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# Psychoanalytic Psychologists' Conceptualizations of Cultural Competence in Psychotherapy

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While there has been increasing attention directed toward sociocultural issues in psychoanalytic scholarship and recent efforts to integrate cultural competence as a core emphasis in psychoanalytic theory and practice, there have been no empirical investigations of how cultural competence is conceptualized by psychoanalytic psychologists. The present study aimed to examine how psychoanalytic psychologists approach cultural competence in psychotherapy. Semistructured interviews were conducted with 20 psychologists (10 men and 10 women; 12 White, 4 Latino/a, 2 African American, 1 Asian American, 1 Multiracial) with at least 10 years of experience in providing psychoanalytic psychotherapy with clients from socially and culturally diverse backgrounds. Data was analyzed using conventional content analysis (Hsieh & Shannon, 2005), revealing 4 broad domains and several themes within each of these domains. The 4 broad domains included (a) Complexity of identity and affect, (b) Conscious and unconscious dynamics between therapist and client, (c) Social oppression and traumatic stress, and (d) Therapist's ongoing commitment to self-reflection. The findings support a process-oriented conceptualization of cultural competence. The implications of the findings for research, training, and practice are discussed.

*Keywords:* cultural competence, psychoanalytic theory, psychoanalysis, psychotherapy, diversity

Despite a history of neglecting issues of diversity, psychoanalysis has, over the past two decades, engaged with these issues in ways that deepen existing understandings of cultural competence within psychology (Aron & Starr, 2013). There have been, in fact, recent efforts toward systematically integrating sociocultural issues with psychoanalytic theory (Tummala-Narra, 2015, 2016). However, there is a lack of empirical research examining the components of culturally informed psychoanalytic psychotherapy

(Watkins, 2013). A systematic investigation of the features or components of culturally informed psychoanalytic psychotherapy is a critical step in understanding how practitioners engage with sociocultural issues and modify their theoretical conceptualizations such that sociocultural issues are integrated with or extend existing psychoanalytic concepts. The present study examined psychoanalytic psychologists' conceptualizations of cultural competence in psychotherapy, with the aim of expanding knowledge concerning the specific theoretical concepts and technical issues that distinguish culturally informed psychoanalytic psychotherapy from other models of cultural competence in psychotherapy practice. In the following sections, we review relevant literature informing the present study, particularly that concerning cultural competence in psychology and psychoanalytic understandings of sociocultural issues.

## Cultural Competence in Psychology

One of the most influential models of multicultural counseling competencies in psychology was developed by D.W. Sue and colleagues in the early 1980s (Sue et al., 1982). Cultural competence in this model focuses on several features of the therapist including: awareness or how values and biases influence perceptions of the client, presenting problems, and the counseling relationship; knowledge of the client's culture, worldview, and expect-

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tations for counseling; and skills or the ability to intervene in a culturally sensitive manner (Sue et al., 1982). More recent definitions of cultural competence have incorporated new perspectives that vary with regard to level of analysis (individual vs. systems) and areas of emphasis (content vs. process oriented; Huey, Tilley, Jones, & Smith, 2014), and include specific competencies such as those concerning immigration, sexual identity, and social class (American Psychological Association, 2012a, 2012b; Rogers-Sirin, Melendez, Refano, & Zegarra, 2015; Smith, 2010).

While these developments have been critical to practice and training, the ways in which a therapist conceptualizes his or her approach to sociocultural experiences can vary considerably across theoretical paradigms. For example, Hays (2016) outlined specific areas of cultural competence within cognitive-behavioral theory and practice. She recommended that cognitive-behavioral therapists integrate a number of practices into mainstream CBT, such as the following: attend to culturally respectful behavior when assessing the needs of individuals and families; emphasize collaboration over confrontation with attention to sociocultural differences between the client and therapist; inquire into the helpfulness instead of the validity of a thought or belief in cognitive restructuring; and refrain from challenging core cultural beliefs. From a person-centered perspective, Quinn (2013) noted that mechanisms of change in psychotherapy include the therapist's self-congruence, an accurate understanding of the client's internal frame of reference, and unconditional positive regard, within a culturally adapted framework delineated by Sue, Arredondo, and McDavis (1992). Such a framework requires that the therapist have multicultural knowledge (cognitive empathy) and awareness (affective empathy and self-congruence) in order to communicate unconditional positive regard. These paradigms of cultural competence have been critical to expanding established theories; and yet, there have been no empirical studies to our knowledge that have provided a systematic perspective on how CBT or person-centered psychologists approach cultural competence in their practice.

### Psychoanalytic Theory and Cultural Competence

Over the past two decades, psychoanalytic scholars have written about how dynamics of race/ethnicity, immigration, gender, language, sexual orientation and identity, social class, dis/ability, religion and spirituality influence the psychotherapy process. For example, scholars have expanded understandings of discrimination and stereotyping and how they are recreated in psychotherapy in racial enactments in the transference and countertransference (Altman, 2010; Harris, 2012; Holmes, 2006; Leary, 2000; Suchet, 2004). Psychoanalytic literature has also explored immigration processes such as the loss of contextual continuity and intrapsychic experiences of multilingualism (Ainslie, Tummala-Narra, Harlem, Barbanel, & Ruth, 2013; Akhtar, 2011; Boulanger, 2004). There has been a growing emphasis on how gender is constructed, internalized, and enacted (Benjamin, 1988; Harris, 2012), and a reexamination of homophobia, heteronormative constructions of gender, and the impact of heterosexism on the experiences of sexual minorities (Cohler & Galatzer-Levy, 2013; Drescher, 2008). Psychoanalytic scholars have also challenged the belief that psychoanalytic psychotherapy is suitable only to clients from White, middle- or upper-middle-class backgrounds (Altman, 2010; Wachtel, 2002), have examined the influence of religious upbringing

and spiritual beliefs on identity and well-being (Rizzuto, 2004), and have begun to examine the role of unconscious processes in ableism and stereotyping of people with disabilities (Goodley, 2011). Further, there is expanding interest in multiple social identities, and experiences of traumatic stress among people from multiple marginalized communities (Ruth, 2012; Yi, 2014).

Despite this scholarship, the literature delineating defining features of psychoanalytic psychotherapy has excluded cultural competence as a core component (Watkins, 2013). Recently, Tummala-Narra (2015, 2016) proposed that attention to sociocultural issues be recognized as a core emphasis of psychoanalytic psychotherapy, and presented a theoretical framework for culturally informed psychoanalytic psychotherapy, which integrates contemporary psychoanalytic literature concerning sociocultural issues. Cultural competence from this perspective refers to "a process of recognizing, understanding, and engaging with sociocultural context and its influence on intrapsychic and interpersonal processes, including the therapeutic relationship" (Tummala-Narra, 2016, p. 77). In this framework, attention is directed to five distinct areas: recognizing indigenous cultural narrative and related conscious and unconscious meanings; recognizing the role of context in language and affect expression; attending to the impact of social oppression and stereotyping on the therapeutic process; recognizing that individuals negotiate complex, intersecting cultural identifications in adaptive and self-damaging ways; expanding self-examination to include the exploration of historical trauma and neglect of sociocultural issues in psychoanalysis.

Despite increasing theoretical attention to issues of sociocultural context in the psychoanalytic literature, there are no empirical investigations of how psychoanalytic psychologists conceptualize and approach cultural competence in psychotherapy. We believe that recent theoretical frameworks concerning cultural competence (Hays, 2016; Tummala-Narra, 2016) are critical for addressing sociocultural issues in psychotherapy, but also that empirical understandings of cultural competence are necessary to gain additional layers of understanding concerning the nuances of how cultural competence is construed and implemented in psychotherapy. As such, the present study aimed to break new ground by gathering empirical data on theory and technique that define culturally informed psychoanalytic psychotherapy.

### Rationale for Present Study

Contemporary psychoanalytic scholars have advocated for the integration of sociocultural issues in psychoanalytic theory, practice and education, and for the empirical study of core psychoanalytic concepts and sociocultural processes (Morris, Javier, & Herron, 2015; Tummala-Narra, 2016; Watkins, 2013). Empirical studies on conceptualizations of cultural competence from specific theoretical perspectives are necessary for identifying the ways in which therapists understand the role of sociocultural issues in the client's life and formulate interventions in psychotherapy. This is the only study to our knowledge that examined how psychoanalytic psychologists conceptualize and practice cultural competence in psychotherapy. This qualitative study focused on an in-depth analysis of the perspectives of seasoned psychoanalytic psychologists. While we recognize that psychoanalytically oriented psychologists across career stages are engaged in practice with clients from diverse sociocultural backgrounds, we focused on the expe-

riences of seasoned psychoanalytic psychologists engaged with issues of diversity through practice and scholarship. In particular, we were interested in learning about the perspectives of psychologists who were actively involved with developing conceptualizations of culturally informed practice, and whose engagement with culturally informed practice could be more clearly ascertained as evidenced by their scholarship. We did not provide any preexisting definition of cultural competence to the participants, but rather were interested in how they formulated their own definitions of and approach to cultural competence in practice. Examining how these psychologists conceptualize and approach cultural competence was thought to be a critical first step in providing sorely needed knowledge concerning the integration of sociocultural issues in psychoanalytic theory and practice.

## Method

### Participants

Our sample consisted of 20 psychoanalytically oriented psychologists with at least 10 years of psychotherapy experience postlicensure. Ten participants identified as female and 10 participants identified as male. Ages ranged between 47 and 74 years ( $M = 61.15$ ). Participants identified as White ( $N = 12$ ), Latino/a ( $N = 4$ ), African American ( $N = 2$ ), Asian ( $N = 1$ ) and Multiracial ( $N = 1$ ). Eight participants are immigrants from Latin American, North American, African, Asian, Caribbean, and European countries of origin. Fifteen participants identified as heterosexual, three participants identified as gay, and two participants identified as lesbian. Twelve participants are from upper-middle-class backgrounds, seven are from middle-class backgrounds, and one person reported "other" when describing social class. Many participants ( $N = 8$ ) stated having grown up "working class." Two participants reported having a physical disability.

Participants' years of practice experience ranged between 11 and 44 years. Participants were affiliated with institutions across various regions of the United States (Midwest, Northeast, Mid-Atlantic, South, and West). Nineteen participants were employed in independent practice, seven were employed in both independent practice and at a university/college, and one was employed solely in a university setting. Participants indicated that they were most influenced by the following theoretical traditions in training and practice: relational psychoanalysis ( $N = 15$ ), object relations (British object relations theory and Kleinian theory;  $N = 14$ ), ego psychology ( $N = 10$ ), interpersonal psychoanalysis ( $N = 6$ ), self-psychology ( $N = 5$ ), intersubjective and hermeneutic theories ( $N = 3$ ), Lacanian theory ( $N = 2$ ), family systems theory ( $N = 1$ ), and gender queer theory ( $N = 1$ ). Only five participants reported having mentors or supervisors with whom they discussed issues of diversity, and who influenced their ideas regarding diversity in psychoanalytic practice.

### Recruitment

A literature review focused on psychoanalytic psychotherapy, psychoanalysis, and sociocultural issues was conducted to identify psychologists in the United States who have published at least one manuscript focused on psychoanalytic psychotherapy and/or psychoanalysis with specific attention to sociocultural issues. Specif-

ically, these psychologists published articles focused on areas such as race, ethnicity, gender, immigration, bilingualism, sexual orientation/identity, social class, and dis/ability within the context of their psychotherapeutic practice. The first author contacted these psychologists via e-mail describing the purpose of the study and the inclusion criteria. Psychologists were eligible to participate in the study if they were licensed practitioners in practice for a minimum of 10 years. Inclusion criteria also required that participants provided psychoanalytic psychotherapy to clients who identify as minorities (e.g., racial minorities, sexual minorities, clients from low income backgrounds, and clients with physical disabilities), and to clients who differ from the participant across one or more sociocultural dimensions (e.g., race, gender, sexual identity, immigration, language, dis/ability, social class), throughout the course of their years in practice. Participants who met the criteria and expressed an interest to the first author were included in the study, and members of the research team contacted participants to schedule interviews. All participants were interviewed by telephone, except one participant who was interviewed in person. Informed consent was obtained from participants, and no compensation was provided for participating in the study. This study has been approved by the institutional review board at the authors' institution.

### Measures

**Background information form.** Prior to the interview, participants completed a background form that included open-ended questions concerning age, sex, race, ethnicity, immigration (country of origin), sexual orientation, social class, physical disability, years in clinical practice, and type of employment setting. Participants were also asked to report the geographic region of their practice, which psychoanalytic theories were influential to them both in training and practice, and whether they had any mentors or supervisors with whom they discussed issues of diversity and who influenced how they approached issues of diversity in psychotherapy.

**Semistructured interview.** We used a qualitative approach to obtain a "thick description" (Geertz, 1973) or an in-depth understanding of participants' narratives concerning conceptualizations of cultural competence in psychoanalytic psychotherapy. Interview questions were derived through an extensive review of the psychoanalytic literature concerning sociocultural issues and psychotherapy. With the purpose of carefully attuning to the participants' narratives, we included broad, open-ended questions, as well as probes to clarify understandings of their responses (Kang, Okazaki, Abelmann, Kim-Prieto, & Lan, 2010). The semistructured interview aimed to examine participants' conceptualizations of cultural competence and approaches to addressing issues of diversity in psychoanalytic psychotherapy. Interview questions focused on several areas, including: personal experiences with issues of diversity that relate to clinical practice, approaches to diversity within clinical practice, conceptualization of cultural competence in psychoanalytic psychotherapy, and impressions of diversity issues in training and in the psychoanalytic community. Sample questions include "Tell me about your work with clients who are from a different sociocultural background than you?" and "How do you conceptualize cultural competence as a psychoanalytic psychologist?" A sample probe question is "Can you explain that

further?" The complete set of interview questions is listed in Table 1. Interviews were conducted by all six authors, and ranged between 45 and 90 min in duration. The interviews were digitally audio-recorded and transcribed verbatim.

## Data Analysis

Interview data was analyzed through conventional content analysis (Hsieh & Shannon, 2005). Conventional content analysis is well suited for describing phenomena that have not been adequately examined in the empirical literature. Considering the lack of empirical research concerning cultural competence and psychoanalytic psychotherapy, this analytic procedure was appropriate for the present study. In this approach, the researcher avoids preconceived categories, and instead allows categories to emerge from the data. Conventional content analysis involves interpreting participants' responses by identifying themes or patterns within and across interviews (Hsieh & Shannon, 2005). Content-related categories are developed based on participants' responses, and these categories are thought to reflect shared meanings (Elo & Kyngas, 2008). This approach allows the researcher to obtain an in-depth understanding of the content, meanings, and context of participants' narratives, while remaining grounded in the actual interview data (Downe-Wamboldt, 1992; Hsieh & Shannon, 2005). Each member of the research team immersed himself/herself in reading the interview transcriptions independently multiple times. Subsequently, the team engaged in several discussions concerning impressions of the participants' responses, and developed initial codes and themes. The team read and reviewed the transcriptions several more times, and examined similarities across the participants' words and narratives. The team then categorized the participants' responses into themes, and later into broader domains.

We attended to several important features of qualitative research to ensure the accuracy and adequacy of the data, reflexivity, and interpretation of the data (Morrow, 2005; Yeh & Inman, 2007). First, each participant was sent a transcription of his or her interview by one of the authors, and then asked to review the transcription and provide feedback regarding its accuracy. With regard to

the adequacy of the data, we identified a point of saturation that indicated that any additional interviews would no longer provide new information (Yeh & Inman, 2007). We recognized that we reached saturation by the 17th interview, and we proceeded with conducting three additional interviews, which did not reveal any new information (e.g., themes). We attended to reflexivity (Morrow, 2005; Yeh & Inman, 2007) by engaging in ongoing discussions regarding our assumptions in order to identify any potential biases that may have influenced the interview process or data interpretation. Throughout the study, as a research team, we remained cognizant of our positions as cultural beings and how our identities (gender, race, ethnicity, immigration status, sexual orientation, social class, dis/ability) may shape the way we understand the data. For example, we reflected on how each of our experiences with social class may contribute to our own work with clients from social class backgrounds that are either similar to or different from our own backgrounds. We considered how we may either avoid or minimize the influence of social class issues in our work at moments when we feel guilt or discomfort in our interactions with our clients. We then discussed how these experiences may influence our understanding and interpretation of our participants' responses. We also kept written journals documenting our personal feelings and reactions to participants' responses and to the interview process. Each of these steps ensured careful listening to the participants' narratives, and to interpret and report our findings through the participants' words (Strauss, 1987).

## Results

Although the interview consisted of some questions concerning participants' impressions of how issues of diversity are addressed within the psychoanalytic community, we focus our presentation of findings on participants' conceptualizations of and approaches to cultural competence in psychoanalytic psychotherapy. The analysis of the interview data revealed four broad domains and various themes. The broad domains (e.g., categories) include (a) complexity of identity and affect; (b) conscious and unconscious dynamics between therapist and client; (c) social oppression and traumatic stress; and (d) therapist's ongoing commitment to self-reflection

Table 1

### *Semistructured Interview Questions*

#### Personal and clinical experiences

1. How did you become interested in issues of diversity and psychoanalytic theory?
2. How do you think about issues of diversity in your own clinical practice?
3. Has your personal background helped you to explore the issues of diversity as they relate to clinical practice? If so, how?
4. Tell me about your work with clients who are from a different sociocultural background than you? Are there any challenges you face? Can you share examples from your work with a client?
5. How comfortable are you with discussing sociocultural difference and similarities with your clients? Are there certain issues that are easier to talk about than others?

#### Conceptualizing cultural competence

6. How do you conceptualize cultural competence as a psychoanalytic psychologist?
7. What are some features of psychoanalytic theory that you find helpful in working with clients from diverse sociocultural backgrounds?
8. What are some features of psychoanalytic theory that you do not find helpful in working with clients from diverse sociocultural backgrounds?
9. What are some things that psychoanalytic clinicians should do in order to effectively work with clients from diverse sociocultural backgrounds?
10. What is your overall impression of what psychoanalytic theory can offer to understandings of culturally informed practice?

#### Impressions of diversity in training and psychoanalytic community

11. How do you think that issues of diversity (culture, gender, race, social class, sexual orientation and identity, dis/ability, religion) are addressed in psychoanalytic training? In the psychoanalytic community?
12. What do you think is the role of the psychoanalytic community in addressing issues of diversity in clinical practice?

on issues of diversity. In the following sections, we present verbatim responses from participants that illustrate themes within each domain. We also include additional responses in Table 2. These verbatim responses are not limited to any select subgroup of participants, but rather they are drawn from interviews with all of the participants. Below, we describe each domain and the themes consisting each of the domains, along with the number of participants ( $n$ ) who reported responses that reflect these themes.

### Domain 1: Complexity of Identity and Affect

The first broad category reflected the importance of using psychoanalytic inquiry to attend to the complexity of identity and affect related to sociocultural experience.

**Theme 1: Movement away from categorical conceptualizations of sociocultural groups and social identity ( $n = 18$ ).** The majority of participants described a reluctance to use the term *cultural competence* as it is sometimes used in mainstream psychology because it was thought to reflect oversimplified views about sociocultural groups. Participants also spoke about the problem of defining cultural competence in overly general terms, lacking specificity about individual experience, and potentially reifying stereotypes.

Cultural competence is needed . . . to carve out a space for something that White people have not wanted to create room . . . but it becomes commodified, and I think that it gets taught in ways that are not that helpful. So, I both am a proponent of it and a critic of it as reductionistic.

It's not about learning that Japanese people do this, or people from Malaysia do that, or people from the West Indies think this way. It's not about homogenizing the whole culture.

I am also very wary about cookbook assumptions about cultures, about the ways people so readily say or think, "Hispanics have this value or assumption," "Caribbean Blacks have this kind of attitude," "South Asians have this kind of family structure," "Working class men have this stance toward women," and so forth. We are caught in a kind of bind here. We do need to know these general cultural accounts and differences, and do need to take them into account in the ways we hear and interact with our patients. But at the same time, we need to be deeply skeptical about the ways these accounts lend themselves to stereotypes.

**Theme 2: Developing a psychoanalytic sensibility of listening with openness and curiosity ( $n = 14$ ).** Participants emphasized the importance of maintaining a sense of curiosity and openness in listening to the client's sociocultural context. In particular, they underscored the importance of listening in depth, in a nonjudgmental manner, to how clients experience their external worlds.

The unique quality of curiosity involved in psychoanalytic endeavors, trying to understand the layers of a person's inner experience, things that they may not have much awareness of . . . a curiosity and openness.

So when a patient sits with me, I'm very interested in trying to understand the world they live in. I mean it to be what it is they are embedded in, how they think, how they feel, and how those things relate to various forms and structures external to them than the world.

It's the method of inquiry and the open inquiry, and the neutrality. When I say neutrality, I mean a nonjudgmental quality that I think is found in psychodynamic theory.

**Theme 3: Recognizing and bearing anxiety, confusion, and the unknown ( $n = 9$ ).** Participants emphasized the importance of avoiding assumptions about clients' cultural experiences, and the ability to tolerate uncertainty, and accompanying discomfort, anxiety and confusion in order to understand the complexity of their clients' sociocultural experiences. Therapeutic work, from their perspective, involved staying attentive to what the therapist does not know or has not been exposed to with regard to the client's sociocultural context, and the therapist's willingness to recognize and acknowledge this limitation.

Allowing for paradox and ambiguity. Allowing for the story to unfold and, therefore, being open to that story taking unanticipated directions. I think those are really the hallmark of a good psychoanalytic treatment. So, a therapist's commitment to that and comfort with that, I think, is the most important element in working with these kinds of questions that we call diversity questions, which I think is kind of shorthand for saying people are complex.

I'm a White man and in a lot of ways I felt unsure that I would have credibility with regard to issues of race and class, perhaps, and I also found myself anxious a lot of the time about whether I was culturally competent enough. I was not sure how my blind spots might manifest, and how my own prejudices, stereotypes, biases might manifest.

**Theme 4: Working through client's and therapist's painful affective experiences related to sociocultural issues ( $n = 11$ ).** Participants noted that recognizing and working through difficult emotions, such as anger, rage, sadness, grief, anxiety, shame, humiliation, and self-blame, is central to their engagement with sociocultural issues. At times, bearing client's painful feelings involved connecting with the therapist's own life experiences.

I knew about this kid's (client's) history and understood how much he needed to experience his rage and grief. Being the bad object is a challenge for many of us.

In my own life, I know real well what it was like to be hungry, and what it was like to not have access to medical care. When I meet a patient who lived through a variant of some of my experience, they have the sense that I get it.

We are filled with shame. We are filled with guilt. We are filled with privilege and wanting to hold onto the privilege. We are filled with lots of things that bar us from being open.

### Domain 2: Conscious and Unconscious Dynamics Between Therapist and Client

The second broad category reflects the ways in which sociocultural issues are inherent to the relational matrix between client and therapist. Notably, participants who identify as minorities (e.g., racial, sexual) described challenges in practice related to how others perceived their social locations.

**Theme 1: Attending to transference and countertransference dynamics ( $n = 15$ ).** Participants expressed how broader societal dynamics of race, gender, social class, religion, and sexual identity are mirrored in the transference and countertransference. In particular, they spoke about the ways in which internalized

Table 2  
*Additional Participant Responses*

Domains	Themes and responses
Domain 1: Complexity of identity and affect	<p>Theme 1: Movement away from categorical conceptualizations of sociocultural groups and social identity (<math>N = 18</math>)</p> <ul style="list-style-type: none"> <li>• “I think cultural competency is problematic as a general concept. Who knows what that means? I mean you can operationalize it so many different ways. I think cultural competency is not a free standing and discrete competency that exists somewhere in any absolute terms. I don’t think there is such thing as across the board, uniform competency that exists.”</li> <li>• “Sometimes I have a little bit of a problem with cultural competence as it is taught and written about because I think cultural competence alone without understanding the issues of power, I think is a limitation. If you just think ‘oh if I just know somebody from this culture then I know who they are and where they come from’ and that’s only part of the story. I think you have to include issues of power.”</li> </ul> <p>Theme 2: Developing a psychoanalytic sensibility of listening with openness and curiosity (<math>N = 14</math>)</p> <ul style="list-style-type: none"> <li>• “Curiosity is the most important attribute of any therapist, and that curiosity is about all aspects of the patient’s life, whether it’s learning about the patient’s work, their work context, what they do, or learning about their family, and the dynamics within the family . . . whether it’s learning about their intimate lives . . . curiosity is the most important value and force within a psychoanalytic undertaking.”</li> <li>• “I do think that this idea of attitude or awareness, attitude and skills, is helpful and so I think that it is possible for clinicians to have self-awareness, an attitude of openness and to seek to be informed about the populations that you’re going to deal with.”</li> </ul> <p>Theme 3: Recognizing and bearing anxiety, confusion, and the unknown (<math>N = 9</math>)</p> <ul style="list-style-type: none"> <li>• “I am always reminding myself to stay attentive, struggling with my own internalizations of these issues; those always keep me poised to work optimally with these factors. But I try to stay attuned. I try not to use rationalizations for stepping away. At this point in my career, I am not discouraged, but I am may be much more chastened in terms of how hard it is to do the work. It is hard work because these factors (sociocultural) are so tenacious and so strongly resisted by individuals and by society that it’s very hard and it’s very lonely to do the work.”</li> <li>• “My goal is to be optimally uncomfortable. The real engagement with diversity requires people to be honest with each other, especially around microaggressions and misunderstandings.”</li> </ul> <p>Theme 4: Working through client’s and therapist’s painful affective experiences related to sociocultural issues (<math>N = 11</math>)</p> <ul style="list-style-type: none"> <li>• “He (the client) is dark-skinned; he is a very handsome man who feels unattractive. So the challenge for me has been . . . I really like this guy a lot but he really hates himself, so the challenge has been to stay open to his experience of self-hatred and to explore that rather than trying to convince him that he is a great guy” (Latino American participant).</li> <li>• “The meaning of his Brownness (the client’s) has a very important and difficult to grasp set of impacts on my emotional relationship to him, including the anxious feelings about the difference. I’m reflecting on my own processes and the best that I can understand it, of my Whiteness and his Whiteness and Brownness, and what I can think and feel about him.”</li> </ul>
Domain 2: Conscious and unconscious dynamics between therapist and client	<p>Theme 1: Attending to transference and countertransference dynamics (<math>N = 15</math>)</p> <ul style="list-style-type: none"> <li>• “My clients primarily are culturally different than me, and you know I would say the most interesting but not unusual problem is problems with stereotypes and expectations that they come in with, you know namely that Asian women are this way or that way; all Asians are competent. Sometimes it works out because that becomes kind of a positive transference that they think that Asians are competent. They could turn to you for that reason, or sometimes they have this kind of idea that Asians and Asian women in particular are passive and they’re going to be quiet” (Asian American participant).</li> <li>• “I think the idea of a dynamic unconscious and of people’s life experiences shaping the ways that they organize information in the present, especially transference and countertransference. Those concepts are very important. Especially for me, countertransference because I have my own as we all do, my own reactions that are partly culturally based, partly might be a distortion of the other person based on lack of knowledge. I think having it be a standard operating procedure to question my reactions, my thoughts, my analysis, my judgment is very helpful.”</li> </ul> <p>Theme 2: Attending to similarities and differences in sociocultural identity and position between client and therapist (<math>N = 19</math>)</p> <ul style="list-style-type: none"> <li>• “When I have somebody from a different cultural background, at some point I am going to need to comment on the differences, if the person hasn’t commented on them, and ask what it’s like to work with somebody from a different culture.”</li> <li>• “I do think that that becomes part of the challenge when you don’t have lived experience and this comes across with a lot of things like socioeconomic status and people’s total shock from talks about what it means to be poor and what that really means in terms of people’s lives and not having any exposure to poverty, not even extreme poverty, but just being poor, working class. So that’s another part of the challenge is just the work that is involved in becoming aware and then being attentive in an intentional way that doesn’t become patronizing.”</li> </ul> <p>Theme 3: Emphasis on the mutual influence of client and therapist in the here and now (<math>N = 18</math>)</p> <ul style="list-style-type: none"> <li>• “He (the client) had come to like and respect me. So I wasn’t just a dismissible caricature of somebody. And we were able to talk about that, and I became less of a caricature, and he became more of a three-dimensional person for me, because if I had not had someone like him in my practice, I would have one kind of very stereotypical view of someone who occupies his social location. But through our interacting, you know, he became a unique human being with strengths and weaknesses like we all have and conflicts like we all have, so that it became, it could become a respectful interchange.”</li> </ul>

Table 2 (continued)

Domains	Themes and responses
Domain 3: Social oppression and traumatic stress	<ul style="list-style-type: none"> <li>• “I said to him that I apologize, that I was part of that system that kept you in your place. I really felt sorry. The apology came in the moment, and his response was shock.”</li> </ul>
	<p>Theme 4: Unique experiences and challenges of minority status therapists (<i>N</i> = 13)</p> <ul style="list-style-type: none"> <li>• “I’m one of very few Spanish-speaking people in the area where I practice. There are people who come to me because they know of me, through the Latino community, or gay community, or professional connections of various sorts. But other people come to me because I’m on a list of people who speak Spanish, but this intersects with the other fact that I’m on lists of people who accept Medicaid and Medicare for services, and who are willing to see some of the populations I work with. I’m currently the only psychologist in private practice who will see someone for a psychological evaluation and accept Medicaid . . . So, the main problem in my practice is the length of my waiting list. In all of the communities that I most deeply serve, the need is so pressing that I just see who I can manage to see and don’t look back.”</li> <li>• “I have certainly been challenged when I start working with someone who declares that they hate gay people. And, you know, how do I sit with that?”</li> </ul>
	<p>Theme 1: Attending to the client’s experience of oppression and social injustice (<i>N</i> = 17)</p> <ul style="list-style-type: none"> <li>• “So if I have a client that comes in and they’re an African American client and they are really pissed about how they just got treated in this high-end department store, well that’s not about slavery, but there’s still a level of intense reality, given the racialized aspect of people’s functioning” (African American participant).</li> <li>• “I’ve treated several former political prisoners. Some were totally destroyed by their experience, and the work involved rebuilding from scratch. Others weren’t destroyed, but were really badly hurt. In their object relations, the good inner objects that helped them survive are what we needed to work on putting into words and appreciating together.”</li> </ul>
	<p>Theme 2: Developing an understanding for the role of social, economic, historical, and political circumstances that influence client’s experiences (<i>N</i> = 12)</p> <ul style="list-style-type: none"> <li>• “The things that people think about and talk about when they’re outside the therapy room are as important as the things they talk about inside the therapy room. For example, issues of race, issues of income, of class, of how my job is, how people treat me on the street, all kind of things like that, attitudes towards other groups, that’s a big portion of what people talk about outside the therapy room, but it’s often treated by both patient and therapist as if that’s the superficial stuff. In here, we’re going to get at the real nitty gritty. But what preoccupies us most of our lives has got to be an important part of the real nitty gritty. I think not being drawn into that distinction between the superficial everyday social life and the deep exploration of childhood or unconscious wishes, but rather that each is shaping the other.”</li> <li>• “I think that offering up one’s own critique of what their own country or what their own class or their own status and the problems that exist with it creates a space where others then aren’t careful about offering a similar kind of critique. I think hearing someone from this country, particularly since America has become so nationalistic since 9/11, I think for people who are different or a minority to look and see a White American say, ‘Yeah there are problems. Yeah America has committed genocide.’ So I think that creates safety where others can then offer their critique without this fear somehow of the authority figure who will be offended and who will then pull a power trip.”</li> </ul>
Domain 4: Therapist’s ongoing commitment to self-reflection	<p>Theme 3: Attending to unconscious processes in the experience of and recovery from trauma (e.g., role of defenses, wishes, fears; <i>N</i> = 8)</p> <ul style="list-style-type: none"> <li>• “The interaction of your early family of origin and cultural racism. I think psychoanalysis can really contribute to understanding posttraumatic experience passed on from generations to generations. So, the traumas of racism. I mean, psychoanalysis has so much to offer in understanding the vicissitudes of that, and really understanding something in nuanced ways, how racism impacts the psyche and relationships.”</li> <li>• “I think you need to know something about the unconscious process if you want to examine prejudice, in that element of cultural difference. So, I think that there is plenty of potential for a kind of intersection of cultural theory and psychoanalytic theory and what psychoanalysis provides is a lot of interest in the way in which affect states and unconscious feelings and unconscious aggression play out in people.”</li> </ul>
	<p>Theme 4: Considering how the therapist’s experiences of trauma and social oppression impact the therapeutic process (<i>N</i> = 8)</p> <ul style="list-style-type: none"> <li>• “I grew up relatively poor, but not seriously deprived, and in a loving and stable home. So I both tasted what it is like to be at the margins and gained a sense that economics is not destiny and that psychological factors (like the quality of home life) can do much to ameliorate or exacerbate deprivations.”</li> <li>• “When it comes to homosexuality, psychoanalysis has been, in some ways, obsessed with it. It’s gotten it wrong in so many ways, at least in the past. There are at least two ways psychoanalysis has approached issues of difference and diversity, either to ignore them or to have it stand out like a sore thumb. ‘You know, you’re gay, and that’s the biggest most important thing about you.’ I came to psychoanalysis as a gay man knowing about the unfortunate history, and the ways in which analysts in the past did terrible damage, and at the same time, believing and learning there was so much psychoanalysis had to offer in the understanding of sexuality in general.”</li> </ul> <p>Theme 1: Reflecting on one’s own social location, privilege, and marginality (<i>N</i> = 20)</p> <ul style="list-style-type: none"> <li>• “I think primarily, first and foremost, it is very important for psychoanalytic practitioners to be deliberate in making themselves aware of the ways in which the multiple dimensions of their identities shape who they are, how they view others, how they view the world. I think that kind of self-assessment or self-reflection is the most important first step. It’s not sufficient I think to conceptualize diversity issues as a topic about others. I think we have to understand how we’re all multicultural beings and we all have areas of privilege and areas where we don’t hold privilege and even if we’re White, our race affects how we move through the world, how we view the world.”</li> </ul>

(table continues)

Table 2 (continued)

Domains	Themes and responses
	<ul style="list-style-type: none"> <li>• “You know I grew up to be gay . . . I always had the sense that I was not quite like the other kids around me and I didn’t really know why. But I think I became acutely aware of how people treated people who were different and so I think in some ways because of my own experience of personal difference, it just brought a sensitivity to the work that I do.”</li> </ul>
	<p>Theme 2: Recognizing discomfort with select issues (e.g., race, social class, religion, sexuality, etc., <math>N = 20</math>)</p> <ul style="list-style-type: none"> <li>• “I don’t think that the cultural issues are so hard. Religion issues when they exist are hard for me to address. But perhaps more difficult ones for me would be socioeconomic, the economic difference. That probably stems from some personal guilt on my part.”</li> <li>• “I guess it’s not so much that I only believe in monogamy, but in my practice when people do begin affairs and they’re not in an open relationship, there’s a part of me that’s always like, ‘Well what are you doing?’ I mean it came through my voice at that point, but you know it’s like well, as in all analysis, what is the meaning of this and why now? And to simply try to inquire about those things from a perspective that really allows for an exploration rather than an inquisition.”</li> </ul>
	<p>Theme 3: Engagement with issues of diversity in one’s personal life (<math>N = 20</math>)</p> <ul style="list-style-type: none"> <li>• “In terms of my own interest in things that are denominated diversity, they come fundamentally from who I am and the communities that I live in, and believing that psychology and psychoanalytic psychology in particular, are something that those communities want and need, and that’s my center of gravity.”</li> <li>• “I grew up in (Latin American country), so I have this background that’s a little different than mainstream American background, and I think that that’s a big force in terms of my interest (in diversity).”</li> </ul>
	<p>Theme 4: Importance of personal therapy or analysis (<math>N = 5</math>)</p> <ul style="list-style-type: none"> <li>• “I was in my own treatment which was in a lot of ways supportive.”</li> <li>• “I’m a gay man and my life has been transformed . . . for the better in my own psychoanalytic treatment.”</li> </ul>
	<p>Theme 5: Cultural competence as a long-term process of learning and engagement (<math>N = 5</math>)</p> <ul style="list-style-type: none"> <li>• “I’d like to say to people that are dealing with any of the –isms, it’s a little bit like dealing with high blood pressure, meaning once you have it, you can’t cure it. You treat it every day though. You treat it every day in order to have a good outcome. If you don’t treat it every day, you have bad outcomes.”</li> <li>• “No one could possibly ever know all there is to know. They are not competent. I think that that’s dangerous if people think that because they’ve taken a few courses now there’s nothing to worry about or know.”</li> </ul>

images and perceptions concerning race, ethnicity, gender, social class and sexual identity are enacted in the therapeutic relationship.

She (client) was an African American and she so hated being African American that the idea that she would be treated by one was insulting to her (African American participant).

If there is a patient that is very wealthy, there is the challenge of dealing with my own envy. If the patient is extremely religious or dogmatic about their religious beliefs, I face the challenge of not making judgments and staying open to that person’s experience.

**Theme 2: Attending to similarities and differences in socio-cultural identity and position between client and therapist ( $n = 19$ ).** Most participants emphasized learning about and when appropriate, discussing sociocultural similarities and differences between the client and the therapist, and felt that it is the therapist’s responsibility to initiate this exploration. Participants also discussed the challenges of working with clients whose lived experiences of sociocultural context stood in contrast to their own lived experiences.

I will introduce it sometime in the first few sessions and I will talk about differences that I think may come up between us because we live in a culture in which these differences matter. Hopefully, we will have an opportunity to talk about it and be open with each other.

I try to learn about the different cultures in which my clients are embedded, but I try not to do that by relying only on the client to educate me. I feel like it’s my responsibility to learn outside of the session also.

I think when I’m working with another White gay man of the same socioeconomic status, there is sameness and difference there that has

to be managed, thought about, and understood. It operates in the relationship. So, there’s a bit of a paradoxical way that the specific cultural piece can make things challenging and make things easier.

**Theme 3: Emphasis on the mutual influence of client and therapist in the here and now ( $n = 18$ ).** Most participants emphasized the mutual influence of the therapist and the client on the therapeutic process. They emphasized the importance of their own awareness of how their life experiences may influence their interactions with clients. Participants reported that moment-to-moment interactions between the therapist and the client in the here-and-now reflect the clients’ and therapists’ sociocultural experiences and identifications, and challenges in broader societal discourse and dynamics. Some participants also spoke about the therapist’s potential role in engaging in microaggressions in psychotherapy, and the importance of recognizing and explicitly addressing these microaggressions with the client.

There are two people in the room that have a history, a cultural history and cultural identities, and those may play off of each other in different ways.

If you are catching yourself doing a microaggression . . . at that point, I would say, “I just noticed that I just said\_\_\_ and I am kind of surprised to hear myself say that” or “I wondered how that sounded to you that I said that because it sounded off to me. Did it sound that way to you?”

**Theme 4: Unique experiences and challenges of minority status therapists ( $n = 13$ ).** Participants who identified as racial and/or sexual minorities described challenges they encounter in their clinical practice due to their minority status (e.g., racial

minorities, sexual minorities, immigrants), including experiences of prejudice and devaluation by clients and within their professional circles (e.g., supervisors, colleagues). Some participants further noted that they are among few practitioners who provide psychotherapy to clients from low income backgrounds, and to clients who either require or prefer a therapist who can speak in a heritage language other than English.

So you do not tend to initiate conversation as a therapist and that can be interpreted sometimes as related to being an Asian woman (Asian American participant).

I [African American therapist] have had a few [White] people who have come to see me once or twice and didn't come back. I had the sense that in about half of those cases . . . it was on the basis of cultural disparities that they thought were there or experienced.

When I was still a trainee, I had a supervisor who did say to me she'd never met another gay person before, which I found stunning. But this was after I was talking about a young man who I was working with who seemed a bit paranoid, but also I think was really struggling with his sexuality. And, my supervisor was sort of approaching it in a very academic kind of analytic way and I sort of remember thinking, "You really don't get what's going on, you know, at all." And I felt pretty alone in that moment, and I remember I didn't feel like she got me and I felt somewhat judged by her . . . but I took away from that experience that I never wanted to make someone else feel the way she had made me feel.

### Domain 3: Social Oppression and Traumatic Stress

The third domain captured participants' awareness of their clients' and their own experiences of social oppression and traumatic stress, and related unconscious processes.

**Theme 1: Attending to the client's experience of oppression and social injustice ( $n = 17$ ).** Participants were aware of clients' experiences with oppression and social injustice, and reflected specifically on the unique space that psychoanalytic psychotherapy provides for discussing how oppression influences psychological well-being, identity, and relationships. Specifically, participants discussed the negative impact of racism, sexism, homophobia, classism, ableism, and xenophobia on their clients' lives, and the importance of engaging in dialogue with their clients regarding these experiences.

I think that issues of racism, misogyny, homophobia and classism are the most important issues of our time. I see today, one of the few places in our society in which people can explore those problems in a productive way is psychotherapy, where people have the opportunity to explore in a free and wide ranging way, with someone who cares and is willing to really listen.

A lot of what needs to happen in therapy is to figure out what particular damage [oppression] was done to someone, how that's organized intrapsychically.

**Theme 2: Developing an understanding for the role of social, economic, historical, and political circumstances that influence client's experiences ( $n = 12$ ).** Many participants spoke about being attentive to social, economic, historical, and political circumstances that affect clients' lives. They expressed how these issues are typically not addressed in psychotherapy because they are thought to be either irrelevant or less relevant to the client's

internal life, and yet, the impact of social, economic, historical, and political factors can be a critical part of the client's suffering. Participants supported the importance of creating a safe space in which the impact of these factors can be discussed.

Patients generally think that there's a rule that they shouldn't talk about politics, or they shouldn't talk about the outside world, that if they do that, they are being defensive, avoidant. And I think it's important for the therapist to set a framework that he or she needs to put into words that those issues about the world—the social world that the patient lives in—are extremely important in understanding their suffering.

I have learned over time to really take very careful histories that go back at least a couple of generations, particularly when there is some issue about culture or class formation and identity. I think of these things as extremely formative.

**Theme 3: Attending to unconscious processes in the experience of and recovery from trauma (e.g., role of defenses, wishes, fears;  $n = 8$ ).** Participants discussed the importance of attending to how unconscious processes, such as wishes, fears, and defenses, are implicated in sociocultural oppression and trauma. They also highlighted the ways in which conscious and unconscious experiences of the self and others, and expressions of traumatic stress are shaped by the client's sociocultural background.

Concepts such as projection, projective identification, and introjection, are so useful in being able to see ways in which, on a social level, but also on an individual and interpersonal level, ways in which our culture, our socioeconomic status, and so forth functions within our lives. We can understand a lot about the way that hate and prejudice operates if we can understand processes like projection, and introjection, and projective identification.

I think of dissociative process, self-states, how certain aspects of experience are held, how the particular ways in which the experience of trauma might impact the individual may depend on who the individual is, in terms of their background, where they're from, culture, all of those things.

**Theme 4: Considering how the therapist's experiences of trauma and social oppression impact the therapeutic process ( $n = 8$ ).** Participants described an awareness of their own histories of sociocultural oppression and trauma, and how these experiences intersect with those of the client. They spoke about both individual and collective traumas that influenced their attunement to their clients' traumatic experiences, and the importance of recognizing the differences between affect and cognition related to their own traumatic experience in contrast to that of the client. Additionally, some participants described the neglect and/or pathologizing of difference related to sociocultural identity (e.g., race, sexual identity, gender) within psychoanalysis as an oppressive experience.

The way he [the client] was describing the treatment, he had witnessed kids in his neighborhood by cops is not so far from the way that Nazis treated Jews in Europe. It really tugged on aspects of my own history. I had to really be conscious of reigning myself in, and I think had I not been aware of that, I think I would have been much more at risk of acting out with him.

I was the only Black on more than one occasion and one of my siblings and I would be the only Black kids in a totally White school. So, I've always been aware of issues around race, ethnicity and culture, in all types of experiences, not only the negative by any means, because of living in all parts of the country. In relation to ethnicity, I've often had a perspective of being someone who was more of an outsider.

#### Domain 4: Therapist's Ongoing Commitment to Self-Reflection

This domain encompassed participants' reflections on their personal histories with diversity, privilege, marginalization, their discomfort with addressing certain sociocultural issues with their clients, and the importance of engaging long-term with issues of diversity.

**Theme 1: Reflecting on one's own social location, privilege, and marginality ( $n = 20$ ).** All participants discussed the importance of developing awareness of their social location and positions of privilege and marginality in order to gain understanding and sensitivity to their client's experiences. A growing awareness of one's social location and identity was thought to be a critical means of developing a trusting relationship with the client and to therapeutic change more broadly.

I think the more you are aware of who you are and what your social identities are, the more you can use yourself in the room, the more you can understand other people.

He [client] thought that because I'm light skinned, I certainly fit in very easily. I have faced racist comments in this country which I didn't face in (country of origin—born outside United States). So, you know those are tough and painful issues that I had to face with him (Multiracial participant).

I thought to look at and explore what it meant to be White and then from another track, my minority position. I am lesbian and my own experiences of exclusion and treatment in the psychological world made me sensitive to what's like to be the targeted group too.

**Theme 2: Recognizing discomfort with select issues (e.g., race, social class, religion, sexuality, etc.;  $n = 20$ ).** There were some aspects of sociocultural identity and experience (especially race and social class) that participants stated as more difficult to address with their clients. This discomfort was rooted in a lack of knowledge and exposure to a specific area of diversity, painful affect associated with certain types of social oppression (e.g., racism, poverty), and/or concern about their internalized stereotypes and assumptions. Participants expressed that recognizing discomfort associated with areas is especially important to address, as it has the potential to interfere with active listening, openness, and engagement with the client's sociocultural experiences.

I think that cultural issues and gender issues feel easier than race issues. We know how to think about having more or less money, being attracted to men versus women, but we just do not as a culture know the history of the world, of racial conflicts and complexities.

It was much easier for me to deal with race than with class, not in every case, but it was clear in this case (of a client) that it was not easy for me to let him make me poor. I could easily allow him to defile me as a Black woman but I just did not give him wide

enough berth when it came to class. I just think for me poverty is even more painful (African American participant).

And things that I feel that I have to be on constant watch for in myself, my own ability to attempt to colonize, my own capacity for being racist, classist, genderist.

**Theme 3: Engagement with issues of diversity in one's personal life ( $n = 20$ ).** All of the participants reported that past experiences concerning issues of diversity and ongoing engagement with issues of diversity in their personal lives play a significant role in their abilities to engage with these issues in psychotherapy. They also pointed out that the ability to recognize and address issues of diversity in psychotherapy was at least in part shaped by their interest in and willingness to engage with these issues in their personal lives.

Something very important is having interacted in my personal life, beginning in my childhood with very significant others, like my grandparents who were immigrants. They helped me to understand the significance and to have the motivation to explore issues of diversity. Also, my parents' sensitivity to diversity in its different forms. My parents were very committed regarding their behavior regarding discrimination.

I am African American and there used to be an exercise 15 years ago on antiracism training. You were asked what did you do when you first became aware of race and all the Black people would say "Well, when I first became aware of myself," and all of the other people would say "Well, I was maybe 13." My experience in the field and the country is that it's not as if you are unaware of issues of diversity, certainly if you are of a certain age. So, this has always been something that has been very much a part of my experience that is negotiating White culture and cultures and various institutions as a person of color.

I live in a diverse culture consciously because that's how I want to live, among different groups. I never understood why psychoanalysis should be White, because the world isn't.

**Theme 4: Importance of personal therapy or analysis ( $n = 5$ ).** Some participants discussed the importance of their own therapy or analysis in providing them with emotional support with challenges related to sociocultural issues, and to developing an in-depth understanding of their sociocultural experiences, and the impact of these experiences on their identities and worldviews.

I think because I was in my own analysis, I did draw some conclusions about the beneficial as well as challenging aspects of my cultural experience and found that it was just helpful to me to understand who I am and why I see the world the way that I do.

I benefited from a personal analysis that helped me understand that (issues of diversity) with a meaningful kind of depth, and that grounds me.

**Theme 5: Cultural competence as a long-term process of learning and engagement ( $n = 5$ ).** Some participants noted that developing cultural competence involves a long-term process. Specifically, cultural competence was described as a process that develops through scholarly and personal reflection and interpersonal engagement during the course of one's life and career, rather than as an outcome that is attained at any single point in time. Further, participants emphasized that therapists benefit from on-

going engagement with issues of diversity in their professional and personal lives.

Some [students and colleagues] feel like 'I've done a lot of this diversity work and so I'm done with it.' And that has me really nervous . . . it's just knowing this is a process that never ends.

I think that becoming culturally competent is a lifelong project. You have to be prepared to work at this and expect to have to think about it and think about the meaning of the cultural differences in the room (therapeutic).

## Discussion

The purpose of this study was to gain an in-depth understanding of psychoanalytic psychologists' conceptualizations of cultural competence in psychotherapy. While recent scholarship has supported the integration of sociocultural issues in psychoanalytic psychotherapy (Tummala-Narra, 2015, 2016), this is the first empirical study to investigate the perspectives of psychoanalytic psychologists on cultural competence in psychotherapy. The findings in the study suggest that cultural competence involves attention to a complex, unfolding process of attending to sociocultural issues. Participants discussed the importance of conscious and unconscious processes shaped by sociocultural realities and social oppression, and how these processes affect dynamics between the therapist and the client. As such, participants' conceptualizations of cultural competence align closely with process-oriented models that focus on the dynamics within and between individuals in psychotherapy, in contrast to models that focus on how culture is experienced by broader cultural groups with whom the client identifies (Huey et al., 2014). In the following sections, we describe our interpretation of the findings in more detail, particularly those concerning the client's experience of sociocultural context and its impact on identity, affect and interpersonal dynamics in the therapeutic relationship, the therapist's sociocultural experience and social location, and social justice.

### Client's Experience of Sociocultural Context and Identity

Our finding that participants emphasized the need to modify existing conceptualizations of cultural competence in psychology that may oversimplify or categorize sociocultural experience and identity is consistent with process-oriented models that emphasize the dynamic, fluid nature of sociocultural context and experience (Huey et al., 2014; Tummala-Narra, 2015, 2016), and with recent studies indicating the importance of therapists avoiding broad generalizations, assumptions, and stereotypes based on inadequate breadth of knowledge about clients' cultural backgrounds (Rogers-Sirin et al., 2015). It is notable that participants emphasized the potential harm in categorical understandings of individuals and/or cultural groups as these approaches can minimize or neglect the complexity of clients' internal experiences of their sociocultural contexts. Participants noted that a psychoanalytic sensibility characterized by listening with openness and curiosity, while bearing the anxiety of the unknown is critical for accurate assessment of and engagement with sociocultural issues. Our findings extend previous research concerning cultural competence in psychotherapy practice (Huey et al., 2014; Rogers-Sirin et al., 2015; Sue et

al., 1992) by highlighting the ways in which therapists' understandings of the complexity of sociocultural identity develop through active listening over time. Specifically, while many participants stated that it was their responsibility to initiate discussion of sociocultural issues with their clients, they recognized that clients varied in terms of the extent to which they wished to discuss these issues at different points in psychotherapy.

### Affect and Interpersonal Dynamics in the Therapeutic Relationship

Our findings call for extending the psychoanalytic emphasis on affective experience (Luborsky & Barrett, 2006; Shedler, 2010) to include the realm of affect associated with sociocultural experience. Participants recognized how their personal experiences helped them to become more attuned to their clients' struggles with alienation, loss, and oppression. They also identified certain areas, such as race or class, which evoked their own discomfort in psychotherapy, due to their limitations in knowledge, life experiences, and/or stereotypes. This type of discomfort can contribute to therapists' reluctance in exploring areas that may be critical to the client's experience, and to microaggressions and enactments in psychotherapy that retraumatize or alienate the client (Rogers-Sirin et al., 2015; Tummala-Narra, 2016).

The exploration of affect related to sociocultural context and identity was thought to be evident in the transference and the countertransference. Transference and countertransference reflect societal structures and dynamics (e.g., racial, class, gender, etc.) (Holmes, 2006; Leary, 2007). Participants discussed the importance of listening to clients' feelings, such as anger, sadness, anxiety, grief, and shame, related to social marginalization (e.g., racism, classism), as clients are often prohibited from fully engaging with these affective experiences in their daily lives. In line with interpersonal and relational psychoanalysis (Altman, 2010; Mitchell, 1988), they emphasized exploring and deconstructing here and now moments in psychotherapy in addressing conflict related to sociocultural issues. For example, some participants explicitly acknowledged either participating in systems that perpetuate oppression, or engaging in a microaggression toward a client. Such interactions seemed to foster a sense of authenticity, trust, and humility that facilitated honest dialogue about sociocultural difference and similarity, and privilege and marginality, a critical component of developing a positive working alliance (Owen, Tao, Imel, Wampold, & Rodolfa, 2014).

### Therapist's Sociocultural Experience and Location

The therapist's sociocultural experience and social location had important implications for his or her approach to psychotherapy. All of our participants reported that reflecting on their personal experiences with issues of diversity, subjectivities, social oppression, and positions of privilege and marginality, was necessary to develop an in-depth understanding of the client's identity, relational life, and psychological distress. For some participants, reflecting on processes such as coming out as a gay man, or adjusting to a new culture as an immigrant was helpful in identifying their own reactions to clients' struggles. Consistent with previous studies (Tummala-Narra, Singer, Li, Esposito, & Ash, 2012), our findings suggest that therapists' ongoing engagement with issues

of diversity in their personal lives facilitates their ability to address these issues with clients. Participants emphasized the importance of making conscious choices to learn more about people of different sociocultural backgrounds, and of confronting barriers to addressing these issues with clients. Additionally, five participants discussed the importance of their own personal analysis or psychotherapy in helping them to recognize the impact of their life experiences on their psychotherapeutic work. It is worth noting that the remaining participants did not report that their personal analysis or psychotherapy was a space where they explored sociocultural experience, perhaps raising questions as to whether these issues were neglected or minimized by their therapists/analysts.

Previous scholarship has noted the unique challenges faced by minority therapists, including experiences of marginalization and reversal of power in practice and academic settings (Berger, Zane, & Hwang, 2014; Drescher, 2008). Our findings highlight important differences between the experiences of majority and minority status therapists. All of our participants who identified as either racial or sexual minorities stated that they faced discriminatory attitudes or behavior by clients and/or supervisors/faculty. At times, clients made negative assumptions or devaluing comments about a sociocultural group with whom the therapist identifies. In other instances, White clients did not follow up after an initial session with a racial minority therapist, likely due to perceived racial and/or cultural differences. While participants from different sociocultural backgrounds indicated that they did not have formal training or mentorship concerning sociocultural issues, participants who identified as minorities (e.g., racial, sexual) indicated that they had negative experiences in training with supervisors who dismissed the importance of sociocultural issues, and that they were often among few minority faculty in their professional settings. These findings call for closer inquiry into the experiences of minority status therapists who face a complex matrix of privilege as professionals and marginality as minorities.

### Social Justice

Participants emphasized the importance of recognizing social oppression and injustice (e.g., racism, misogyny, homophobia, classism, xenophobia, ableism) as critical sources of suffering for clients. An important step in engaging with traumatic stress concerned the inquiry into the client's direct experiences of sociocultural trauma and generational histories of sociocultural trauma that may affect a client's experience of marginalization. Further, our findings highlight unconscious processes that perpetuate social oppression. For example, participants expressed that knowledge about unconscious processes, such as defense mechanisms, inform understandings of prejudice and aggression. Attention to unconscious processes was also thought to be relevant to the therapist's own experiences of trauma and social oppression, as they may influence how the therapist engages with the client. Participants' experiences of marginalization at times included those within their interactions with supervisors and colleagues. Our findings suggest that attending to systemic problems in psychoanalytic training and practice is essential to reducing disparities in access to culturally informed treatment. Specifically, the findings support a reexamination of the culture of training within psychology and psychoanalysis, including issues of privilege, marginality, and prejudice

that contribute to barriers to culturally informed psychotherapy training and practice.

### Limitations and Implications of the Findings for Research, Training, and Practice

We note several potential limitations of the study. Although the participants in the study were drawn from a larger pool of psychoanalytic psychologists invited to participate in the study, we recognize that using a convenience sample limits our ability to interpret the findings. We recruited seasoned therapists who have published scholarship in the areas of sociocultural issues and psychoanalytic perspectives, and therefore our findings do not necessarily correspond to psychologists in other stages of their careers or to psychologists who have not engaged with scholarship in these areas but nonetheless are experienced in working with clients from various sociocultural backgrounds. The majority of participants in the study primarily worked with clients in independent practice settings, which can further limit the interpretation of the findings, as therapists who work in other clinical settings may have different perspectives regarding cultural competence. The questions on the semistructured interview focused primarily on individual psychotherapy. Future research should examine approaches to cultural competence in other psychotherapy modalities (e.g., family therapy, group therapy), community-based intervention, and in supervision and training. We also recognize that the study focused on the perspectives of therapists, and not those of clients. As such, it would be valuable for future studies to examine clients' perspectives of their experiences with sociocultural issues with their therapists, and the extent to which clients' and therapists' perspectives regarding these issues are consistent.

Despite these limitations, our study breaks new ground by systematically examining the perspectives of psychoanalytic psychologists concerning culturally informed psychoanalytic psychotherapy. Our findings have important implications for future research, training, and practice. Although the findings appear to support recent theoretical frameworks for culturally informed psychoanalytic practice (Tummala-Narra, 2016), they suggest that further research is necessary to examine challenges faced by therapists and clients when engaging in dialogues concerning sociocultural differences and similarities. For example, research can more closely examine the processes involved when a therapist and a client work through racial enactments and microaggressions within their relationship. Additionally, it would be important for studies to explore clients' experiences of what is helpful and what is not helpful in discussing sociocultural issues in psychoanalytic psychotherapy, possibly using process-oriented measures and observation (Huey et al., 2014). As minority status therapists' and majority status therapists' experiences of addressing sociocultural issues can vary considerably, future studies should focus on the unique position of minority status in conducting psychotherapy and experiences of isolation and/or marginalization among minority therapists.

Training that integrates in-depth understanding of sociocultural issues with a psychoanalytic emphasis on unconscious processes, defenses, affective experience, complexity of identity, traumatic stress, and introspection is imperative for culturally informed psychoanalytic practice. Yet, most graduate training programs in counseling and clinical psychology in the United States do not

provide adequate education on psychoanalytic understandings of sociocultural issues in psychotherapy or social justice in psychoanalytic work. Some graduate students seek out psychoanalytic supervision and training outside of their programs. However, financial barriers and a lack of exposure to psychoanalytic perspectives contribute to an ongoing disconnect between cultural competence training in psychology and training in psychoanalytic psychology. Relatedly, practice institutions (e.g., hospitals, clinics, counseling centers, community mental health centers, independent practice settings) can improve access to services by examining social and economic barriers to culturally informed psychoanalytic psychotherapy. These institutions can also attend to unique challenges faced by minority therapists, faculty, and students who may struggle with experiences of marginalization or devaluation by clients, colleagues, students, and supervisors. Participants in our study emphasized openness to learning, curiosity, and humility as key features of culturally informed therapists (Rogers-Sirin et al., 2015). As such, we encourage practice and training settings to offer opportunities for ongoing multicultural training, dialogue, and consultation to therapists and students. These efforts are critical to reducing disparities in access to culturally informed treatment, and in moving toward the inclusion and integration of sociocultural perspectives in psychoanalytic training and practice.

## References

- Ainslie, R. C., Tummala-Narra, P., Harlem, A., Barbanel, L., & Ruth, R. (2013). Contemporary psychoanalytic views on the experience of immigration. *Psychoanalytic Psychology, 30*, 663–679. <http://dx.doi.org/10.1037/a0034588>
- Akhtar, S. (2011). *Immigration and acculturation: Mourning, adaptation, and the next generation*. New York, NY: Jason Aronson.
- Altman, N. (2010). *The analyst in the inner city: Race, class, and culture through a psychoanalytic lens* (2nd ed.). New York, NY: Routledge.
- American Psychological Association. (2012a). *Crossroads: The psychology of immigration in the new century, Report of the APA Presidential Task Force on Immigration*. Washington, DC: Author.
- American Psychological Association. (2012b). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist, 67*, 10–42. <http://dx.doi.org/10.1037/a0024659>
- Aron, L., & Starr, K. (2013). *A psychotherapy for the people: Toward a progressive psychoanalysis*. New York, NY: Routledge.
- Benjamin, J. (1988). *The bonds of love: Psychoanalysis, feminism, and the problem of domination*. New York, NY: Pantheon.
- Berger, L. K., Zane, N., & Hwang, W. C. (2014). Therapist ethnicity and treatment orientation differences in multicultural counseling competencies. *Asian American Journal of Psychology, 5*, 53–65. <http://dx.doi.org/10.1037/a0036178>
- Boulangier, G. (2004). Lot's wife, Cary Grant, and the American dream: Psychoanalysis with immigrants. *Contemporary Psychoanalysis, 40*, 353–372. <http://dx.doi.org/10.1080/00107530.2004.10745836>
- Cohler, B. J., & Galatzer-Levy, R. M. (2013). The historical moment in the analysis of gay men. *Journal of the American Psychoanalytic Association, 61*, 1139–1173. <http://dx.doi.org/10.1177/0003065113514607>
- Downe-Wamboldt, B. (1992). Content analysis: Method, applications, and issues. *Health Care for Women International, 13*, 313–321. <http://dx.doi.org/10.1080/07399339209516006>
- Drescher, J. (2008). A history of homosexuality and organized psychoanalysis. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, 36*, 443–460. <http://dx.doi.org/10.1521/jaap.2008.36.3.443>
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*, 107–115. <http://dx.doi.org/10.1111/j.1365-2648.2007.04569.x>
- Geertz, C. (1973). Thick description: Toward an interpretive theory of culture. In *The interpretation of cultures: Selected essays* (pp. 3–30). New York, NY: Basic Books.
- Goodley, D. (2011). *Disability studies: An interdisciplinary introduction*. Los Angeles, CA: Sage.
- Harris, A. (2012). The house of difference, or White silence. *Studies in Gender and Sexuality, 13*, 197–216. <http://dx.doi.org/10.1080/15240657.2012.707575>
- Hays, P. A. (2016). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy*. Washington, DC: American Psychological Association. <http://dx.doi.org/10.1037/14801-000>
- Holmes, D. E. (2006). The wrecking effects of race and social class on self and success. *The Psychoanalytic Quarterly, 75*, 215–235. <http://dx.doi.org/10.1002/j.2167-4086.2006.tb00038.x>
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*, 1277–1288. <http://dx.doi.org/10.1177/1049732305276687>
- Huey, S. J., Jr., Tilley, J. L., Jones, E. O., & Smith, C. A. (2014). The contribution of cultural competence to evidence-based care for ethnically diverse populations. *Annual Review of Clinical Psychology, 10*, 305–338. <http://dx.doi.org/10.1146/annurev-clinpsy-032813-153729>
- Kang, H., Okazaki, S., Abelmann, N., Kim-Prieto, C., & Lan, S. (2010). Redeeming immigrant parents: How Korean American emerging adults reinterpret their childhood. *Journal of Adolescent Research, 25*, 441–464. <http://dx.doi.org/10.1177/0743558410361371>
- Leary, K. (2000). Racial enactments in dynamic treatment. *Psychoanalytic Dialogues, 10*, 639–653. <http://dx.doi.org/10.1080/104818810.09348573>
- Leary, K. (2007). Racial insult and repair. *Psychoanalytic Dialogues, 17*, 539–549. <http://dx.doi.org/10.1080/10481880701487292>
- Luborsky, L., & Barrett, M. S. (2006). The history and empirical status of key psychoanalytic concepts. *Annual Review of Clinical Psychology, 2*, 1–19. <http://dx.doi.org/10.1146/annurev.clinpsy.2.022305.095328>
- Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An integration*. Cambridge, MA: Harvard University Press.
- Morris, D. O., Javier, R. A., & Herron, W. G. (2015). *Specialty competencies in psychoanalysis in psychology*. New York, NY: Oxford University Press.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*, 250–260. <http://dx.doi.org/10.1037/0022-0167.52.2.250>
- Owen, J., Tao, K. W., Imel, Z. E., Wampold, B. E., & Rodolfa, E. (2014). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology: Research and Practice, 45*, 283–290. <http://dx.doi.org/10.1037/a0037420>
- Quinn, A. (2013). A person-centered approach to multicultural counseling competence. *Journal of Humanistic Psychology, 53*, 202–251. <http://dx.doi.org/10.1177/0022167812458452>
- Rizzuto, A. (2004). Roman Catholic background and psychoanalysis. *Psychoanalytic Psychology, 21*, 436–441. <http://dx.doi.org/10.1037/0736-9735.21.3.436>
- Rogers-Sirin, L., Melendez, F., Refano, C., & Zegarra, Y. (2015). Immigrant perceptions of therapists' cultural competence: A qualitative investigation. *Professional Psychology: Research and Practice, 46*, 258–269. <http://dx.doi.org/10.1037/pro0000033>
- Ruth, R. (2012). Contemporary psychodynamic perspectives on multiple minority identities. In R. Nettles & R. Balter (Eds.), *Multiple minority identities: Applications for practice, research, and training* (pp. 163–184). New York, NY: Springer.

- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, *65*, 98–109. <http://dx.doi.org/10.1037/a0018378>
- Smith, L. (2010). *Psychology, poverty, and the end of social exclusion: Putting our practice to work*. New York, NY: Teachers College Press.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. New York, NY: Cambridge University Press. <http://dx.doi.org/10.1017/CBO9780511557842>
- Suchet, M. (2004). A relational encounter with race. *Psychoanalytic Dialogues*, *14*, 423–438. <http://dx.doi.org/10.1080/10481881409348796>
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, *70*, 477–486. <http://dx.doi.org/10.1002/j.1556-6676.1992.tb01642.x>
- Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist*, *10*, 45–52. <http://dx.doi.org/10.1177/0011000082102008>
- Tummala-Narra, P. (2015). Cultural competence as a core emphasis of psychoanalytic psychotherapy. *Psychoanalytic Psychology*, *32*, 275–292. <http://dx.doi.org/10.1037/a0034041>
- Tummala-Narra, P. (2016). *Psychoanalytic theory and cultural competence in psychotherapy*. Washington, DC: American Psychological Association. <http://dx.doi.org/10.1037/14800-000>
- Tummala-Narra, P., Singer, R., Li, Z., Esposito, J., & Ash, S. (2012). Individual and systemic factors in clinicians' self-perceived cultural competence. *Professional Psychology: Research and Practice*, *43*, 165–174. <http://dx.doi.org/10.1037/a0025783>
- Wachtel, P. L. (2002). Psychoanalysis and the disenfranchised: From therapy to justice. *Psychoanalytic Psychology*, *19*, 199–215. <http://dx.doi.org/10.1037/0736-9735.19.1.199>
- Watkins, C. E. (2013). Do cultural and sociodemographic variables matter in the study of psychoanalysis? A follow-up comment and simple suggestion. *Psychoanalytic Psychology*, *30*, 488–496. <http://dx.doi.org/10.1037/a0033616>
- Yeh, C. J., & Inman, A. G. (2007). Qualitative data analysis and interpretation in counseling psychology: Strategies for best practices. *The Counseling Psychologist*, *35*, 369–403. <http://dx.doi.org/10.1177/0011000006292596>
- Yi, K. (2014). From no name to birth of integrated identity: Trauma-based cultural dissociation in immigrant women and creative integration. *Psychoanalytic Dialogues*, *24*, 37–45. <http://dx.doi.org/10.1080/10481885.2014.870830>