

CULTURAL COMPETENCE AS A CORE EMPHASIS OF PSYCHOANALYTIC PSYCHOTHERAPY

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Psychoanalytic theory has been criticized for decontextualizing individual development. While recognizing the historical neglect of sociocultural context in psychoanalytic theory, this article raises attention to psychoanalytic contributions to the exploration of sociocultural issues in psychotherapy and calls for a systematic inclusion of cultural competence as a core area of emphasis of psychoanalytic psychotherapy. The article includes a brief review of cultural competence in professional psychology, and both a critique of psychoanalysis regarding the neglect of sociocultural context in psychotherapy and a discussion of psychoanalytic contributions to a complex understanding of sociocultural issues in psychotherapy. Specific approaches to cultural competence that extend existing psychoanalytic theory concerning sociocultural context are presented. These include the recognition of historical trauma and neglect of sociocultural issues, indigenous cultural narratives, role of context in the use of language and expression of affect, influence of experiences of social oppression and stereotypes on therapeutic process and outcome, and the dynamic nature of cultural identifications.

Keywords: psychoanalytic theory, psychoanalysis, psychotherapy, cultural competence

Psychoanalytic theory has been criticized for neglecting issues of social context and identity and for privileging internal life over external realities of clients in psychotherapy (Brown, 2010; Wachtel, 2009). However, many psychoanalytic scholars over the two decades in particular have examined various aspects of social context as it relates to intrapsychic and interpersonal processes (Akhtar, 2011; Altman, 2010; Leary, 2006). The present article aims to extend psychoanalytic contributions to the understanding of diversity to a more systematic inclusion of cultural competence as a core, essential component of psychoanalytic psychotherapy. In the following sections, I discuss how

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cultural competence has been defined in professional psychology, a critique of psychoanalytic approaches to social context, recent psychoanalytic scholarship that addresses issues of social identity, and the ways in which psychoanalytic theory can both be transformed by and transform existing understandings of cultural competence in professional psychology.

Cultural Competence in Professional Psychology

Multiculturalism, identified as the “fourth force” in psychology (Pedersen, 1991), aims to “encourage inclusion and enhances our ability to recognize ourselves in others” (Comas-Díaz, 2011). The multicultural counseling movement in mental health paralleled the Civil Rights movement of the 1950s and 1960s (Arredondo & Perez, 2003; Hurley & Gerstein, 2013). Psychologists began to challenge the universal applications of psychotherapy approaches rooted in Euro American cultural values and norms. Further, the multicultural movement in psychology, along with feminist psychology, has challenged traditional approaches to psychotherapy for rarely addressing issues of power, privilege, and more broadly social context. From this view, Western-based psychotherapies, such as psychoanalytic, cognitive-behavioral, and humanistic therapies have historically decontextualized, ahistoricized, and depoliticized individual development. It is worth noting that scholars such as Abram Kardiner and Georges Devereaux, using a psychoanalytic-anthropological framework, challenged the cross-cultural application of psychoanalytic ideas, and a number of psychoanalysts in the middle of the 20th century, such as Eric Fromm, Karen Horney, Harry Stack Sullivan, and Erik Erikson, argued that development is shaped by contextual issues that vary across cultures and time periods. In the 1970s, 1980s, and 1990s, American psychiatrists and psychologists who took an anthropological perspective, such as Kleinman (1995), focused on culturally distinct explanatory models of distress. However, as Comas-Díaz (2011) has noted, psychiatric and psychological anthropology, and the cultural school of psychoanalysis did not develop specific methods to translate the theoretical understandings of culture and context to clinical practice.

Multicultural psychology, on the other hand, involved a turn toward new models that would explain minority and majority group identities as rooted in the context of particular social (gendered and racialized) interactions. The new frameworks that emerged recognized that psychotherapy, which decontextualized, apoliticized, and ahistoricized development may actually contribute to internalized oppression and a compromised sense of agency (Atkinson, Morton, & Sue, 1998; Comas-Díaz, 2011; Helms, Nicolas, & Green, 2010). The American Psychiatric Association (1994) published the cultural formulation and culture-bound syndromes, in response to the increasing awareness of the role of culture in diagnosis. The American Psychological Association developed guidelines for providers of services to ethnic, linguistic, and culturally diverse clients, and it was not until 2003 that it approved its Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change (American Psychological Association, 2003). These guidelines support the place of context in a client’s life and call for culturally competent practice, including using culturally appropriate assessment tools and psychological tests, the inclusion of a broad range of psychological interventions, and the inclusion of culture-specific healing interventions (Comas-Díaz, 2011). Cultural competence developed as a framework in mental health in the 1970s and 1980s to address therapist’s neglect of sociocultural context in the client’s life and its impact on psychotherapy process (Kirmayer, 2012). *Cultural competence* refers to a process or an orientation that is not

wedded to any specific technique, but rather involves “a way of construing the therapeutic encounter” (S. Sue, 2003, p. 968).

Stanley Sue (1998) suggested that the essence of cultural competence involves scientific mindedness, which encourages therapists to resist premature conclusions about clients who are from a different sociocultural context than themselves, dynamic sizing, which involves the therapist’s ability to appropriately generalize and individualize client’s experiences such that stereotyping is minimized, and culture-specific expertise, which involves the therapist’s specific knowledge about his or her own sociocultural context and that of the clients with whom he or she works. Derald Wing Sue (2001) further elaborated on the need to address universal, group, and individual levels of personal identity, emphasizing that therapists tend not to attend to the influence of individual’s connection with groups, such as ethnic or religious groups, on their psychological well-being. In this perspective, cultural competence is linked with social justice, providing access to appropriate mental health services (D. W. Sue, 2001). Culturally competent therapists aim to engage with several tasks: (a) develop (therapist’s) self-awareness; (b) develop general knowledge about multicultural issues and the impact of various cultural group membership on clients; (c) develop a sense of multicultural self-efficacy, or the therapist’s sense of confidence in delivering culturally competent care; (d) understand unique cultural factors; (e) develop an effective counseling working alliance in which mutuality and collaboration are emphasized; and (f) develop intervention skills in working with culturally diverse clients (Constantine & Ladany, 2001; D. W. Sue, 2001). Several obstacles to cultural competence have been outlined in the literature, such as the difficulty of addressing one’s personal biases, the tendency to avoid unpleasant topics such as racism and homophobia and accompanying emotions, and the challenge of accepting responsibility for actions that may directly or indirectly contribute to social injustice (D. W. Sue, 2001).

Although the multicultural movement has been a major influence in research and practice in psychology, approaches to cultural competence have been criticized by mental health professionals. For example, literature concerning cultural competence has been criticized for reducing culture to ascribed or self-assigned membership to a specific group, contributing to a view of culture as characterized by fixed features that are disconnected from the individual’s life history (Fowers & Richardson, 1996; Kirmayer, 2012). The term *cultural competence* often evokes feelings of anger, helplessness, and frustration among academics and clinicians. Interestingly, similar to the way that the word *feminist* is received in contemporary society, this term can even be experienced at times as oppressive and burdensome. The use of the term *competence* has been criticized as implying technical expertise, drawing attention to the institutionalization of cultural competence as potentially dangerous to the regulation and delivery of mental health services (Kirmayer, 2012). Alternatively, theorists have proposed that the concept of competence be broadened such that culturally responsive and competent treatment be defined to be more inclusive of a variety of different therapeutic approaches. In addition, mental health professionals have recently advocated for an expansion of multicultural competencies to include an international focus, drawing attention to increasing economic and cultural interconnectedness in contemporary society (Hurley & Gerstein, 2013).

On a practical level, clinicians struggle with the application of multicultural guidelines as they typically have little support during and beyond their training years in the translation of these guidelines to their interactions with clients in psychotherapy (Tumala-Narra, Singer, Esposito, & Ash, 2012). Although many programs in counseling psychology and clinical psychology now require a course in cultural diversity, with the hope of implementing these principles of cultural competence, there is a great deal of

variation in definitions and implementation of cultural competence in training and beyond, the receptivity to this framework, and the evaluation of cultural competence in practice. Much of the criticism of existing approaches to cultural competence in professional psychology center around the complexity of navigating across and within individual, interpersonal, and systemic issues relevant to client, the therapist, and the therapeutic process, and of addressing the dynamic nature of culture itself. A psychoanalytic perspective can facilitate an understanding of why the implementation of cultural competence requires a deeper examination of social context and identity.

Critique of Psychoanalytic Approaches to Social Context

McWilliams (2003) has pointed out that therapists are not neutral, and that therapists reveal to clients their psychoanalytic values and attitudes. In her view, therapists socialize clients in how to engage with the therapeutic relationship (e.g., frame), express emotion, and engage with issues of development, the effects of trauma and stress, sexuality, and self-esteem. Although there has been increasing recognition in psychoanalytic models that the therapist is not a “blank screen,” and perhaps should not even try to assume this position, few scholars have addressed what this particular type of socialization may feel like to clients depending on their particular social and cultural context. Among psychoanalytic journal publications concerning overarching analytic principles or areas of emphasis, there are no articles that mention attending to the client’s and the therapist’s social and cultural contexts as a basic value of psychoanalytic approaches. This is also true for the papers that include reviews of empirical evidence for the efficacy of psychoanalytic psychotherapy. There is no mention in these papers (Luborsky & Barrett, 2006; McWilliams, 2003; Shedler, 2010) about the potential influence of social context in clients’ lives or in the efficacy of psychoanalytic or psychodynamic psychotherapy.

Watkins (2012) examined reviews and meta-analyses of psychodynamic treatment over the past decade (a total of 104 studies, including over 9,000 participants), and found that approximately 75% of the studies did not provide any information about race or ethnicity, and when this information was provided, 75%, 21%, and 4% of the participants, respectively, were identified as being White, Black, or other (i.e., Asian, Hispanic, American Indian, and unspecified). The exclusion of information about race and ethnicity is not particular to empirical studies. Such exclusion is also evident in discussions of case studies and case material in clinically oriented scholarship, when the social identity of the client and that of the therapist are either not mentioned at all or mentioned briefly without connecting social identity factors with clinical presentation or the therapeutic process. Testing instruments further exclude social identity. For example, the Shedler-Westen Assessment Procedure (SWAP; Shedler & Westen, 2007), which aims to assess inner capacities and more broadly healthy functioning, does not include any items corresponding to cultural identity or adjustment. There is an assumption that operates when social identity is neglected in these ways, that is the assumption of what composes a “healthy, normative” client and a “healthy, normative” therapist. The neglect of cultural competence as a core emphasis of psychoanalytic theory stands in contrast to recent efforts of theorists from some other theoretical paradigms. For example, some cognitive-behavioral theorists (Hays, 2009; Newman, 2010) have explicitly stated that cultural competency is a foundational principle of CBT, on par with principles such as respecting and understanding scientific underpinnings of treatment and an emphasis on the therapeutic relationship.

Issues of social context from a psychoanalytic perspective should be considered with an understanding of the history of psychoanalysis. Various social and political factors contributed to the lack of attention to sociocultural context in the practice of psychoanalysis in Europe and the United States. Aron and Starr (2013) described Freud's self-representation, seated within an anti-Semitic Vienna, as "simultaneously insider and outsider, observer and observed, male scientist and circumcised Jew" (p. 230). Freud's vision was a progressive one that involved the availability of psychoanalysis to the public across lines of culture and social class (Aron & Starr, 2013; Danto, 2005). At the same time, Freud's primary focus on the intrapsychic contributed to a dismissal of social and contextual specifics relevant to theory. Scholars (Akhtar & Tummala-Narra, 2005; Moskowitz, 1995) have described Freud's ambivalence about sociocultural issues such as race, gender, and religion. Moskowitz (1995), for example, noted that Freud was keenly aware of anti-Semitism directed toward his family and other Jews while growing up, and yet never formally wrote about the effects of this oppression.

In the early part of the 20th century in the United States, the mental hygiene movement and World War I contributed to a medicalization of psychoanalytic theory and practice, further situating the locus of pathology and health within the individual (Cushman, 1995). In addition, psychoanalysis developed in the context of traumatic dislocation and exile during the Nazi Holocaust. Many psychoanalysts, including Freud, lost their homes and were separated from loved ones and were met with ambivalence in their new adoptive countries (Goggin, Goggin, & Hill, 2004). It was a matter of survival and safety to abandon connections with social and cultural traditions, especially in the face of anti-Semitism and ethnocentrism (Zaretsky, 2006). Yet, the traumatic effects of the Nazi Holocaust and anti-Semitism contributed to the neglect of sociocultural factors and social oppression for subsequent generations of psychoanalysts. Although analysts who developed the interpersonal school of psychoanalysis in the United States, such as Sullivan, Fromm, and Horney, presented an alternative psychoanalytic perspective that placed social interaction at the core of individual health and pathology and called attention to psychotherapy as a healing practice reflective of a particular cultural context, their views were not "mainstreamed" in American psychoanalysis in part because of the challenges these perspectives posed to existing dominant economic, social, and political structures. Instead, ego psychology, which explained psychic structures as universal and independent of cultural and political context, emerged as a dominant psychoanalytic tradition in a socially and politically destabilized United States post-World War I and Great Depression (Cushman, 1995).

In the post-World War II era, object relations theory and self-psychology shifted the focus of unconscious drive and conflict to the realm of relating between the child and the caregiver, typically the mother. Cushman (1995) has noted that although Winnicott and Kohut elaborated on the construct of the self in relation to significant others (e.g., caregivers), Western, Euro American historical and cultural context was not considered essential to shaping their conceptions of the nature of the universal self. Ironically, the emphasis on subjectivity that was elaborated in object relations theory and self-psychology and which influenced the development of relational psychoanalysis, tended not to be reflected in theorizing about sociocultural context.

Over the past several decades, psychoanalytic theory, particularly classical theory, has been criticized by both psychoanalytic scholars and scholars from other theoretical paradigms for its neglect of sociocultural context. These critiques largely center on the separation of the psychic and the social, the internal and external aspects of experience. Hermeneutic and social constructivist traditions have placed social context at the center of

intrapsychic and interpersonal experiences, and have called attention to the inherent dynamics of power and marginalization as they influence the practice of psychotherapy itself (Cushman, 1995; Friedman, 2000; Mitchell, 1988; Hoffman, 1998). Lacanian and post-Lacanian perspectives further suggested that the self is produced through language, culture, and interpersonal space (Kristeva, 1995; Lacan, 1998). These traditions value the role of social context as a core aspect of psychoanalytic psychotherapy, and have contributed to important strides in a movement toward the recognition of external realities and internal experience as inseparable.

Relational psychoanalysts further elaborated on the ways in which therapists and clients develop a shared reality through a process of mutual influence (Bromberg, 2006; Mitchell, 1988; Stern, 1997). An essential aspect of relational psychoanalysis entails the therapist's ability to reflect on his or her countertransference, as both the therapist and client are thought to influence transference and countertransference (Safran, 2012). Relational analysts, in particular, have more recently challenged the traditional, ahistorical, and apolitical stance of the therapist and instead have more actively engaged with sociocultural issues as they are mirrored in the therapeutic relationship. Wachtel (2009) has challenged therapists to move beyond a "session-centric" focus to attending to the individual's daily life, not only how the client experiences life, but what he or she does in his or her life outside the session, noting that attending to external reality is frequently interpreted by therapists as superficial, an attitude he considers to impede the development of a more complete theory of the human mind. Other psychoanalysts have further recognized the lack of attention to oppressive social conditions, such as the American socioeconomic system and racial hierarchies, and the values of individualism and meritocracy that underlie mainstream American and psychoanalytic ideals (Altman, 2010; Layton, 2006; Leary, 2006).

Psychoanalytic Developments in the Study of Diversity

A number of scholars have called for a recognition of contextually driven psychoanalytic theory and practice that emphasizes the reciprocal interactions between the therapist and the client (Cushman, 1995; Foster, 1996). Various psychoanalytic traditions, particularly relational psychoanalysis, have begun to address issues of social identity, particularly gender, race, immigration, social class, language and bilingualism, religion, sexual orientation, and physical disability. As the scope of theory development in these areas extends beyond what is possible to present in this article, I will briefly highlight a few areas of social context that have received attention in recent years by psychoanalytic scholars. For example, psychoanalytic scholars have described the experience of immigration as characterized by cumulative trauma, disorganization, pain, frustration (Grinberg & Grinberg, 1989), regression into earlier stages of development, "culture shock," and discontinuity of identity (Akhtar, 2011). Akhtar has aptly used the term *third individuation* to describe the changes in identity that are an inherent part of the immigration process, whereas other theorists have emphasized the interpersonal losses and trauma incurred in immigration and cultural adjustment (Ainslie, 2011; Boulanger, 2004; Foster, 2003).

Relational psychoanalytic approaches have challenged Western Eurocentric ideals of human development (Boulanger, 2004; Comas-Díaz, 2011; Layton, 2006; Roland, 1996; Tummala-Narra, 2011). For example, the concepts of healthy attachment, separation-individuation, and good-enough mothering have been revisited outside of Western Euro American contexts. Western conceptualizations of healthy attachment in early relation-

ships are based in Western values of individualism and independence, whereas conceptualizations of healthy attachment in most other cultures emphasize collectivistic values of interdependence and family unity (Tummala-Narra, 2011). Relatedly, psychotherapy has been conceptualized as involving enactments when the therapist and the client are unconsciously drawn to sociocultural norms that are problematic for the client's well-being. As such, cultural conflict is not openly discussed, and aspects of the client's identity remain hidden (Layton, 2006).

Issues of race and racism have also been approached from a number of different psychoanalytic traditions. Race has been thought to reflect deeper unconscious material, and as a stereotype that holds meaning in the context of racism, from a classical perspective (Dalal, 2006; Holmes, 2006). Object relations and relational theories suggest that social location and racial positioning is reflected in and reproduced in the transference (Altman, 2010; Leary, 2006). When compared with other psychoanalytic traditions, intersubjective, and relational approaches tend not to separate intrapsychic experience from social experience (Aggarwal, 2011; Altman, 2010; Harris, 2012; Leary, 2012; Yi, 1998). Although the study of race and racism in psychoanalysis has focused on racial tensions and dynamics between Whites and African Americans, recent scholarship has begun to explore racial dynamics across other cultural groups. For example, the concept of ethnocultural transference developed by Comas-Díaz and Jacobsen (1991) highlighted the ways that sociocultural histories and realities of the client and therapist influence therapeutic dynamics. Comas-Díaz (2000) has further suggested that racism and imperialism systematically deconstruct both individual and collective identities, and as such cause physical and psychological distress. She used the term *postcolonization stress disorder* to describe the psychological experience of colonized people of color, including pervasive identity conflicts, alienation, self-denial, assimilation, and ambivalence resulting from experiences of racism and imperialism. From a perspective that integrates psychoanalytic, feminist, multicultural, and liberation psychologies, Comas-Díaz (2000) challenges the decontextualized approaches to traumatic stress. The concept of "postcolonization disorder" in this integrative view contrasts with posttraumatic stress disorder in that posttraumatic stress disorder as a diagnosis does not reflect the repetitive and ethnopolitical aspects of racism and imperialism.

Other scholars have addressed the intersection of race and immigration and its relevance to the therapeutic relationship. For example, Eng and Han (2000) coined the term *racial melancholia* to describe the immigrant's wish to preserve a lost ideal of Whiteness in the face of race hierarchies that impose the internalization of stereotypes, contributing to ambivalent identifications with the heritage culture and the new culture. Tummala-Narra (2007) described the ways in which histories of colonialism and slavery have influenced majority and minority groups' perceptions of skin color, related unconscious and conscious associations with ethnic belonging, acculturation, and sense of goodness and badness, and how these associations are mirrored in the therapeutic relationship. The psychoanalytic study of race and racism has also involved an examination of Whiteness, with an emphasis on the processes of introjection and projection among Black and White racial dynamics in the United States (Altman, 2010). Suchet (2007) described Whiteness as "that which is seen and not named. It is present everywhere but absent from discussion. It is a silent norm" (p. 868), suggesting that it is not only those who are oppressed that suffer from melancholia but also, Whites who hold social power. Leary (2006) has further noted that race works along the lines of inclusion and exclusion, and discussions about race opens the analyst to scrutiny, and the therapeutic relationship to racial enactments.

Other areas of social identity, such as social class and sexual orientation, have received attention from psychoanalytic scholars in recent years (Ainslie, 2011; Brady, 2011; Drescher, 2007; Goodley, 2011; Holmes, 2006; Javier & Herron, 2002). Scholars have drawn attention to the ways in which issues related to social marginalization, such as poverty and racism, influence the mind in a “primary way” (Holmes, 2006, p. 216) and raise anxiety for the therapist who may or may not recognize the impact of White, middle-class values in which the culture of psychotherapy itself is located (Javier & Herron, 2002). Psychoanalytic theory concerning homosexuality has also been challenged, with scholars calling attention to the meanings of sexual orientation and identity, and intersectionality in the face of homophobia and heterosexism, rather than etiology of sexual orientation (Burack, 2009; Drescher, 2007; Greene, 2007).

The recent developments in psychoanalytic theory concerning various aspects of diversity have reenergized interest in social and cultural domains in psychoanalytic discourse and have contributed to more complex understandings of the intrapsychic and interpersonal experience in psychotherapy. Relational psychoanalytic approaches that consider the interplay of unconscious processes, intersubjectivity, and sociocultural context have been thought to be especially important in addressing issues of diversity in psychotherapy (Altman, 2010; Pena, 2003; Suchet, 2007). In the following section, I describe how these developments inform a more explicit definition of cultural competence from a psychoanalytic perspective that emphasizes the mutual influence of the therapist and the client and his or her respective sociocultural context.

Conceptualizing Cultural Competence From a Psychoanalytic Perspective

There has been growing attention to the importance of sociocultural context on individual development and psychic life in psychoanalytic literature, particularly with the advent of relational psychoanalytic perspectives. Yet, the question of how to engage with cultural competence and related guidelines in professional practice remains. Bearing in mind psychoanalytic contributions to the understanding of complex issues of social context and identity, I suggest that a more systematic inclusion and integration of cultural competence is needed for advances in psychoanalytic theory, and for a more sophisticated understanding of and implementation of cultural competence in professional psychology. In the following sections, I outline several approaches that build on existing psychoanalytic contributions, particularly those from relational theorists, and expand existing conceptualizations of cultural competence. These approaches reflect a call for both active engagement of psychoanalytic theory with cultural competence and the application of psychoanalytic contributions to culturally competent therapeutic practice. The approaches include the following: (a) expand self-examination to include the exploration of the effects of historical trauma and neglect of sociocultural issues in psychoanalysis on present and future psychoanalytic theory and practice; (b) recognize clients’ and therapists’ indigenous cultural narrative, and the conscious and unconscious meanings and motivations accompanying these narratives; (c) recognize the role of context in the use of language and the expression of affect in psychotherapy; (d) attend to how client’s and therapist’s experiences of social oppression and stereotypes of the other influence the therapist, the client, and therapeutic process, and outcome; and (e) recognize that culture itself is dynamic, and that individuals negotiate complex, intersecting cultural identifications in both creative, adaptive ways, and self-damaging ways, as evidenced in the use of defense. Each of these approaches is detailed below.

Expand Self-Examination

Although psychoanalysts have written extensively about the importance of self-reflection and self-examination, the recognition of historical trauma and cultural context that shaped theory and practice today has not been explicit in much of psychoanalytic literature. Yet, this lack of recognition contributes to ongoing separation between the psychic and the social. With respect to technique, the disconnection between historical and cultural influences on the psychotherapy process contributes to the therapists' practices such as dismissing or not initiating discussions about social context with clients. Therapists have been socialized to think that they may be disrupting the transference, that they are diluting the therapeutic frame, or be experienced by the client as a racist or perpetrator if they were to initiate discussions about context. Indeed, these can be difficult discussions to have, with the potential for experiencing feelings of shame, vulnerability, and incompetence. Recently, [Greene and Brodbar \(2010\)](#) edited a special issue of *Women & Therapy* focused on the experiences of Jewish women therapists. These experiences ranged from therapists who identified as Orthodox Jews to a therapist who was raised believing that her family was White, Anglo-Saxon Protestant and in adulthood came to learn about her Jewish ancestry. It is evident in this collection of essays that the Jewish experience has remained invisible despite its influence in Western psychotherapy. Similarly, in recent years, a few prominent psychoanalysts have written about their religious and spiritual identities and the influence of these identities on their approach to practice ([Aron, 2004](#); [Rizzuto, 2004](#)). In much of this literature, it is clear that the authors have struggled with bringing to their conscious attention the relevance of their social identity, and then publicly discussing their personal experiences within their professional circles. This type of self-examination in theory and practice is critical for developing a sense of authenticity, and for listening to culture, as the therapist's subjectivity influences his or her attention to the clients' experience and what he or she hears in the clients' words ([Seeley, 2005](#); [Wheeler, 2006](#)).

Recognize Indigenous Narrative

Although some therapeutic approaches based in multicultural psychology have emphasized using therapeutic approaches with racial minorities that tend to overgeneralize the experiences of racial and ethnic groups ([Seeley, 2005](#)), psychoanalytic theory has failed to consider how individual narratives are shaped by their respective cultural groups. The clients' psychic material lies at the core of psychoanalytic theory. Listening to the clients' indigenous narrative goes beyond listening to individual meanings and interpretations of sociocultural context. It entails listening to what lies beneath these meanings, how and in which context they were formed, the intrapsychic and extrapsychic implications these meanings have for the clients' day-to-day life, the anxiety that is produced in the client's articulation of indigenous narrative for both the client and the therapist. [Harlem \(2009\)](#) has suggested that this type of listening involves interpreting the client's desires, fears, behaviors, and relationships in the context of a cultural meaning system by "thinking by means of the other" (p. 281). Listening to indigenous narrative necessitates a collaborative relationship in which there is a recognition that the therapist's cultural narrative and the client's cultural narrative, and that accompanying motivations interplay unconsciously. As such, it is especially important for the therapist to attend to which narrative (that of the therapist or that of the client) is privileged and under what circumstances within the therapeutic process. Indigenous cultural narrative allows for a better understanding of

resilience and strengths, which are defined in distinct ways across cultures (Comas-Díaz, 2011; Tummala-Narra, 2007). An analysis of the interactions among cultural narratives is also essential to a more accurate understanding of development, pathology and health, and the therapeutic process, from the clients' perspective.

For example, a female immigrant client with limited financial resources may express her belief that her depressed mood is rooted in her inability to fulfill her duty as a daughter to her aging parents who live in her country of origin. She may feel that she has abandoned her responsibilities as a daughter by not taking care of them in old age, and as such feels responsible for bringing shame to her family's reputation in her community. The therapist's upbringing may incline him/her to focus more on her conflicted feelings about being a good daughter, or perhaps on her limited ability to travel to her country of origin. A psychoanalytic emphasis on indigenous narrative would involve attention to both how the client experiences the loss of access to visits with her parents, and the client's conflicted feelings about her role as a daughter in the context of physical distance from her parents and her adjustment to living in a new cultural environment. Specifically, the therapist may inquire about how she imagines herself as a daughter if she were still living in the country of origin, and her identification with her culture of origin and her changing cultural identifications since living in a new country. The client is also apt to discuss aspects of her cultural narrative if she experiences the therapist as someone who either implicitly or explicitly conveys that her perspective is valued within their interaction. The therapist, in this case, has to bear his or her own feelings of uncertainty and discomfort that are produced in listening to a narrative that either diverges from or challenges his or her own cultural narrative or preconceived notions of the client's cultural narrative.

Understand the Nuances of Language and Affect in the Psychotherapeutic Relationship

Indigenous narrative and culturally based explanations of development, health, and pathology are closely linked with language and affective experience. Psychoanalytic psychotherapy, similar to other types of therapy, relies heavily on language and verbal expression of affective material. Psychoanalytic perspectives emphasize the ways in which psychotherapy can function as a transitional space (Winnicott, 1971) bridging old and new languages and cultural experiences. Scholars have suggested that the use of native or heritage language in psychotherapy can both facilitate the clients' connection with early experiences, and reflect defensive functions in psychotherapy (Akhtar, 2011). Psychoanalytic theory concerning the use of language considers individual meanings of language use, and as such, emphasizes the complex use and interpretation of language. Similarly, the expression of affect should be carefully considered. For example, the experience of silence in psychotherapy can hold different meanings based in sociocultural context. The therapist may assume that the clients' silence is indicative of resistance, and the client may assume that the therapist's silence reflects indifference and lack of understanding. Psychological distress may also be expressed in physical symptomology, such as headaches and gastrointestinal pain, as the direct expression of negative affect may be experienced as conflictual for the client. The therapist in this case is met with the dilemma of whether or not to interpret the physical symptoms of actually reflecting emotional distress and has to think carefully about how such an interpretation is experienced by a client whose cultural narrative about health and pathology may contrast with that of the therapist. The nuances of both verbal and nonverbal communication, and the

conscious and unconscious meanings attached to these communications are especially well-suited to a psychoanalytic perspective that values the deconstruction of the therapeutic exchange rather than the imposition of one narrative over the other.

Attend to Experiences of Social Oppression

There is strong empirical and clinical evidence that indicates the negative effects of social oppression, such as sexism, racism, homophobia, classism, and ableism and related microaggressions (Altman, 2010; Comas-Díaz, 2011; Greene, 2007; Tummala-Narra, 2007). Discrimination and stereotyping contributes to a powerful “social mirror” (Suárez-Orozco, 2000) and “social unconscious” (Dalal, 2006) that shape self-images and perceptions by others, both of which are recreated both consciously and unconsciously in the therapeutic relationship (Altman, 2010; Holmes, 2006; Leary, 2012). The exploration of oppression in psychoanalytic psychotherapy is not a new idea; however, such exploration has remained circumscribed primarily to experiences of trauma, neglect, and intrapsychic conflict, excluding social and political oppression. The exploration of oppression, social, racial, and political trauma involves an emotional transformation of the client and therapist. The psychoanalytic emphasis on transference, countertransference, and the examination of repetitive patterns are especially relevant to the examination of social oppression. The therapist must open himself/herself up for scrutiny of his or her own stereotypes and assumptions and that of the client and recognize that he or she may be complicit in the client’s experience of oppression (Leary, 2006). In addition, the therapist should be prepared to recognize and validate the clients’ lived experiences of oppression in daily life. Therapeutic work involves the movement toward speaking truthfully about and accepting painful realities (McWilliams, 2003). In such a case, the therapist and the client privilege what happens outside of the therapeutic relationship and what happens inside of the therapeutic relationship (Wachtel, 2009). Wachtel (2002) suggested that this approach not only conceptualizes the role of the therapist as someone who helps the client cope with disadvantage, but also addresses the disadvantage itself, implicating the place of social justice in psychoanalytic therapy.

Both therapists who hold a minority status and those who hold majority status with respect to race, ethnicity, immigration, sexual orientation, social class, and dis/ability should consider how their personal experiences of oppression may influence their interactions with clients. Furthermore, psychoanalytic theory can be especially helpful in addressing multiple forms of social oppression experienced by individuals and their families. For example, the therapist can explore how a client may experience racism in one context and sexism in a different context, and how he or she may or may not integrate these competing experiences and how the context may contribute to these experiences.

Recognize the Complex Ways That Intersecting Cultural Identifications Are Negotiated

Individual and social identities develop in the context of dynamic cultural change and transformation. Variations in cultural identity are evident in the heterogeneity of experience within cultural groups and communities. Although much of the psychoanalytic literature has focused on cultural experience from a dominant psychoanalytic tradition, such as classical theory or relational psychoanalysis, the complexity of cultural identity formation requires multiple psychoanalytic perspectives and an integration of clinical and

research knowledge rooted in other traditions (e.g., feminist psychology, feminist psychology, multicultural psychology, social psychology, critical psychology). Hansen (2010) pointed out that the term *identity* assumes a value of unity rather than diversity, and highlights the role of unconscious conflict in “intraindividual diversity” (p. 16). He suggested that the centrality of internal conflict is shared across different psychoanalytic theories, and that postmodern and relational approaches in particular emphasize the importance of multiplicity of subjective experience. Layton (2006) and Boulanger (2004) further highlighted the role of conflict and ambivalence in the formation of cultural identifications.

I would argue that theory concerning conflict in cultural identity development has to be situated in social context, and the cultural narrative of the therapist and the client. For example, a client who experiences conflict about coming out as a gay man to his family has to consider what being openly gay in his family may mean for him and his connection with his family, particularly if his family has strong cultural and religious beliefs that homosexuality is a sin. The therapist’s and the client’s cultural narratives also influence how cultural identity is approached in psychotherapy. One particular supervisory example is relevant to this dilemma. I consulted with a White, European American colleague who had been working with a young second-generation Indian American woman who expressed feeling anxious about getting married, particularly after her parents had introduced her to several men with the hope that the client would choose one of these men as her spouse. My colleague expressed her feelings of helplessness in working with this client, and felt that her client was being oppressed by her parents. I asked my colleague if the client experienced any ambivalence about her parents’ involvement or did she only experience negative feelings about meeting potential partners through her parents? My colleague responded by telling me that she could not imagine that her client felt anything except anger and frustration, because the idea of arranged marriage was oppressive and outdated. She did, however, in a following session, ask her client if she ever felt ambivalent about arranged marriage, after which the client stated that there was indeed a part of her that liked meeting someone her parents introduced to her and that she felt embarrassed to share these feelings with a non-Indian person.

The complexity of identity and its variations across and within cultural groups and generations is also relevant to the issue of intersectionality. The meanings attached to some aspects of identity and where and when they become more salient, and their connections with early life and ongoing interpersonal experiences can be uniquely addressed through a psychoanalytic lens. The intersectionality of social identities is also relevant to the therapist who must ask himself/herself which aspects of identity feel more salient when working with a client of any particular sociocultural background, and which social identity issues the therapist is more comfortable addressing with a client (Greene, 2007). The therapist’s ability to engage with not only the client’s internal conflicts concerning social identity but also to bear the anxiety of not knowing or experiencing difference from the client’s cultural identification is critical for a therapeutic relationship that is collaborative and productive. From this perspective, the therapist is required to refrain from the tendency to minimize difference and universalize experience. The therapist’s ability to bear anxiety helps to facilitate the client’s willingness to negotiate the multiplicity and hybridity of his or her identity and to explore shared fantasies of sameness and the other, and to “face reality together” (Benjamin, 2011). As such, the therapist socializes the client to talk about

social context, rather than conveying an implicit or explicit message that this issue is irrelevant or peripheral to the clients' internal life.

Concluding Thoughts: What Would it Mean for Cultural Competence to Become a Core Emphasis of Psychoanalytic Psychotherapy?

A client with whom I worked in psychoanalytic psychotherapy told me during our termination process that the most important thing she gained from psychotherapy was that "someone is able to see who she actually is, which helped her to see herself as she actually is." There are, of course, many qualities of a therapeutic relationship that foster this experience of realness that my client has described, and yet, I have been struck with how important it is to listen for contextual issues that interact with and shape psychic experience. The expansion of psychoanalytic theory and practice to include cultural competence as a core emphasis is not a stretch in that psychoanalytic theory has from its inception focused on the relationship between an individual's early experiences with his or her caregiving environment. Cultural competence in psychoanalytic theory would entail an extension from the caregiving environment to multiple social contexts that provide important mirroring functions for the individual. This call for inclusion is not meant for only for practitioners interested in social issues, but rather for any practitioner whose goal is to help clients with complexity and depth. Within the context of an increasingly pluralistic society and significant disparities in mental health care for marginalized communities, it behooves psychoanalytic practitioners to seriously and consistently engage with cultural competence, and all practitioners to engage with psychoanalytic conceptualizations of social identity.

Such a commitment would require changes in theory, research, assessment, practice and education. For example, diverse psychoanalytic and nonpsychoanalytic theoretical perspectives are necessary for a more thorough understanding of social context and identity. There is a clear need for psychotherapy research that more systematically addresses issues of social and cultural diversity, and includes research participants from diverse backgrounds. Research should further address constructs related to social identity, such as acculturation, ethnic identity, and racial identity, experiences of discrimination, and resilience, the heterogeneity of cultural experience within cultural groups and across generational groups, and accompanying meanings for internal life. Test development and assessment should reflect the consideration of sociocultural factors, and include diverse, representative normative groups.

Culturally competent psychoanalytic practice would involve both attending to specific practice approaches detailed in this article, and addressing institutional and systemic barriers, such as lack of access to interpreters, and lack of ongoing training or access to consultation. Psychoanalytic education and training would need to involve a curriculum that reflects the valuing of sociocultural issues. Typically, there are no standard curricula in psychoanalytic training institutes that formally include educational modules on social context and identity, and few faculty members who are racial, sexual, or other minorities. There are also few academic psychology programs that include psychoanalytic contributions to the study of sociocultural diversity in their curricula. It is not surprising then that psychoanalytic institutes tend to recruit few minority candidates, and that students in graduate training programs in psychology have little access to psychoanalytic ideas. Further, there are gaps between supervisees and supervisors (psychoanalytic and nonpsychoanalytic in orientation) with respect to

exposure to training in cultural competence and social justice issues, contributing to challenges in the supervisory relationship when addressing issues of social identity and context. Trainees and early career professionals are often caught between negotiating contradictory messages about the importance and relevance of cultural material in practice.

Adding cultural competence as a core area of emphasis in psychoanalysis requires self-examination at individual and institutional levels. Mental health practitioners, especially those with training responsibilities, can either obstruct or facilitate the integration of cultural competence in education. The issue of access to psychoanalytic knowledge is also an important issue to consider. For example, the financial cost of psychoanalytic training is prohibitive for most individuals, and language that is used in psychoanalytic literature is experienced by many researchers and practitioners as difficult to translate to daily practice. Further, psychoanalytic ideas are typically published in journals that specialize in psychoanalysis, and there is little crossover of these ideas in mainstream academic journals. These issues call attention to a growing disconnection of psychoanalytic thought from academic psychology and professional psychology.

In recent years, several psychoanalytic practitioners have initiated the application of psychoanalytic concepts in community interventions and nonclinical domains, calling attention to both the need to modify existing psychoanalytic theory and creating access to psychoanalytic ideas to better address the needs of diverse communities (Hollander, 2010; Liang, Tummala-Narra, & West, 2011; Twemlow & Parens, 2006). The future of psychoanalytic theory and practice and the future of culturally competent practice rely on the active interchange across frameworks. The voices of therapists, clients, students, educators, and communities that experience social marginalization are at the crux of diversity issues, and, as such, cultural competence and psychoanalytic ideas are likely to be better integrated once these voices are heard and “mainstreamed.”

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