create opportunities to practice how to include, acknowledge and negotiate the presence of multiple realities, which is an essential ingredient of training internationally competent therapists. Just by virtue of having an overt dialogue about the way that national beliefs, values and norms may shape how faculty approach teaching and instruction, space is created to also consider the implications of particular beliefs and values. For example, the U.S. value around capitalism often grants students heightened power related to their consumer status, while in some nations, the emphasis on deferring to authority tends to limit the power students can exercise. Arguments can be made for why each of these respective orientations is either beneficial or harmful and having the opportunity to have this dialogue is the most important factor.

In addition to recruiting international faculty, programs also should support U.S. born faculty in expanding their international perspectives, experiences and competencies. One way to do this is through international scholar-exchange programs. Although underutilized, numerous opportunities exist or can be developed between U.S. MFT programs and clinical training programs across the world. In some institutions, international offices exist that can assist in facilitating an exchange program. There are also programs, such as the Council for International Exchange of Scholar's Fulbright Visiting Scholar Program, designed to help coordinate opportunities for faculty to teach abroad. Others exchanges can evolve less formally through contacts made at international conferences or by contacting international faculty directly. Where there is a will there is a way, and our recommendation is that MFT programs would benefit from having faculty who have taught and learned outside of the United States.

FREIREAN DIALOGUES ON PATRIOTISM AND NATIONALITY

A fourth recommendation is for MFT educators to draw on the critical pedagogy approach to education developed by Brazilian educator Paulo Freire. This approach emphasizes conscientization, an educational process where learners move toward a critical consciousness by engaging in

focused dialogues that are aimed at breaking through the prevailing myths and traditions in society (including those found in education) to reach new levels of awareness (Freire, 1972; Freire, 2007; Gadotti, 1994; Hooks, 1994; McLaren, 2000; McLaren & Leonard, 1993). Consistent with this objective is an effort to break out of the preexisting and prepackaged thought that is an inherent characteristic resulting from the U.S. educational focus on standardization and bulleted lists (e.g., DSM, the AAMFT Core Competencies, ideas that have passed the filter of U.S. based empirically research).

Dialogue is an essential method to employ to increase awareness and sensitivity with respect to differences of all kinds, including those that are rooted in nationality. As stated by the Dalai Lama (2001), who clearly is a systemic thinker, "the only sensible and intelligent way of resolving differences and clashes of interests, whether between individuals or nations, is through dialogue" (p. 1). To maximize the educational potential of dialogues, it would be useful for MFT educators to prompt dialogue among diverse international constituents about a range of issues, including issues of national identity, nationalism, internationalism, and mental health. It is especially important to include the perspectives of those whose voices are often subjugated and marginalized. Free or inexpensive online tools such as Skype or broadly used networking technologies such as Facebook, Orkut, Twitter, Youtube, Livemocha, and Blogger can be used to create opportunities for more international voices to be invited into the conversation. The international potential of these tools is demonstrated by the fact that as of December 2011, Facebook reported having 845 million users and it is predicted that this number will exceed one billion active users by July of 2012 (Protalinski, 2012). Historically, 70% of Facebook users have been located outside the United States (Fletcher, 2010, p. 37). The international populations using these types of networking sites can be utilized in developing opportunities for engagement across national lines, and as Wei and Kolko (2005) suggested, this has lead to the creation of "third cultures/spaces" where two cultures create "localized versions of the global culture" (p. 210). Various examples exist that provide examples of how online technologies can be used in creating international engagement (DePew, 2011; Forkosh-Baruch & Hershkovitz, 2012; Lang, 2012; Renée, 2012). One potential hurdle to incorporating social networking tools into education is that in U.S. institutions "students seem much more open to the idea of using Facebook instructionally than do faculty" (Roblyer, McDaniel, Webb, Herman & Witty, 2010, p. 138). This may be tied to the litigious nature of U.S. culture and tendency in U.S. institutions to prefer university controlled online tools such as Blackboard and Moodle. Given the potential benefits for engaging with international communities, increasing the educational use of popular nonuniversity based online tools may need to be revisited.

With respect to how such dialogues are facilitated, critical educators Shor and Freire (1987) emphasize the importance of trusting the dialogue process. They have explained that, "students are motivated out of the learning process when the course fully preexists in the mind of the teacher, in the syllabus or reading list, or state requirements. Do you see the corpse here? The learning already happened someplace else" (p. 7). The knowledge points identified by U.S. licensing boards and other U.S. professional organizations and committees can have a powerful sway on how class room dialogues are facilitated. While not universal, this can lead to a tendency among U.S. educators to over prepare and structure learning experiences. Syllabi are increasingly viewed as contracts, typically developed before educators and students even meet, and where learning outcomes and detailed grading rubrics shape much of what happens in classes. Shor and Freire (1987) argue that, "by deviating from the standard syllabus you can get known as a rebel or radical or 'flake,' and be subjected to anything from petty harassment to firing" (p. 7). In contrast, the objective of critical pedagogy and Freirean-informed dialogues is that the facilitator and other group members are co-creators of knowledge. In the hope of moving beyond a banking approach to education, where students are provided preexisting knowledge, it is particularly important to avoid creating the knowledge prior to the dialogue (Freire, 2007). One approach often used as a launching point in a Freirean dialogue is to simply show an image. "Unlike traditional visual aids, the function of pictures or photos in a participatory classroom is to uncover themes or to evoke powerful responses" (Auerbach, 1999, p. 36). Problem posing questions are another common approach associated with critical pedagogies. Although those who will be engaging in the conversation are best positioned to contribute questions or topics, as a guide, we offer the questions found in

Table 1
Freirean Informed Generative Dialogue Prompts on Nationality and Patriotism

What does patriotism mean to you? What are the valuable aspects of patriotism? What are the negative aspects of patriotism? With whom would it be most difficult to discuss your views of patriotism and why?
What do you consider to be unpatriotic? When does criticism of your nation cross the line? What could someone say about your nation to which you would take offense?
How does the political party you favor influence your views of patriotism? Do you feel the freedom to disagree with your political affiliation? Does your party grant space for the expression of dissenting views?
What have you been taught about God's view of your nation?
Have you traveled outside of your nation? If so, what cultural differences most stood out to you? What impact have international travels had on how you perceive your own country? If you have not traveled outside of your own nation, how may this effect your conceptualization of other nationalities?
How do you think class, gender, ethnicity, race, and sexual orientation influence how nationality and patriotism are conceptualized?
How many monarchs, presidents, or political leaders from nations other than your own can you name?
What access do you have to sources of information (e.g., media, research, personal relationships) that originate from outside of your nation and that influence your worldview?
Would you have greater confidence in a professional trained within your nation over a professional trained elsewhere?
Have you seen examples of xenoglossophobia (the fear of foreign languages) in your educational experiences or in clinical practice?
What differences exist in how first, second, or third generation immigrants conceptualize a sense of nationality? What tensions might exist between immigrants and those who remain in the nation of origin (e.g., are there cultural challenges that develop between Mexicans and Mexican Americans related to issues of nationality?)?
What clinical theories have you been exposed to that originated from outside of your nation?
How might your nationality have influenced the theories and clinical approaches to which you find yourself drawn?
Which of the professional ethical codes that you were taught reflect the national context in which they were developed? How might these codes need to be altered for use in other nations?
In his book *Knots*, R.D. Laing (1970) wrote, "They are playing a game. They are playing at not playing a game. If I show them I see they are, I shall break the rules and they will punish me. I must play their game, of not seeing I see the game" (p. 2). How is this quote relevant to the topic of nationality and education?
Have you taken courses from or received supervision from international faculty or an international supervisor? What are the clinical implications of your answer?
What are the areas of pride and shame that you have about your nationality? How might these influence your clinical practice?
How are U.S. mental health practices similar and different from other U.S. exports (i.e. Coke, McDonalds, Walmart)?
The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) currently accredits programs in neighboring Canada, but not in neighboring Mexico. What do you think informs this decision? What would be the pros and cons of COAMFTE accrediting additional programs outside of the United States?
In what ways do you think U.S. culture shapes what takes place within MFT training programs? What other countries do you feel regularly have an influence?

Table 1
Continued

What would it mean to be an internationally competent professional? How might the Core Competencies developed by AAMFT differ if they were developed in the Middle East, Asia, Latin America, or other regions of the world?
Identify and discuss some of the cultural clashes between Latin American, European, Asian, Middle Eastern, U.S., and African regions of the world? How might these be replicated in MFT education and clinical practice? What international communities are left out of this prompt?
How can you avoid practicing therapy in a way that promotes colonialism?
How does your nationality influence your worldview? How might it influence your clinical work?
What questions are not asked in this list that may silence important parts of the dialogue we need to have about nationality and patriotism?

Table 1 as an example of Freirean informed generative dialogue prompts. Trainees in MFT may benefit from critically discussing the suggested questions, as well as adding to them.

IMMERSION EDUCATION IN MFT

A final recommendation is that MFT training programs consider creating additional opportunities for trainees to study outside their nation of origin. International immersion education is beginning to be recognized as an important training component within higher education (NAFSA-Association of International Educators, 2008; Ogden, 2008) and within family therapy education (McDowell, Brown, Kabura, Parker & Alotaiby, 2011; McDowell, Goessling & Melendez, 2012; Platt, 2012). Some forms of knowledge are difficult to learn simply from textbooks. MFT educators witness the leap in understanding that occurs as clinicians-in-training transition from studying clinical theories in the classroom to applying them in clinical practice. Similarly, the level of comprehension and international competencies of students significantly increase as students move from textbooks and U.S. classrooms to having a lived experience in international settings and embedded within international communities. Dolby (2004) found that U.S. students who engaged in immersion education learn to "negotiate an American identity within the context of the study abroad experience" (p. 151). Similarly, France and Rogers (2008) found that "American students' interactions abroad, in many ways, begin the process whereby they critically question their U.S. identity. In many respects, it is by traveling outside of the United States that they become aware of their American identity" (p. 7). Research on the outcome of immersion education programs suggests that participants increase awareness of culture shock, develop interpersonal skills, strengthen the ability to effectively facilitate cross-cultural interactions and increase cultural empathy (Kitsantas, 2004). Although a number of MFT training programs make study abroad options available, the importance of these international training experiences has yet to be seen as central. There is also a need for continued efforts aimed at insuring that the insights gained during immersion education experiences translate into improved clinical practice. As McDowell et al. (2011) noted, "while international work requires and promotes insight into each others' and our own cultures, it first and foremost relies on our abilities to connect as human beings across differences" (p. 59).

There are varied forms possible in developing international immersion programs, but a first step would be for MFT program directors and faculty to discuss their inclusion. Hooks (1994) suggests that "any effort to transform institutions so that they reflect a multicultural standpoint must take into consideration the fears teachers have when asked to shift their paradigms" (p. 36). Nationalism is inherent in the belief that important knowledge can only be assured within the confines of U.S. institutions. This was demonstrated by Rust, Dhanatya, Furuto and Kheiltash (2008) who found that faculty members often "discourage students from going abroad, claiming that nowhere else can students obtain the same quality of educational experience as at their particular

university" (p. 1). To address this bias, it will be necessary for MFT directors and faculty to engage in dialogues regarding immersion education, and in particular to encourage space for open expression and exploration of underlying biases or anxieties that might stifle or limit a full integration of immersion education into MFT training.

CONCLUDING THOUGHTS

In this era of rapid globalization, as the transportation and communication networks make it ever easier for people to interact across national borders, increasingly it will be important for MFTs to understand how their national identity influences what they believe and how they behave, as well as how nationality influences clients presenting issues. In this manuscript we have presented a critical patriotism framework that MFT programs can incorporate to guide trainees' in considering issues of national identity, expand their awareness of international issues and perspectives, and examine how patriotic and nationalistic attitudes and beliefs may shape their clinical work. In the last several decades, the field has grown increasingly aware of the need to consider the broader social context that families are embedded within. Because nationality is one aspect of the sociocultural context, including this dimension of diversity in MFT, training is an important part of broadening the field's contextual focus. Just as it is important to understand how issues of race, gender, class, and so forth shape our identities and our work as therapists, it also is important to understand the influence of nationality.

Requiring trainees to examine their nationality helps them to better understand how this aspect of their identity influences their values, beliefs, biases, and behaviors. This self-knowledge is essential because who we are, what we think and believe, and so forth, all influence how we behave with clients, how we diagnose problems, the issues we choose to attend to or ignore, and the choices we make for how to intervene. Relatedly, by inviting trainees to examine their identity in terms of nationality, space is created to identify, and where necessary, challenge patriotic as well as nationalistic beliefs and biases that may influence their clinical work. Employing a critical patriotism framework also enhances trainees' adeptness at evaluating how a client's presenting issues are related to their nationality or to experiences involving migration from and immigration to another country. A critical patriotism framework also assists therapists in grappling with how both the nationality of therapists and clients influence the practice of therapy, including the focus of therapy, what values will be reinforced or diminished, what will be considered ethical, what clinical space will be used, who will attend, and what will constitute successful therapy. The ultimate purpose of incorporating a critical patriotism framework within MFT training is that clients will receive clinical care that: (a) recognizes and challenges how nationalistic biases may influence and interfere with the therapy received; (b) recognizes and supports the national values that the clients may hold; and (c) utilizes intervention strategies that are sensitive to the different ways that people of different nations conceptualize mental health and engage in change and healing."

In addition to the aforementioned benefits, we also believe that employing a critical patriotism framework is especially useful for trainees who are from the United States. Because of the power and privilege that the U.S. has in comparison to other nations, there is a tendency for trainees from the United States to have less awareness of and knowledge about situations, circumstances, and realities in other countries. The privileged status that the United States has within global power structures and on how mental health practices are constructed can lead to a myopia which limits awareness of the world beyond the borders of the U.S. Employing a critical patriotism framework can help to broaden the focus of all trainees, but especially of U.S. trainees who tend to be underinformed about the history, current events, and cultural values of other countries and the broader state of international relations. For all of these reasons, as well as for others not named here, we believe it is valuable for MFT programs to adopt a critical patriotism framework in their approaches to training.

We recognize an irony and a limitation in two individuals, born and trained within the United States, attempting to write about the problems of U.S. nationalism and how to challenge it within the context of MFT education and training. Our U.S. perspectives have unwittingly informed what we have noted and failed to note, and what we have encouraged and failed to encourage. We invite

educators and trainers who employ some of the recommendations we have made here to do so with a critical eye in regard to issues of nationality and nationalism. We welcome challenges about the ways in which our own national context may prevent us from seeing what may be difficult to see. Mostly we invite and welcome opportunities for considering non-U.S. perspectives in relation to the ideas we have presented here and on the topic of nationality, patriotism, nationalism, and internationalism as it pertains to MFT training and practice.

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