



## Foreword

In 2002, The APA Council of Representatives approved the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists that was created by a joint task forces comprised of members of Divisions 17 (Counseling Psychology) and 45 (The Society for the Psychological Study of Ethnic Minority Issues). The result of this work was a very cogent and thorough 103-page document underscoring the importance of cultural awareness, knowledge, and skill when interacting with racial and ethnic groups in the United States. Although all six guidelines are undoubtedly relevant to our work as psychologists, Multicultural Guideline #4 is perhaps most noteworthy and germane to the current special issue of *JAD*. Guideline #4 reads as follows: "Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting *culture-centered* and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds" (APA, 2002, p. 36). Within this section, the task force goes on to describe the changing ethnic and racial landscape within the United States along with the specific shift from treating culture as a mere nuisance variable in psychological research to the undeniable need to treat race and ethnicity as central and specific contextual variables in our work. Along these lines, the notion of being "culture-centered" in research endeavors indicates that we as psychologists owe it to our profession, community, and society to engage in programs of research aimed at treating race and ethnicity as central constructs in our investigations. Presumably, anxiety and related constructs represent the most exigent area of inquiry for which race and ethnicity need to be meticulously examined as central constructs for reasons that we are well aware. The most insidious reason is the need for culturally sensitive therapies (CST) to become ESTs (see Hall, 2001). Anecdotally, CST has been used as a catch phrase to indicate the need to simply

tailor EST to 'meet the needs' of diverse individuals through the use of clinical acumen and "cultural sensitivity." However, as pointed out by Hall (2001) and others (Barlow, 1996; Beutler, 1998), CST will need to be empirically supported to survive the impact of managed care. Although beyond the scope of this foreword, the implication here is also the increased need for psychotherapy outcome studies to include a sufficient number of ethnic minorities, programs of research that are explicitly dedicated to ethnic minority concerns, as well as similar EST criteria when investigating CST. In the realm of anxiety and related constructs, factor variance, racial/ethnic identity, protective factors, cultural-specific coping strategies, and other mechanisms require more rigorous investigation. Furthermore, our attention to a class of disorders for which much is known, yet where sociocultural factors endemic to ethnic minority populations have historically been understudied, is critically important for a plethora of reasons (see previous comment about the changing racial and ethnic landscape and CST; also review APA, 2002).

This Special Issue is an explicit attempt to not only underscore examples of current work that would arguably be considered "culture-centered," but also as a charge to anxiety disorder researchers to continue exploring race and ethnicity as central constructs in our assessment and treatment of anxiety.

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