



## **Silence, Conscious, and Competence**

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Deep in West Texas, there are several hidden fields where migrant communities say much more with actions rather than their words. Silence has never been empty to me. From my earliest memories, the long pauses carried meaning—think, listen, follow. Conversations unfolded in the fields, under the relentless sun, while hands were busy with work and bodies carried shared fatigue. One person might speak openly about struggle while another listened quietly, nodding, understanding without interruption. To say more, this kind of silence felt safe because it was relational. It was dignity preserved through shared experience. I witnessed it exist within an ‘undocumented’ community shaped by collectivism, survival, and mutual reliance. Words were important, but they were not always necessary. Silence functioned as an unspoken agreement: I see you. I am with you. In hindsight, this early exposure shaped my understanding of communication not as constant expression, but as attunement.

Then my life cracked.

Shortly after graduating high school, a tragic car accident took both of my parents. In an instant, I lost not only my heroes but the relational world that had taught me how silence could heal. I became temporarily blind and permanently orphaned. At the same time, I was stepping into spaces my parents had dreamed of for me—college, opportunity, institutional access they never had. Pride and devastation collided. Grief arrived quietly, but its silence was unlike anything I had known.

Here is where I pause and invite you, the reader, to sit with a question—not to answer it quickly, but to notice your instinct. When someone experiences profound loss, what feels more ethical: responding immediately with words, or holding silence? Should one speak, reassure, attempt to comfort? Or should one simply remain present and allow the grief to exist without commentary? And perhaps more importantly—who decides?

In the aftermath of my parents' death, silence came from many directions. Some people leaned in, offering a quiet presence that felt sincere. Others disappeared entirely, unsure of what to say, or subconsciously attempting to rescue the situation with words that arrived too quickly. Grief divided life into a clear before and after, and within that rupture, silence no longer felt relational. It felt isolating. What once communicated shared understanding, communicated discomfort, as if my pain had placed me on unfamiliar ground where no one else could stand. For a long moment, the silence around me reinforced the belief that this kind of loss was completely and personally fabled—that nobody truly knew this pain. As a teenager, I was especially susceptible to this belief, consistent with Elkind's (1967) concept of the personal fable, in which adolescents experience their suffering as uniquely intense and isolating.

That belief was not undone quickly. It softened over time, through study and lived connection. During my undergraduate years, I encountered *The Book of Joy*, where the Dalai Lama (2016) reflects that grief becomes most despairing when attention remains fixed inward—What am I going to do now? How will I survive this? but that suffering eases when loss is understood within a shared human experience. The Buddhist story of the woman carrying her deceased child, searching for mustard seeds from a home untouched by death, captures this truth. Moving from house to house, she learns that no family has been spared loss. Her grief does not disappear, but it becomes bearable once she realizes she is not alone. I came to understand this not only through reading, but through altruism and shared sorrow. As an undergraduate student, I helped establish a grief support group, 'Good Grief', initially as a way to survive my own loss. What emerged instead was connection. Sitting in rooms where others spoke their pain aloud, I learned that silence can function as a measurement of feeling rather than its absence. In those spaces, silence did not erase suffering; it held it. Knowing that others were standing on the same

ground (even if their losses looked different) restored something I once believed had been taken forever: the understanding that grief, while deeply personal, is never solitary.

Looking back, the moment that shaped my understanding of conscience, courage, and responsibility did not arrive through clarity or certainty; it arrived through loss. When my parents died, the world I understood collapsed in a single moment, and what followed was not only grief but a heightened awareness of presence—of who stayed, who listened, and who could tolerate another person’s suffering without rushing to fix it. In that season, I learned that conscious presence is not passive. It is an intentional way of being that requires restraint, attentiveness, and humility. Conscience revealed itself quietly, not as a moral command, but as a pull toward listening more carefully. The people who helped most were not those who filled the silence with reassurance or advice, but those who could sit with discomfort and allow sorrow to exist without interruption. From them, I learned that silence, when chosen with care, can communicate respect more clearly than words ever could. That lesson has stayed with me: ethical presence begins not with knowing what to say, but with knowing when to listen.

Courage, I came to understand, looks different after loss. It is not the absence of fear or pain, but the willingness to continue developing one’s worldview when it feels shattered. Grief destabilized what I believed about safety, fairness, and permanence, and yet life continued to ask for engagement. Choosing to remain open—to joy, to others’ suffering, to connection—required effort. It required resisting the instinct to withdraw and accepting that growth would be uneven and ongoing. In this sense, courage became less about resilience and more about staying present in a world that no longer felt predictable.

Responsibility emerged through altruism. As I found myself in shared spaces of grief, particularly through group support, I witnessed how healing often unfolds in connection rather

than isolation. Yalom (2020) identified altruism as a central curative factor in group psychotherapy, emphasizing that meaning and restoration arise not only from being helped, but from helping others (*The Theory and Practice of Group Psychotherapy*). Offering presence to others did not resolve loss, but it transformed it. Responsibility, I learned, does not require answers or solutions. It requires showing up with awareness, care, and a willingness to hold another's experience without centering one's own discomfort. These lessons now shape how I understand silence in mental health practice. Silence becomes ethical not when it is reflexive, but when it is conscious—when it reflects attentiveness to another person's joy or suffering and a readiness to respond when silence would cause harm. What grief taught me is simple, but enduring: presence matters, growth continues even when the world feels broken, and responsibility is always relational.

Now in my second year of graduate study, I have collected and will continue to collect lessons on silence and can understand why it is praised as a powerful therapeutic tool. When used intentionally, silence can invite reflection, autonomy, and emotional safety. Yet my lived experience complicates this narrative. Silence is not universally experienced as supportive. For individuals from marginalized communities—those who have historically been ignored, erased, or expected to endure quietly—silence can land as a subtle yet sharp microaggression (Sue et al., 2022). In these moments, silence is not neutral; it is ethically charged. Throughout the remainder of this essay, I explore that charge through an intersectional lens. Drawing from my experiences as a Latina, a first-generation student, and a counselor-in-training, I examine when silence operates as compassion, when it becomes complicity, and what moral responsibility emerges when silence causes harm. Grounded in multicultural counseling frameworks, cultural humility,

and ethical decision-making principles, this analysis argues that silence is a powerful act—one that demands self-awareness, moral courage, and accountability.

### Silence and Cultural Competence

Ethical silence in mental health work cannot rest on awareness alone. While self-awareness is the entry point, it is insufficient if it remains internal or static. Traditional models of multicultural competence emphasized awareness, knowledge, and skills as measurable achievements, suggesting that clinicians could eventually “arrive” at competence (Sue et al., 1982). However, as more recent research has argued, this framing turning ethics into performance—encouraging clinicians to avoid uncertainty, conceal limitations, or remain silent in moments that require engagement rather than restraint.

Awareness in multicultural counseling cannot be understood without attention to intersectionality. Intersectionality, a framework introduced by Kimberlé Crenshaw (1989), emphasizes that identities and systems of power intersect in ways that shape lived experience and cannot be understood in isolation. Cultural humility and multicultural orientation emphasize that clients do not experience identity in singular or isolated ways; rather, identities intersect across race, ethnicity, gender, class, immigration status, ability, religion, and other social locations, shaping how power, vulnerability, and meaning are experienced in the therapeutic space (Hook et al., 2017; Sue et al., 2022). Ethical awareness, then, requires more than recognizing difference—it requires noticing how multiple identities operate simultaneously and how silence may land differently depending on those intersections.

From an intersectional lens, silence is never neutral. A pause that feels respectful to one client may feel dismissive or retraumatizing to another, particularly when silence echoes broader social patterns of marginalization. For example, individuals from communities that have

historically been ignored, surveilled, or silenced may experience professional silence as confirmation that their experiences are unsafe, inconvenient, or unworthy of engagement. In these contexts, awareness involves recognizing not only one's personal reactions, but also the social histories that accompany the client into the room. Without this awareness, silence risks reproducing harm under the guise of neutrality.

Cultural humility challenges clinicians to remain attentive to these layered dynamics rather than relying on assumptions or generalized cultural knowledge. As Hook et al. (2017) emphasize, multicultural orientation is less about mastering facts about groups and more about how therapists think about and value diversity. This orientation requires openness to being corrected, willingness to explore cultural meaning as it emerges, and acceptance that misattunement is inevitable. Ethical awareness, in this sense, includes recognizing when silence functions as avoidance, particularly when engaging with intersecting identities feels complex, uncomfortable, or uncertain.

Intersectionality also complicates traditional notions of competence. Early multicultural competence models emphasized awareness, knowledge, and skills as separate components, often implying that clinicians could achieve adequate preparation through training alone (Sue et al., 1982). However, research has shown that self-reported competence is unreliable and may obscure blind spots, particularly when clinicians overestimate their understanding of clients whose identities differ from their own (Owen et al., 2011). Cultural humility responds to this limitation by reframing awareness as an ongoing, relational process rather than a fixed achievement. Within this framework, ethical silence requires continuous recalibration. Awareness means noticing how one's own identities and privileges shape comfort with quiet, confrontation, or engagement. It also means remaining alert to how silence may intersect with a

client's experiences of power, oppression, or invisibility. Ethical mental health practice does not ask clinicians to speak prematurely or excessively, but it does require them to question whether silence is preserving dignity or quietly reinforcing inequity. Intersectional awareness ensures that silence is chosen with care, not defaulted to out of fear, uncertainty, or misplaced neutrality.

Knowledge, within a humility-based framework, also looks different. Rather than accumulating static facts about cultural groups, knowledge involves developing contextual understanding—how culture, history, and systemic forces shape meaning in a given moment. Silence does not carry the same meaning across communities or contexts. For some clients, silence may signal respect or space; for others, it may echo histories of dismissal or erasure. Through school and personal experience, I have learned that ethical mental health practice requires clinicians to recognize that silence communicates something whether intended or not. Without contextual knowledge, silence risks becoming ethically careless rather than clinically intentional.

Skills, then, are where ethical silence becomes visible in practice. In *Cultural Humility*, the authors describe skills not as scripted techniques, but as relational capacities: attending to cultural opportunities, initiating dialogue when appropriate, tolerating discomfort, and repairing ruptures when misattunement occurs (Hook et al., 2017; Owen, 2013). From this perspective, ethical silence is not the absence of action, but one possible response among many. A skilled clinician should know when silence serves the client and when it must give way to voice—particularly when silence would reinforce harm, injustice, or misunderstanding. Going forth, this distinction is central to the ethics of mental health service. Professional ethics do not require clinicians to remain neutral in the face of harm; they require responsibility. When silence protects client autonomy and dignity, it aligns with ethical care. When silence avoids addressing

bias, microaggressions, or inequity, it becomes complicit. Cultural humility demands that clinicians remain open to this tension and are willing to respond rather than retreat. Ethical silence, then, is not passive restraint. It is an informed, reflective choice grounded in awareness, guided by knowledge, and enacted through skill.

Seen this way, as natural as silence can be, it should not be used as default ethical posture but a decision point—one that must be revisited continually as relationships, contexts, and power dynamics shift. In mental health practice, the question is not whether silence is ethical in theory, but whether it serves justice, dignity, and care in the moment it is chosen.

#### Conclusion: Conscience, Courage, and Responsibility

Silence is powerful precisely because it is never empty. It can preserve dignity or quietly dismantle it. It can heal, or it can harm. The ethical task is not to favor silence or speech, but to build the awareness needed to recognise when one serves dignity and when it does not. That awareness begins internally, with the willingness to examine why one is quiet and who that quiet ultimately serves.

Further more, not all silence requires correction. Some silence heals precisely because it resists urgency. Buddhist teachings speak to this balance. In *The Book of Joy* (Dalai Lama & Tutu, 2016), joy is described not as the absence of suffering, but as the capacity to remain present with it. In this sense, silence becomes a form of compassionate presence—one that honors pain without attempting to resolve it prematurely. Yet Buddhism also emphasises right action. Silence is not virtuous when it enables suffering or allows harm to persist. Ethical presence requires discernment: compassion without passivity, and care without avoidance.

Looking back, the silence that followed my parents' death revealed more than grief; it revealed conscience. Those who sat quietly with me showed that silence can be an act of love.

Those who disappeared showed that silence can also be fear. The difference was not found in words, but in presence, intention, and accountability. As a counselor-in-training, I now understand that silence is never unintentional. It is a choice shaped by values, ethics, and self-awareness (Ethical, legal, and professional issues in counseling, 2020). Ethical silence requires humility, courage to tolerate discomfort, and the responsibility to speak when justice and dignity are at risk. Conscience may begin quietly, but responsibility ultimately asks for response.

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