20 The Effects of Culture and Society

Key concepts

Traditionally, psychodynamic organizing ideas about development have focused on the influence of the immediate environment (i.e., primary caregivers and family) on the development of a person's conscious and unconscious mind.

The Ecological Systems model (Bronfenbrenner, 1977) is an organizing idea that suggests that human development is influenced by many different social environments. These include:

- The immediate environment or **microsystem**
- The community environment, or **mesosystem**
- The society at large, or **macrosystem**

The macrosystem includes structural systems of privilege/advantage and oppression/disadvantage based on race, gender, sexual orientation, gender identity and gender expression, physical and mental ability, age, class, religion, and indigenous status (Hays, 2016).

In people who are disadvantaged by the structures of society, patterns such as mistrust, self-hatred, shame, otherness, and anger may be linked to the effects of those systems.

In people who are advantaged by the structures of the society, patterns such as entitlement and fragility may be linked to the effects of those systems.

Linking to the effects of culture and society involves collaboratively understanding the way that structures related to privilege and disadvantage/oppression have shaped a person's lived experience. They should be considered in the psychodynamic formulations of all patients.

It stands to reason that

- If your society wants to kill you, you may become afraid and mistrustful
- If your culture calls you loathsome, you may feel othered and self-hating
- If laws and policies keep you from power and resources, you may become angry

Psychodynamic Formulation: An Expanded Approach, First Edition. The Psychodynamic Formulation Collective.

Thus, when we think about how people develop, we must factor in the impact of culture and society's "economic, social, education, legal and political systems" (Bronfenbrenner, 1977, p. 515). This chapter offers conceptual ways to incorporate the effects of culture and society into our psychodynamic formulations.

Basics of psychodynamics and the ecological systems model

Over the years, researchers who study human development have increasingly understood that culture and society influence development in myriad ways throughout life. In the 1970s, Bronfenbrenner outlined the ecological systems model to help explain these broader, lifelong effects. This model, which we introduced in Chapter 1 and in the Introduction to Part 3, posits that there are three major social environments that affect development:

1. The **microsystem** is "the complex of relations between the developing person and environment in an immediate setting containing that person (e.g., home, school, workplace, etc.)" (Bronfenbrenner, 1977, p. 514).

   Example: A child grows up feeling "less than" after a sibling was overtly favored by their parents.

This effect originated in the child's immediate environment—his family—and is thus a microsystem effect.

2. The **mesosystem** "comprises the interrelations among major settings containing the developing person at a particular point in his or her life. Thus, for an American 12-year-old, the mesosystem typically encompasses interactions among family, school, and peer group; for some children, it might also include church, camp, or workplace. . ." (Bronfenbrenner, 1977, p. 515).

   Example: A devout member of a religious organization feels excluded and with diminished support after being shunned for deciding to become a single parent.

This effect originated in this person's local community, and thus can be considered a mesosystem effect.

3. The **macrosystem comprises** "the overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro [and] mesosystems . . . are the concrete manifestations. Macrosystems are conceived and examined not only in structural terms, but as carriers of information and ideology that, both explicitly and implicitly, endow meaning and motivation to particular agencies, social networks, roles, activities, and their interrelations" (Bronfenbrenner, 1977, p. 515).

   Example: An African-American man living in the United States might understandably feel unsafe when walking alone in predominantly White neighborhoods. He finds that he feels safer if he whistles classical music, trying to signal to White people that he is culturally assimilated.

This kind of situation has its basis in the structures of society at large, and thus can be considered a macrosystem effect.

The hierarchies of society

What we think of as the "structures" of the macrosystem include the explicit and implicit systems of domination, privilege, and advantage that exist in society. Many of these systems are **hierarchical**, enabling those few at the top of the hierarchy to have the majority of the resources/privilege/power, while the rest of the group has less or none at all (Moane, 2011). In this model, one group is dominant, and the rest are dominated. We can consider these systems using the **ADDRESSING** framework (Hays, 2016):

- **A:** Age and generational influences
- **DD:** Developmental or other disability
- **R:** Religion
- **E:** Ethnicity or race
- **S:** Socio-economic status
- **S:** Sexuality
- **I:** Indigenous heritage
- **N:** Nation of origin
- **G:** Gender

These hierarchies affect us whether we are consciously aware of them or not, helping to shape the way we think about ourselves and others, and how we adapt to the vicissitudes of life. **Intersectionality** occurs when we are disadvantaged by more than one system of oppression (Crenshaw, 2017). Examples include people who are lesbian and Latinx, Black and undocumented, or female and disabled.

Systems of oppression and the maintenance of society's hierarchies

The hierarchies of society are maintained by the following means of control:

- Violence (e.g., murder, genocide, rape, female castration)
- Political exclusion (e.g., voting restrictions, inability to participate in government)
- Economic exploitation (e.g., slavery, poverty, lack of a minimum wage, inadequate social services such as health insurance and education)
- Cultural control (e.g., control of educational systems, inability to practice religion or speak a native language, propaganda)
- Control of sexuality (e.g., bans on contraception and abortion, sodomy laws, prostitution)
- Fragmentation (e.g., ghettoization Moane, 2011).

Because these means of control are often oppressive, these hierarchical structures have been called **systems of oppression**. The Smithsonian defines systems of oppression as:

> *The combination of prejudice and institutional power which creates a system that discriminates against some groups (often called 'target groups') and benefits other groups*

(often called 'dominant groups'). These systems enable dominant groups to exert control over target groups by limiting their rights, freedom, and access to basic resources such as health care, education, employment, and housing (National Museum of African American History and Culture, 2020).

Systems of oppression create a hierarchy of in-groups and out-groups (e.g., White/of color, male/female, cis/trans, young/old, rich/poor) in which one group is treated as the socially desirable one, and the other as a less desirable alternative, or even suspect, alien, or **other**. Being the other is not neutral but negative and less than. Those of us in advantaged in-groups may be unaware of, unreflective about, or even vehemently opposed to the idea that being part of an in-group has positively advantaged us in life. Those of us in disadvantaged out-groups are often extremely and constantly aware of the ongoing effects of discrimination, marginalization, and being disadvantaged relative to others in daily life, and of the daily microaggessions directed at us because of our perceived status.

Implicit bias and the transmission of cultural and societal effects

When we internalize the hierarchical attitudes of society, they become automatic attitudes defined as **implicit bias** (FitzGerald & Hurst, 2017). Systems of oppression are often unconsciously transmitted from generation to generation via implicit bias (Banaji & Greenwald, 2016). Examples of implicit bias include unconsciously associating Blacks and weapons, or boys and science, despite a conscious understanding of the prejudicial and irrational basis of such associations.

Societal hierarchies can also be transmitted from generation to generation consciously and intentionally. By internalizing the verbal and nonverbal attitudes of their parents, children can be indoctrinated to hate and fear others who are unlike them or who are othered by their parents from earliest life. Studies indicate that children begin to develop implicit bias about traits such as skin color as early as six months of age (Winkler, 2009).

Social determinants of mental health and societal hierarchies

Because economic exploitation and cultural control are two of the means by which society's hierarchies are maintained, the **social determinants of health**, defined as the "conditions in which people are born, grow, live, work and age" (World Health Organization, 2008), are mediated by the individual's relationship to these structures. Advantaged children reap the benefits (e.g., money, power, resources) of being born into privilege, while disadvantaged children suffer from lack of resources and the chronic stress and strain of their caregivers (Shim & Compton, 2015). Being in a disadvantaged or othered group can affect access to basic needs like food, medical care, and parental attention, all of which are known to affect cognitive and emotional development (Compton & Shim, 2015). Preliminary data supports that a mother's exposure to discrimination when pregnant may affect her children's brain development (Sonderlund et al., 2021). Early impact may also depend on whether the caregiver and children belong to the same advantaged or disadvantaged group.

For example, an immigrant child raised by immigrant parents will have a different experience of systems of oppression than will an LGBTQ+ child born to a family of straight individuals. Belonging to the same disadvantaged group as one's caregivers could offer support, or could compound stress and strain.

Basic ideas about how culture and society affects psychological development throughout life

During development, people become aware of society's hierarchies implicitly as bias, and explicitly as prejudice, discrimination, and privilege. The means by which these hierarchies are maintained (e.g., discrimination, violence, war, poverty, political disenfranchisement) affect every member of society. Researchers in the fields of critical race theory, feminist theory, colonial oppression, LGBTQ+ mental health, and ableism as well as others have proposed various mechanisms by which the implicit and explicit transmission of society's hierarchies of dominance affect our psychological development throughout life.

Younger children may be consciously unaware of these systems, but may experience their impact in the form of lack of access to economic/societal resources and chronic stress/strain. At the same time, they may be absorbing parental and societal attitudes toward themselves and other groups through the transmission of their parents' implicit and explicit biases.

Once they venture out of the home to attend school, children consciously and unconsciously absorb and internalize the rules of the macrosystem. These internalized rules can affect many domains of psychological function, such as sense of self, relationships with others, and adaptation to stress. Hypotheses about how this happens (Christian et al., 2021; Edwards & Hanley, 2021; Moane, 2011; Shim & Compton, 2015), including the minority stress model (Meyer, 1995), suggest the following as potential psychological mechanisms:

- **Internalization** of the culture's negative attitudes toward the individual or individual's minority group, leading to self-hatred and self-doubt as well as hatred and devaluation of others in the dominated group
- **Isolation** from the individual's culture and history and from other parts of society, leading to difficulty with identity formation and otherness
- **Inhibition of expression** of personal needs, of aspects of the self, and of negative feelings, leading to difficulties with relationships and intimacy
- **Stigma and trauma** related to discrimination and violence, leading to mistrust and fear
- **Decreased access to money, resources, and power**, leading to poor mental and physical health, developmental delays, and compounded stigma

Moane (2011) suggests the internalization of systems of oppression disconnects the disadvantaged individual from their history and culture, diminishing their sense of self and affecting self-esteem and identity formation. This, in turn, affects behavior and mood regulation. Thinking of oneself as belonging to a group perceived as inferior sets the stage for self-esteem issues in the form of self-hatred and shame.

For those advantaged by society's hierarchies, internalization of the culture's positive attitudes toward the individual and expectation of access can lead to conscious and unconscious feelings of entitlement and superiority, which may manifest in patterns of behavior, such as entitlement or self-esteem fragility.

Linking problems and patterns to the effects of culture and society

Being disadvantaged by the hierarchical structures of society can affect all aspects of function, including every dimension of mental life. Thus, any conscious or unconscious pattern in a person who has suffered (or who continues to suffer) from discrimination can be linked to the impact of society's hierarchies. We can use the mechanisms of impact proposed above to link problems and patterns to the effects of culture and society. Several patterns may particularly suggest this linkage:

Self-experience

Sense of inferiority, self-doubt and shame

> *You were born into a society which spelled out with brutal clarity, and in as many ways as possible, that you were a worthless human being (Baldwin, 1963, p. 7).*

When the sense that one is worthless is internalized, the effect can devastate self-esteem. The **feeling of being less than,** as well as **self-hatred** of one's nondominant qualities, can affect identity formation and self-esteem as well as relationships with others. This can take the form of self-hatred, depression, self-inflicted physical or emotional punishment, or masochistic/submissive behavior (Moane, 2011). For example, consider Paula:

> *Paula, who is 40 years old, consults a therapist for stress at work. "I'm just not cut out to be a manager," she explains. "I'm letting everyone down all the time." Although she says that she was recently promoted, she says, "They just don't know. I'm not doing enough for my family either." When asked about her early life, Paula says that she emigrated with her parents to the United States from El Salvador when she was 4 years old. "My parents had a visa at first, but then we just stayed. We had no papers until I had finished college. My mother cleaned houses, and my father did odd jobs. They are proud of me, but they still can barely speak English. I lived my whole childhood in the shadows, afraid of being sent home. I always felt like all eyes were on me—like I was a criminal."*

Having internalized society's suspicion of and anger at undocumented immigrants, Paula was unable to develop a sense of self that matched her talents.

Embodying traits that are deemed negative by the dominant group can also lead to **shame**. Aspects of the self that are sometimes not readily apparent by looking at someone (e.g., sexual orientation, gender identity) may be experienced as parts of the self that need to remain hidden lest they trigger dislike, discrimination, or rejection

from family, peers, or one's community (Drescher, 1998). Aspects of the self that are readily apparent by looking at someone (e.g., race, physical ability, gender atypicality in childhood) may feel like they are always on display such that one's other qualities can never be seen. This can inhibit self-expression, affecting both sense of self and the ability to enter into and maintain intimate relationships with others.

> *Todd, a 45-year-old trans man, presents with depression and difficulty with relationships. "Hormones saved my life," he tells the therapist. "They made me feel alive. But even with a beard, I still feel like it's a costume. Where I'm from, I was just a weird girl. I watched the boys play on the field and just wanted to run out to them and say 'I'm here!' My parents were always worried about me—they just didn't know how to help. How could I tell them? When kids danced at a party, I cringed—I could barely move my body and I sure didn't want anyone to see me doing it. Now, I barely know who I am—how can I share that with someone else?"*

Todd's inability to live as a man until his 40s inhibited his capacity for self expression, leaving him depressed, unsure of his own identity, and unable to form relationships with others.

Entitlement or sense of superiority

Developing in a culture in which a person or a person's group is advantaged may result in a sense of **entitlement** or **superiority**.

> *Driving over the speed limit when late for a therapy appointment, a White cisgender woman was stopped by a policeman. "I never have problems with the cops," she cheerfully told her therapist. "A White woman with a 'soccer mom' bumper sticker? They never give me a ticket!"*

Fragility

When members of advantaged groups feel that they are not getting what they have come to expect, this is sometimes called **fragility** (e.g., White fragility) (Diangelo, 2018):

> *A White cisgender heterosexual man sought therapy for depression after his son was rejected from his alma mater. "My family has gone to that school for generations," he told the therapist. "Half the buildings are named for my uncle—they could never have built them if not for us. I've given so much money for scholarships there; it feels like such a slap in the face for them not to admit my own son—particularly when we would pay full tuition."*

Relationships with others

Otherness

Being **othered** is an active societal sorting process and an alienating experience in which a person is made to feel less than the mainstream representative. People are often othered for traits outside of their control, such as being trans, queer, female, of color, differently abled, overweight, or older. Being the other is negative, not neutral.

Clinically, this can manifest as isolation, loneliness, feeling different or alien, or not feeling understood:

> *Carly, a 40-year-old African-American high school teacher, tells her therapist, "All my friends would tell you that they love me and that I 'fit in.' But all these years later—all those years of being in classrooms with mostly White kids and mostly White teachers, of not being invited to birthday parties, of surprising the guidance counselor when I got into good schools—I still don't just sit down at a table with other teachers without being invited. I'm sure they don't even know it's happening."*

The gay teen who is teased and who avoids social events, the child of color who sits alone in the cafeteria, or the young adult who wears a backbrace for scoliosis, may grow up and often continue to feel othered as adults—often unbeknownst to those around them.

Fear and mistrust

> *And I am afraid. I feel the fear most acutely whenever you leave me, But I was afraid long before you, and in this I was unoriginal. When I was your age the only people I knew were Black, and all of them were powerfully, adamantly, dangerously afraid. I had seen this fear all my young life, though I had not always recognized it as such (Coates, 2015 p. 14).*

Many disadvantaged people are afraid all the time. They have fear of being killed, bullied, shunned, shamed, harmed, discriminated against, exploited, and trapped. It is natural and adaptive that this fear breeds **mistrust**. When the origin of disadvantage is apparent (e.g., color, sexuality), people may feel that they are wearing a target on their back. When it is hidden, people may feel that one false move may lead to exposure and catastrophe. These experiences can lead to fear and mistrust of others and an inability to be open with oneself and one's thoughts and feelings. As we discussed in Chapter 7, individuals can develop trust within their immediate family (microsystem) but have general mistrust as the result of their membership in a marginalized group. This is essential to consider when trying to understand trust and lack of trust in adult patients.

Adaptating

Anger and indignation

> *Aggression leaps from wounds inflicted and ambitions spiked. It grows out of oppression and capricious cruelty. It is logical and predictable if we know the soil from which it comes. People bear all they can and, if required, bear even more. But if they are [B]lack in present-day America they have been asked to shoulder too much. They have had all they can stand. They will be harried no more. Turning from their tormentors, they are filled with rage (Grier & Cobbs, 1968, pp. 3–4).*

Both single and repetitive experiences of being unfairly treated and discriminated against can lead to feelings of **anger** and **indignation**. This understandable and adaptive response can be channeled into assertiveness, empowerment, and activism (Edwards & Hanley, 2021) but can also manifest as self-criticism, depression, interpersonal aggression, or violence. For example, a patient whose family had been held

at a country's border for months might become enraged every time they have to show their ID when they enter the clinic. This anger can also be directed at people from the same disadvantaged group. When this occurs, it is sometimes called **lateral violence** (Maracle, 1996).

A sample formulation—linking to the effects of culture and society

Presentation

Ronni is a 35-year-old biracial lesbian woman who seeks psychotherapy with a White lesbian therapist, saying, "My girlfriend broke up with me. I don't know how to be emotionally intimate with her." Ronni noted that she has always been mistrustful of others in a way that kept her from developing "really deep" relationships, in which she felt that she could reveal her "true thoughts and feelings." She felt this also happened in her two prior psychotherapies, in which she says she "did not feel fully understood." She states she always feels that she does not belong anywhere and that this makes her feel depressed and "empty" inside.

Ronni is very successful at her tech job and has many friends and acquaintances from work who like her "hip and cool" self-presentation, and the fact that she's always the first one tuned into emerging new music. She feels at home and freer in underground clubs and lesbian bars where she says she can "lose myself in the music and just dance." Despite an active social life with friends from work and the clubs, each romantic relationship seems to end in the same way—women are drawn to her but ultimately leave when she is unable to open up sexually and emotionally. "It's like I reach a wall, beyond which I can't really talk to them, and I'm more comfortable working more or watching TV. Then I start to dread that they want me to go deeper and I feel trapped and freaked out, which shuts me down even more." When asked about her initial responses to her new White therapist, she states, "Well, at least you're lesbian. I'm desperate to get better and find a partner who can tolerate me and to be able to have kids someday—I don't want to be so alone. We'll see how it goes."

DESCRIBE the problems and patterns

*Ronni fears and **mistrusts** others, feeling they will not understand her. This prevents her from fully revealing herself to both friends and lovers, interfering with her capacity for intimacy. She also has **feelings of inferiority** because she has trouble believing that someone who really knows her will like and accept her fully if she does reveal herself wholly to them. Her strong **feelings of otherness** about both her sexuality and her biracial background make her feel she doesn't belong and that people won't understand or accept her. She has a **sense of shame about who she is**, which is relieved only when she can lose the pervasive sense of otherness by blending into the anonymous and mixed crowd while dancing in a club. At best, she feels she may find a partner who "tolerates" her and a therapist with some overlap in her identity who may at least partially understand her experience.*

REVIEW the life story

Ronni is the only child of an older White father and a mother of Afro-Caribbean descent. Ronni's mother immigrated to the United States for college where she met Ronni's father at a coffee bar: Ronni's father, an executive at a computer company, was getting coffee and her mother was working as a barista. Ronni's mother had a history of abuse and neglect, had experienced food

insecurity as a child, and had moved frequently when her family could not afford rent. Ronni remembers her mother as being "disorganized,"says she never saw her parents being intimate with one another, and felt that her father treated her mother "like the help."Her parents rarely socialized with other families, and she believes that her mother may have been depressed. Growing up in an affluent, predominantly White suburban town, Ronni was one of a small group of people of color in her class. Identifying as "neither White nor Black, "she felt unable to fit into any group. She was embarrassed to invite friends to what she called her "curry-infested" house, and she was increasingly mistrustful that peers would reject her. When it was time to apply to college, she found her mother and father unable to help her, and she felt her college counselors advised her to "aim too low." She also found her parents unable to help her navigate problems at school or advocate on her behalf when it came time to apply to colleges, and she felt it was racist that her college counselors advised her to apply to lesser schools than she should have. She became aware that she was lesbian when, in high school, she developed a crush on a female peer from her soccer team. This added to her sense of inferiority and otherness, and she hid her interest in women for another decade.

LINK the history and problems/patterns to the effects of culture and society

Ronni's difficulty in intimate relationships and in creating deep friendships may be related to having been treated as the other in multiple ways—her status as an only child, having little family or community interaction, being biracial in an overwhelmingly White town and school, and realizing that she was gay. This sense of otherness may have been internalized, resulting in a feeling of alienation and difference that was not a neutral state of mind, but one that made her feel inferior in comparison to others around her. For their own reasons, her parents may not have been able to connect fully to one another or to their daughter as well, leaving her no model for what an intimate relationship looked or felt like. As a biracial couple in a White suburban enclave, her parents may have experienced discrimination as well, and this may also have contributed to Ronni's internalized sense of inferiority and shame.

Linking to the effects of culture and society guides treatment

Understanding the relationship between a patient's problems/patterns and the effects of culture and society is crucial for creating a formulation and planning treatment. Patients can benefit enormously from being able to discuss their painful experiences of otherness, difference, discrimination, and mistrust with an empathic, nonjudgmental mental health professional who can validate the impact of powerful hierarchies. Developing an atmosphere of safety and trust also requires that clinicians be sensitive to the possibility that patients may feel that therapists cannot or do not want to understand these experiences.

As therapists, we can strive to communicate our appreciation of the effects of culture and society, while not assuming we fully understand them. This requires careful self-reflection, both for those of us from in-groups as well as for those of us from outgroups. Our ability to convey that our patients' experiences of systemic oppression are difficult, unacceptable, and powerful is critical as our patients attempt to feel more deserving of better treatment and as they experience rage and indignation. Collaboratively creating formulations that incorporate ideas about the effects of culture and society can help our patients to feel seen and to better understand how their interactions with the world have affected every aspect of their mental lives.

Suggested activity

Can be done by individual learners or in a classroom setting

How might you describe the ways in which Norma and Scott have been affected by culture and society?

> *Norma, a 47-year-old African-American woman, comes to the attention of the clinic director after refusing to work with the third therapist to whom she was assigned. "They are all idiots," explains Norma. "They think that they are so smart, with all those diplomas on their walls, but they don't know about life. I know about life. I don't need someone to nod at me and hand me a tissue. I need someone to help me get a job. Can they help me get a job?" Norma had been working as a nurse's aide but was recently fired. "Insubordination is what they said," she tells the clinic director. "But I know racism when I see it." After being fired, she had trouble sleeping and was sent to the clinic by her internist. "I've had the same story my whole life. My father left, my mother died young, and I had to raise myself and my sister. No one helped me then, and no one will help me now."*

Norma's life experience as a woman of color and of lower socio-economic status in the United States may have led to her feeling that she is perennially disadvantaged and unable to be helped. This may have contributed to her **anger** and frustration as well to her expectation that she will not be helped or understood. Left alone at a young age to fend for herself and her sister, Norma may also have an avoidant attachment style that may contribute to her difficulty connecting to people who could offer her help.

> *Scott, a 65-year-old White cisgender heterosexual man who was born in the United States, has no disabilities, and owns a consulting firm, presents with depression. He comes at the suggestion of his wife. "She says I'm hard to live with," he reports. "What does she expect?" He says that when he was in college he thought, "the world would be my oyster," but "it hasn't turned out that way." "My dad's generation had it all," he laments. "After they came back from the war, the world just rolled out the red carpet for them. I hardly ever saw my dad—he was always out with his army buddies or golfing at the club. He had a great life." Scott is disappointed in his profession, feeling that he works very hard for "money that will never put me at the top," and says, "There is so much paperwork. It's not why I went to B-school." Although he says he is "fond" of his wife, he wishes she was more interested in entertaining. She, too, works, which means that he has to do more around the house. "We both work hard," he says, "but we'd have to work much harder to have the help we need to really enjoy ourselves when we are off."*

Scott may have a sense of **entitlement**; that is, he may feel that he should be able to "have it all" because of his inclusion in several traditionally dominant groups (e.g., White people, cisgender males, heterosexuals, abled individuals). Although his seemingly **fragile** sense of self may have been contributed to by parental neglect, it is also likely that this may connect to his sense that he is not having the life he was raised to expect.

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