


Sociopolitical Values as the Deep Culture in Culturally-Competent Psychotherapy

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Abstract

Although the consideration of client and therapist values is thought to be a core component of culturally-competent psychotherapy, sociopolitical attitudes and values (SPAVs) have been almost entirely neglected in the cultural competence literature. On the basis of research over the last several decades in behavior genetics, neuroscience, and personality and social psychology, we argue that SPAVs often play a substantial role in people's self-concept, behaviors, relationships, and life choices. Thus, cultural competence requires that therapists consider the ways in which the SPAVs of the client and therapist, and the interaction between them, can affect therapeutic processes and outcomes. We provide recommendations for taking SPAVs into account in clinical practice, training, and research.

Keywords

values, attitudes, political, social, psychotherapy, cultural competence, multicultural

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Psychologists have long recognized the role of client and therapist values in psychotherapy (Carter, 1991; Kocet & Herlihy, 2014; Ratts et al., 2016). Values are central to people's identity and play a vital role in their lifestyle choices, behaviors, and relationships. Attending to values during therapy may facilitate key therapeutic processes such as a strong working alliance, and lead to more favorable treatment outcomes (Ackerman & Hilsenroth, 2001), and doing so is thought to constitute an important component of evidence-based practice (Norcross & Wampold, 2011).

Indeed, the multicultural and cultural competence movements in psychology, which focus on historically neglected cultural differences among underserved minority groups in psychological research and practice (Pope-Davis et al., 2003; Sue et al., 1999), emphasize the importance of clients' cultural values. During this movement, the "multicultural competencies" were developed to provide a conceptual framework for conducting culturally-competent therapy with members of under-represented minority groups (Sue et al., 1982, 1992). But cultural values are typically considered only insofar as

they are thought to characterize certain demographic groups, particularly racial and ethnic groups (Benuto et al., 2018; Carter, 1991). Sociopolitical attitudes and values (SPAVs) have long been ignored (Redding, 2020), even though they can be central to an individual's identity and life experiences.

We begin by conceptualizing SPAVs. Next, we discuss the emergence of the cultural competence movement and the role that cultural values play in that movement, pointing out that SPAVs are a critical but neglected dimension of culturally-competent psychotherapy. Then, on the basis of relevant research over the last several decades in behavior genetics, neuroscience, and personality and social psychology, we argue that people's socio-political identities often play as substantial a role in their self-concept, behaviors, relationships, and life experiences as do their demographic identities. In this sense,

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SPAVs represent a “deep” culture in culturally-competent psychotherapy. We outline the ways in which the SPAVs of the client and therapist, and the interaction between them, can affect therapeutic processes and outcomes. We conclude with recommendations for considering SPAVs in therapy, clinical training, and research.

The Nature of SPAVs

Although the social psychology literature often does not clearly distinguish between values and attitudes, researchers in this area tend to conceptualize values as being the underlying ideals, ideologies, and moral frameworks that are often central to the self-concept and on which many of our attitudes are based (Hanel et al., 2022). Values serve as the theory, or deductive framework, from which one’s attitudes are derived. For example, one might value the ideology or moral vision of egalitarianism or equity and thus have a favorable attitude toward affirmative action or particular social justice policies. Values and attitudes are thus “guiding principles” for our lives and behaviors that “have a powerful effect on how we simplify and make sense of the world” (Hanel et al., 2022, pp. 3, 7).

We define SPAVs as those attitudes and values relating to politically relevant social and cultural issues (e.g., abortion; gun control; crime control; the death penalty; school choice; affirmative action; immigration policy; gender or gender-affirming policies; vaccine mandates; lesbian, gay, bisexual, transgender, and queer [LGBTQ] rights; what should be taught in the public schools; the role of religion in the public square), which at various times have been at the forefront of the ongoing culture wars (Redding, 2020). These topics are emotionally charged for many people, often because they include a significant moral component that people express through their attitudes on these political issues (Hanel et al., 2022; Schwartz et al., 2010), which “are imbued with symbolic meaning and strong feelings” (Edwards, 1990, p. 213).

Because values and attitudes “serve as guiding principles in people’s lives” (Hanel et al., 2022, p. 3) and as ways to help them make sense of the world, they frequently emerge in psychotherapy. Importantly, because SPAVs can have a profound influence on people’s self-concept, behavior, and relationships, including the ways in which others respond to them, people’s sociopolitical identities may often be as central to their daily lives as their demographic identities. Yet there is a dearth of literature on the ways in which client and therapist SPAVs may affect therapeutic processes and outcomes, despite the emphasis on cultural values that is at the forefront of the multicultural competence movements in contemporary psychotherapy, as we will discuss below.

The Role of Cultural Values and SPAVs in Culturally-Competent Psychotherapy

Multiculturalism has become a dominant paradigm of the mental health professions (See APA, 2003, 2017; Satel & Redding, 2005; Sue et al., 1992)—called the “fourth force” (alongside the psychodynamic, humanistic, and cognitive-behavioral schools of psychotherapy) that many authors consider to be a touchstone for effective treatment (Pedersen, 1991; Redding & Satel, 2022). Broadly, multicultural approaches to psychotherapy often include two key components, though both are not always present in a particular therapy (Redding & Satel, 2022). The first component—*consciousness raising and social justice activism*—involves (a) helping clients to develop awareness of the discriminatory and oppressive forces affecting their lives, and (b) developing a social justice mission to alleviate such forces (Ratts et al., 2016). The second component is *cultural competence*, which entails matching interventions to clients’ language, attributes, and identity; using cultural concepts and metaphors that are matched to clients’ worldviews; and considering clients’ cultural values and the social context in which they live (K. B. Smith, Oxley, et al., 2011).

Despite the intuitive recognition that such cultural factors can be important in psychotherapy, the effectiveness of culturally-competent therapy was largely untested when it first rose to prominence in the 1990s or by the time it had become a de facto ethical imperative in 1993 (See American Psychological Association [APA Office of Ethnic Minority Affairs], 1993). Fortunately, however, the scientific basis for culturally-competent therapy now appears to have been established. According to recent meta-analyses, most evidence-based therapies with cultural adaptations are significantly more effective (with robust average effect sizes ranging from .46 to .67 for adaptations) than non-adapted treatments (Hall et al., 2016; K. B. Smith, Oxley, et al., 2011; Soto et al., 2018). In fact, culturally adapted treatments were found to be 4.7 times more likely to produce remission from symptoms (Hall et al., 2016).

Although several models for multicultural therapy have been developed, the most popular approach today is Sue and colleagues’ tripartite model (Sue et al., 1982, 1992). In this model, cultural competence includes three essential components for clinicians: (a) becoming aware of their own personal values and biases, (b) knowing and understanding the values and worldviews of culturally diverse clients, and (c) developing skills that enable the clinician to adapt treatments and interventions to fit the values and worldviews of clients (Sue et al., 1992). Likewise, according to the Institute of Medicine and the APA, evidence-based practices require that patient values be considered in treatment planning

and delivery (Morales & Norcross, 2010). Therapists who tailor therapy to the client's worldviews and values are likely to produce better outcomes, given what we know about the importance of the therapist–client relationship and the personal relevance of therapeutic interventions for client satisfaction and treatment outcomes (Hall et al., 2021). For cross-cultural, therapist–client interactions to be understood and positive and for appropriate interventions to be developed, clinicians must understand a client's cultural values (Carter, 1991; K. B. Smith, Rodriguez, & Bernal, 2011).

Nonetheless, a longstanding issue has been a lack of consensus about what constitutes “culture” or “values” in multicultural therapy. Indeed, the term “culture” has accrued over 300 definitions (Baldwin et al., 2006), though most definitions include “values” (Cohen, 2009; Fischer & Boer, 2016; Roccas & Sagiv, 2017), including the definition promulgated by the National Center for Cultural Competence (Fung & Lo, 2017). Yet within the context of multicultural or culturally-competent therapy, culture usually refers to racial or ethnic group membership, sexual orientation, or gender (Sue et al., 2019), and thus cultural values are usually taken to mean only those associated with certain demographic groups. Consider that the Operationalization of the Multicultural Counseling Competencies, which has become the standard of practice, states that “*multiculturalism* focuses on ethnicity, race, and culture” (Arredondo et al., 1996, p. 44). In then listing the components of personal identity relevant to culture under multiculturalism, Arredondo et al. (1996) make no mention of SPAVs, nor do most of the ethical and practice standards of the mental health professions (Redding, 2020).

Such a narrow focus on demography alone drastically oversimplifies the concept of culture. The multicultural movement has also overgeneralized about groups, sometimes relying on stereotypes while ignoring variability within groups (Hall et al., 2021; Satel & Redding, 2005). To address these issues, Hall et al. (2021) suggest linking the group dimension to individual clients by making treatments personally relevant, that is, accounting for factors such as clients' education, acculturation, personality, attitudes toward help seeking, and values. Importantly, recent meta-analyses of culturally adapted treatment studies show that although matching therapists and clients according to race and ethnicity is largely unrelated to treatment outcomes, culturally-competent adaptations relating to client values do matter for outcomes (Hall et al., 2016; K. B. Smith, Oxley, et al., 2011). Furthermore, “therapist and client characteristics account for moderation of intervention effects more than surface variables, such as therapist ethnicity” (Hall et al., 2016, p. 1009). In other words, deeper aspects of identity such as SPAVs matter

more in cultural competence than demographic aspects such as race and ethnicity. To be sure, demographic characteristics are often related to deeper aspects of identity, such as cultural values and life experiences, but demographic characteristics alone do not seem to be very relevant to cultural competence and treatment outcomes.

The Role of SPAVs in Self-Identity and Behavior

In the next sections, we highlight key research findings over the last few decades in personality and social psychology as well as in neuroscience and behavior genetics (see Redding, 2012, 2020, 2022) suggesting that SPAVs are a key aspect of values that should be considered in culturally-competent psychotherapy (Redding, 2020). This research shows that SPAVs are a deep aspect of culture that matter a great deal to people in their daily lives, frequently drive their decision making, and affect how they perceive and treat one another. Moreover, people's SPAV-based identities are often as salient to them as their demographic identities (Redding, 2011, 2020). Of course, the degree of salience that SPAVs will have in people's lives will vary across individuals, just as the salience of demographic identities varies (Meca et al., 2015; Settles, 2004). In addition, the impact of various SPAVs will depend on the strength with which the individual holds the SPAV and the priority they assign to it in their hierarchy of values and attitudes (Maio et al., 2019).

SPAVs have a genetic and neurological basis

SPAVs have a robust genetic basis, suggesting that they may be somewhat of an essentialist feature of people. Behavior genetics studies (of twins, siblings, parents, and spouses) show a substantial role for genetics in the development of political attitudes. A meta-analysis of studies involving 12,000 twin pairs in five Western countries, using 19 different measures of political orientation, indicated that political ideology has a genetic basis related to one's psychological disposition (Hatemi & Martin, 2014). The heritability of omnibus political orientation is about .45 to .65, a substantial genetic influence (e.g., Alford et al., 2005; Funk et al., 2013). There also is a sizeable genetic influence on party identification, particularly nowadays when party identification is so tribal and salient (Fazekas & Littvay, 2015). Although our concern is more with people's SPAVs than their views on economic issues or foreign policy, the omnibus right/conservative versus left/liberal dichotomy has considerable psychological significance and has

been repeatedly found in political science studies to constitute two coherent, broad factors in the American polity (see Jost, 2021).

Regarding attitudes on specific SPAVs, Alford et al. (2005) analyzed responses to the Wilson-Patterson Attitude Inventory in more than 2,000 monozygotic or dizygotic twin pairs. They found an average heritability of .32 across an array of attitudes on 28 SPAVs (e.g., school prayer, immigration, gay rights, abortion, the death penalty). Other twin studies have also produced average heritability estimates of around .30 for sociopolitical attitudes (e.g., Oskarsson et al., 2015).

Research is starting to uncover the role of genes and gene–environment interactions in shaping political ideology. Using a twin family study design that included 1,992 people, Kandler et al. (2012) found that political attitudes may be genetically (but not environmentally) transmitted from parents to children and that what is transmitted are the Big Five personality traits, which are highly heritable (Bouchard & Loehlin, 2001) and influence the development of political attitudes (Verhulst et al., 2011). Genetic factors also drive the environments that people seek out (Scarr & McCartney, 1983). Political attitudes, which develop early in life (Verhulst et al., 2011) and remain “remarkably stable over the long term” for most individuals (Peterson et al., 2020, p. 600), are linked to personality and temperament patterns that appear to share a common genetic substrate (Verhulst et al., 2011). For example, personality characteristics at age 4 predict conservative political attitudes in young adulthood (Block & Block, 2006). The most important early environmental factors likely are the parenting practices that children experience (see Lakoff, 2016; Redding, 1997, for a theory linking early parenting and family life with later political values). Exposure to high levels of punishment and authoritarian parenting styles predicts conservative political orientation and authoritarian attitudes in adulthood, whereas exposure to egalitarian and nurturing parenting styles predicts liberalism (e.g., McAdams et al., 2008; Milburn et al., 2014).

Moreover, the personality traits linked to political ideology (see the next section) are correlated with differences in brain structure and function, as shown by studies in the emerging field of political neuroscience (see Hatemi & McDermott, 2011; Jost & Amodio, 2012; Mendez, 2017). The right amygdala (which is sensitive to threats and fear processing, with conservatives having greater physiological responses to threatening stimuli; Oxley et al., 2008), right anterior insula (likely sensitive to disgust—conservatives show greater activity in this area when exposed to disgusting stimuli during functional MRI), and right prefrontal cortex (partly responsible for self-restraint) show greater mass and/or activity in conservatives than liberals (Mendez, 2017).

“Together, these right-sided structures appear to mediate conservative behavior . . . and constitute a brake on change, maintaining stability, and protecting the status quo” (Mendez, 2017, p. 91) and in having greater sensitivity to threat, disgust, and greater avoidance tendencies to novel stimuli. Conservatives are also more conscientious, and levels of conscientiousness covary with lateral prefrontal cortex volume (DeYoung et al., 2010). By contrast, the left anterior cingulate cortex (prone to considering new stimuli and alternatives) is more pronounced and active in liberals (Mendez, 2017).

However, to be sure, research in this new field of political neuroscience should be viewed with a degree of caution (Jost, 2021; Schreiber, 2017). Because studies typically rely on correlations between exposure to various sociopolitical stimuli or decision-making tasks with activation in various brain regions, any inferences about causality must be tentative (Satel & Lilienfeld, 2013). We also do not know whether these neurological differences reflect the development of political attitudes or cause them (Jost et al., 2014; Satel & Lilienfeld, 2013), but there likely are gene–early environment interplays at work.

Thus, the rather strong heritability and possible neurological basis of SPAVs, and the fact that they are strongly linked to personality and temperament factors that develop early in life, may partly explain why they often are so firmly and passionately held and why they can be such an important component of self-identity. Studies show that heritable attitudes are fairly resistant to change (Bourgeois, 2002; Schwab, 2014; Tesser, 1993; Tesser et al., 1998), including those relating to moral and political issues (Alford et al., 2005; Brandt & Wetherell, 2012). Highly heritable attitudes may have a biological substrate that is enduring, and thus, attitude changes are often resisted and a source of discomfort. Consequently, “psychological protection mechanisms develop around those attitudes” (Tesser, 1993, p. 140). In their review of the research on the heritability of political orientations, Alford et al. (2005) concluded that SPAVs “are related cultural expressions of a deep-seated genetic divide in human behavioral dispositions” (pp. 165–166). Likewise, Verhulst and colleagues (2011) conclude, on the basis of their large-scale behavioral genetic study of the relationship between personality traits and political attitudes, that

the primary connection between personality traits and political ideology rests on common genetic precursors of each. . . . Our results imply that humans are, at heart, political animals. Political attitudes are not simply an afterthought and while largely measured in adulthood, the foundation elements exist as part of our core disposition and appear to be just as important to shaping our behavior as our personality. (p. 48)

Yet people often do not feel any moral disinclination against prejudicial or biased feelings or behaviors toward individuals who are sociopolitically different from themselves, the way they would toward someone of a different race or ethnicity, because they see race as an essentialist feature of people (Iyengar & Westwood, 2014). But appreciating that clients' sociopolitical value systems are somewhat of an essentialist characteristic of clients (and relatively resistant to change) should promote greater therapist understanding and empathy for sociopolitically diverse clients. Therapists should also strive for humility about their own values, recognizing that their values are also somewhat essentialist to them. This humility can foster clinician empathy for clients who have values that differ from their own (Lilienfeld et al., 2017).

SPAVs are correlated with underlying personality, temperament, and cognitive style traits

Jost et al.'s (2003) seminal meta-analysis of 88 studies ($N = 22,818$) across 12 countries found that political conservatism is positively but moderately to weakly correlated with a variety of personality and cognitive style factors, particularly anxiety about death ($r = .50$), system justification motivation (defense of the existing social order, $r = .47$), dogmatism or intolerance of ambiguity ($r = .34$), need for order and closure ($r = .26$), and fear of threat or loss ($r = .18$). Conservatism is negatively but modestly correlated with other factors, particularly openness to experience ($r = -.32$), tolerance for uncertainty ($r = -.27$), and integrative complexity (the recognition and integration of differing perspectives on an issue, $r = -.20$). Subsequent research and nonlaboratory studies (e.g., Carney et al., 2008; Rentfow, 2010) confirm and compliment Jost et al.'s (2003) meta-analytic findings. Conservatives and liberals also tend to show different interactional styles and approaches to life that correlate with the personality traits that often distinguish between them. Conservatives are often more detached and rigid and more focused on self-control and self-discipline, whereas liberals are more open, expressive, and engaging and more focused on self-exploration and self-fulfillment (Carney et al., 2008; McAdams et al., 2013).

On the basis of their findings, Jost et al. (2003) conclude that conservative ideologies satisfy psychological needs by serving "to reduce fear, anxiety, and uncertainty; to avoid change, disruption, and ambiguity; and to explain, order, and justify inequality among groups and individuals" (p. 340). That people tend to have political ideologies consistent with their personalities is seen in studies of other political orientations as well.

For example, libertarians, who prioritize individual freedom and self-reliance in their preference for limited government, also score the lowest on measures of social interdependence and relatedness (Iyer et al., 2012). But most of the research on personality and political beliefs has focused on conservative ideologies.

On that score, to ensure an accurate multicultural understanding of conservative clients, we must correct some misconceptions that mental health professionals likely have about the conservative personality because of research findings that were widely discussed and popularized in the psychological literature (Redding, 2020). This narrative is that

conservatives are generally less intelligent than their liberal counterpart and [because of their] rigidity of cognitive styles and authoritarian predilection, gravitate to easy and more stable modes of being, and endorse simplistic, ritualistic, and traditional forms of discourse and public attitudes since they accord well with their limited capacity for complex thinking and intolerance of ambiguity. The conservative is of course "racist," since tolerance of the outgroup is a level of cognitive sophistication not available to the conservative, unenlightened mind . . . [conservatives are] dogmatic, closed-minded, ambiguity-threatened, chronically self-abasing, disgust-filled, fear-mongering . . . pessimists. (Brow, 2017, p. 213)

Much of the research supporting this narrative may have been influenced by the sociopolitical biases of the researchers and/or plagued by definitional issues (see Costello, 2022; Frisby et al., 2022; Redding, 2001) and thus should be interpreted with caution. The latest research suggests that conservatives are not more authoritarian, closed minded, simplistic in their thinking, prejudiced, or intolerant than are liberals (e.g., Brandt et al., 2014; Conway et al., 2016; Costello, 2022; Costello et al., 2022; Ditto et al., 2019; Zmigrod et al., 2020). Moreover, recent research shows that, compared with liberals, conservatives tend to be happier and to have a more positive outlook on life (Schlenker et al., 2012). They also are less neurotic (Burton et al., 2015; Verlhust et al., 2010), more conscientious (Carney et al., 2008; Gerber et al., 2010; Jost, 2006), and have a stronger internal locus of control and sense of personal agency (Schlenker et al., 2012; Sweetser, 2014).

Sue et al.'s (2019) seminal multicultural therapy text links certain attitudes and personality or interactional styles to particular demographic groups, arguing that such an understanding of different groups is necessary for multicultural competence. Likewise, an understanding of the personality and cognitive style patterns of

conservatives and liberals is also helpful for sociopolitical competence. For example, it may be useful to know that the conservative client's presenting problem may be related to their psychological need to justify the existing social order, anxiety about threats, or need for order and closure. On the other hand, it may be useful to know that conservative clients may be more willing to take ownership of, and exert agency over, their psychological problems or, conversely, that liberal clients may have more difficulty in doing so. At the same time, however, therapists should appreciate that research on the personality characteristics of various sociopolitical groups represents only mean differences between groups, not individuals. Many individuals who are members of the group will not have the personality characteristics typical of the larger group. Thus, knowing about this research is helpful to therapists only insofar as it provides a starting point for beginning to understand the SPAVs of their clients.

SPAVs are integral to people's sense of meaning, security, and self-esteem

Political ideologies are personal identities that help to provide people with a sense of meaning and identity, security, and belonging (Jost & Amodio, 2012). This is why political identity is often so emotionally and deeply felt (see Green et al., 2002; Smith et al., 2011; Westin, 2008). Moreover, people often psychologically identify with the political group or party that represents their political worldview, which helps to satisfy both meaning and belonging needs so that their political identity is also an important component of their social identity (Becker, 1971; Green et al., 2002; Huddy, 2001).

Over 350 studies across 13 countries provide validation for terror management theory (Greenberg et al., 1997; Pyszczynski et al., 2015), which conceptualizes political ideology as a key component of individuals' cultural worldviews that (a) provides psychological security in a dangerous and uncertain world, (b) manages anxiety about death, and (c) helps to maintain self-esteem. "To protect against the terror of death, humankind harnessed . . . cultural worldviews that give life meaning and the individual self-worth. Maintaining self-esteem and faith in one's world mitigate terror by providing hope of literal or symbolic immortality" (Weise et al., 2008, p. 448).

Thus, people's SPAVs are an important source of meaning for them. For instance, after people are primed with a threat to meaning (e.g., reading a passage of absurdist literature), they demonstrate greater affirmation of their SPAVs despite those SPAVs being wholly unrelated to the threat (Proulx & Heine, 2008). A meta-analysis of such studies found a moderately strong

effect size of .50 for mortality salience on political attitudes (Burke et al., 2013). Following experimental manipulations that implicitly or subliminally remind people of their own mortality (e.g., questionnaires about death, exposure to death-related stimuli), people become even more favorably inclined toward those who share their political beliefs but more hostile toward those having dissimilar attitudes, who they become more prone to negatively stereotype (MacGregor et al., 1998). Studies also show that challenges to people's worldview lower self-esteem, whereas validation of one's worldview bolsters self-esteem (Cohen et al., 2000). That political worldviews serve a psychological function similar to religious beliefs (Green et al., 2002) is suggested by the fact that parallel findings are obtained with respect to religious views (Greenberg et al., 1990); experimentally induced threats heighten participants' belief in a god as well as their own political attitudes (Kay et al., 2008).

Often, SPAVs are epistemically and existentially important to people because foundational moral values underlie them. Liberals and conservatives tend to differ on the moral values supporting their political views. Liberals are primarily concerned about fairness, equity, and caring (see also Lakoff, 2016). Conservatives focus more on issues relating to respect for tradition and authority, sanctity, loyalty, and liberty (Haidt, 2012). Moreover, conservatives tend to adopt a dispositional attributional style for understanding the behavior of others and attribute behaviors to the individual's essential characteristics, whereas liberals tend to adopt a situational style, attributing behavior to environmental influences not always within the individual's control. However, both conservatives and liberals are less apt to make such attributions in situations where doing so would be inconsistent with their underlying values (Morgan et al., 2010).

Knowing that SPAVs can be important to people's sense of security and meaning in life and often represent their fundamental moral values should increase a therapist's empathy for clients vis-à-vis their SPAVs. Redding's (2020) study found that therapist-client SPAV discrepancies were correlated with lower levels of therapist empathy, and research in social psychology shows that attitudinal dissimilarity decreases liking and interpersonal attraction (see the next section). When relevant to the presenting problems or treatment goals, the therapist should consider the salience and centrality of SPAVs to the client (Redding, 2020). Therapists should consider the sense of meaning that SPAVs provide their clients, particularly the foundational moral views that may underly clients' SPAVs and how those affect the clients' perceptions of themselves and others. Therapists should also consider how SPAVs relate to

their clients' behavior and decision making, including their attitudes toward therapy and behavior change.

SPAVs are important in interpersonal attraction and repulsion and often drive prejudicial and discriminatory behavior

One of the most longstanding and robust findings in social psychology is that perceived similarity is a potent driver of interpersonal attraction and repulsion. We have affinity for individuals who share our attitudes and values and may be repulsed from or prejudiced against those who do not (Rosenbaum, 1986). SPAVs are heritable, and heritable attitudes tend to influence interpersonal attraction and repulsion more strongly than do attitudes that are less heritable (Bourgeois, 2002; Schwab, 2014; Tesser, 1993). Because opposing sociopolitical values challenges our worldview and the sense of understanding, purpose, security, and belongingness it provides (Pyszczynski et al., 2003), attitudinal and values differences are often a source of prejudice (Stephan & Stephan, 2000; Wolf et al., 2020). In fact, engaging in political issues with individuals who do not share their political values is anxiety producing for many people (see Carlson et al., 2020).

Studies show that people prefer or seek out others who share their SPAVs and may discriminate against those who do not in a variety of social and professional contexts, including dating and mate selection (Alford et al., 2005; Huber & Malhotra, 2017), residential neighborhood sorting and selection (Hui, 2013), roommate choice (Shaf-ranek, 2021), friendships (Reid et al., 2013), and employee hiring and promotion (Rivera, 2012). Particularly nowadays, when American society has become acutely polarized, we continually see news reports of friendships, marriages, and family relationships severed over political disagreements. For example, 10% of couples and 22% of millennials ended their relationships because of political disagreements, and 33% of Americans (43% of millennials) who did not vote for Trump say they would consider divorcing their spouse if they learned that they had voted for Trump. More people say that they would be willing to date someone of a different race than someone of a different political persuasion (Cox et al., 2020), and roughly 40% of Americans would be upset if their child married someone of the opposite political party (Najle & Jones, 2019). People also like strangers more when they learn that they share their beliefs (Reid et al., 2013) and often judge people who share their political beliefs to be more physically attractive (Nicholson et al., 2016).

Indeed, sociopolitical bias in interpersonal relationships may be stronger than racial or ethnic bias (see Insko et al., 1983; Mezei, 1971), as suggested by studies conducted in the 1960s when racism was more potent

in American society than it is today. In fact, the early seminal work on prejudice posited that perceived differences in attitudes and values were key drivers of racial discrimination. Rokeach et al. (1960) called this the *anticipated belief differences theory of prejudice*. These studies showed that in nonintimate relationships, and particularly when there was little social pressure to be racially biased, similarity or dissimilarity in belief had a much greater effect on attitudes toward African Americans than did their race (e.g., Hendrick et al., 1973; Mezei, 1971; Rokeach et al., 1960; Rokeach & Mezei, 1966). Recent studies similarly suggest that SPAV differences may be a more potent driver of discrimination and interpersonal attraction and repulsion than demographic differences (Iyengar & Westwood, 2015). For example, Haidt et al. (2003) examined how demographic and attitudinal characteristics of hypothetical pledge candidates would affect fraternity admissions decisions. The similarity in various SPAVs (e.g., on abortion, gun control) between the pledge candidate and fraternity members was more important in their pledge decisions than almost any other factor, including race or ethnicity. Liberal fraternity members preferred liberal pledges, and conservatives preferred conservative pledges. Even people who are racially prejudiced will vote for a minority candidate who shares their ideology over a candidate who is demographically similar to them but does not share their ideology (Bai, 2021), and similarity in political views seems to trump race in determining how people view and categorize others (see Pietraszewski et al., 2015).

Thus, it is often useful for therapists to consider how the clients' SPAVs affect their social, professional, and family relationships. How do discrepancies between the clients' SPAVs and those inherent in their environments and relationships affect clients' functioning in those contexts (Redding, 2020)? Moreover, therapists should consider how the client's and therapist's SPAVs may affect therapist–client communication, the client's view of their therapist, their treatment expectations and adherence, their trust in the clinician and perceptions of clinician credibility (Redding, 2020), and possible transference or counter-transference.

Therapists should recognize that they may view clients more or less favorably depending on the similarity or dissimilarity of the clients' SPAVs to their own (Redding, 2020) and be mindful that they do not implicitly discriminate against clients because of their SPAVs. Silander and Redding (2022) discuss a variety of methods for therapists to recognize, reduce, and ameliorate their own biases when working with clients. Foundational to many of these bias-reduction strategies is adopting a stance of humility about one's own values and attitudes. This includes an open-mindedness about

alternative or opposing SPAVs and the humanity of those who hold them while recognizing the underlying values, life experiences, and other characteristics (“common ground”) shared by both the therapist and client. This framework calls for psychologists to adopt a stance of “cultural humility” in which they try to develop an awareness of their own possible biases and blind spots while also not making assumptions about diverse clients (Davis et al., 2018; Lee & Haskins, 2021). For example, consider a White therapist working with an African American client. It may be tempting for the therapist to assume that discrimination and racism are inevitably a part of the client’s presenting issues and raise this issue during therapy (Redding & Satel, in press), particularly given the current sociopolitical zeitgeist in which conversations about race and racism are at the forefront of social dialogue. However, a culturally humble therapist would not make this assumption solely on the basis of the client’s race. Rather, the therapist would listen to the client for cues about issues that are most salient to the client. If the client happens to raise issues around racial inequality or discrimination, the therapist may consider this a cultural opportunity on which to forge discussion. By attending to the issues that the client raises, rather than raising issues on the basis of stereotypical assumptions about the client, the therapist may help the client feel greater comfort in discussing such issues with the therapist (Trevino et al., 2021), which may also strengthen the therapeutic relationship.

Exercising a certain degree of cultural humility regarding SPAVs may also help to reduce therapist bias against clients who hold different political viewpoints. A core feature of humility is that it entails specific metacognitive processes, such as self-awareness and openness to opposing points of view, that result in less stereotyping and an increased ability to make evidence-based decisions (Bowes et al., 2022). Research strongly suggests that adopting a stance of humility vis-à-vis SPAVs is associated with greater open-mindedness about different political views (Krumrei-Mancuso & Newman, 2020; Stanley et al., 2020). Thus, cultural humility related to SPAVs may be a valuable resource for minimizing prejudice among therapists working with politically diverse clients and likely will lead to better therapeutic outcomes (see Owen et al., 2016).

Therapists may adopt an attitude of cultural humility toward clients’ SPAVs before the first therapist–client interaction. For example, the intake process is a time when clients and therapists have an initial opportunity to learn about one another’s values and worldviews. If during intake, a client espouses SPAVs that differ from those of the therapist, the therapist may take this as an opportunity to check their assumptions and learn more

about the values that are important to the client and consider how they may be useful in therapy. Expressing humility toward client SPAVs is not limited to intake, of course, but extends to other important parts of therapy, including conceptualizations of client problems (e.g., not assuming that a client is problematic on the basis of their SPAVs), treatment planning, maintaining a strong therapeutic alliance, and reducing client dropout (Davis et al., 2018). In other words, adopting an attitude of humility toward client SPAVs, particularly clients whose political beliefs are different from those of the therapist, is an ongoing process that the therapist must constantly strive to maintain but that has important implications for how the course of therapy unfolds.

SPAVs in the Therapy Room

Although the role of SPAVs in psychotherapy has received scant empirical attention, several recent studies have begun to address the issue. Redding (2020) surveyed 131 practicing clinicians in three states and conducted an online national survey of 152 Americans who had recently been in therapy. The study found that clients frequently discussed SPAVs and related issues in therapy, including ones that might seem irrelevant to clients’ presenting concerns (e.g., spending on social programs, gun control, opinion of the president). Moreover, when clients shared their SPAVs with the therapist, this increased the clinician’s empathy for the client, which was correlated with increased clinician confidence and an improved case conceptualization and treatment approach. Clients also reported feeling more comfortable with and trusting of clinicians who they perceived shared their values. Solomonov and Barber (2018) surveyed 604 Democrat and Republican psychotherapy clients in 50 states shortly after the 2016 election. They found that most clients and therapists disclosed their politics. However, only 38% of Trump supporters assumed that their therapist shared their political views, whereas 64% of Clinton supporters assumed shared views. Importantly, stronger therapeutic relationships were found when there was a perceived or an actual similarity in political views—and for those clients who found that political discussions in therapy were helpful.

Next, we outline some specific ways in which client SPAVs may be relevant in psychotherapy. In so doing, we provide a couple brief examples of a liberal therapist working with a politically conservative client or would-be client. Given space constraints, we use this situation to illustrate how therapist and client SPAVs may play out in therapy because this is the sociopolitical therapist–client dyad likely to evince sociopolitical discordance. Numerous large-scale national studies (see

Redding, in press-a, for a review) all show that academic and practicing psychologists tilt overwhelmingly to the left, with the ratio of liberal to conservative practitioners (regardless of the area of the country) being about 10 to 1—and the number of socially conservative therapists is even smaller. Moreover, a mismatch in SPAVs between therapist and client is the situation in which values are most likely to impact therapeutic processes such as the therapeutic alliance (Redding, 2020). To be clear, however, conservative therapists would be just as likely to be biased against liberal clients; recent research demonstrates that the right and left are equally biased against the other (Ditto et al., 2019). Regardless of their SPAVs, therapists all need to develop an increased awareness of their biases toward their clients and how their SPAVs may facilitate or impede their work with them.

First, the SPAVs, or perceived SPAVs, of therapists may affect the willingness of various communities to seek out therapeutic services (Redding, 2020). Consider, for example, that although socially conservative people have mental health needs just as others do, they are less likely to seek professional help for their problems (Waitz-Kudla et al., 2019). The underutilization of mental health services and high treatment dropout rates by ethnic minorities may be due to the lack of minority therapists with whom they share similar life experiences and values (K. B. Smith, Oxley, et al., 2011; Smith & Trimble, 2016). Similarly, conservatives underutilize such services, perhaps because they perceive that therapists will not empathize with their values or that the therapeutic approach will be inconsistent with those values. Social and religious conservatives also fear that therapists may discriminate against them (Redding, 2020) or try to change their values to better fit those of the therapist (Mayers et al., 2007; Redding, 2020). They expect it to be awkward or difficult to discuss their beliefs with a therapist who may not understand and respect their beliefs or take them into account in the therapeutic process (Mayers et al., 2007). Of course, the same would be true for liberal would-be clients living in communities where conservative therapists predominate.

Second, a client's values may impact their relationship with the therapist (Redding, 2020). A good therapeutic relationship is often thought to be essential for client satisfaction and treatment outcomes regardless of the treatment approach (Muran & Barber, 2010), with a positive therapeutic alliance serving as a vital context in which to implement a therapeutic intervention (Goldfried, 2019, p. 488). Thirty years of research has consistently identified the therapeutic alliance as one of the most important transtheoretical processes through which therapy exerts positive effects on client outcomes (Baier et al., 2020; Crits-Christoph et al., 2011;

Flückiger et al., 2018). In fact, the therapeutic relationship, independent of any treatment per se, can be therapeutic for the client (Ackerman & Hilsenroth, 2001).

The match or mismatch between therapist–client SPAVs can impact the therapeutic relationship (and whether the client remains in treatment) by affecting the clinician's empathy for the client, the rapport and mutual understanding between client and clinician, the client's trust of the clinician, and the clinician's confidence in their ability to help the client (Redding, 2020). When client and therapist share values, it may deepen the therapeutic relationship and thus treatment outcomes. In a recent survey of 8,000 therapy patients, 61% said that it was important that they and their therapist shared political views (see Drexler, 2018). Consider the liberal client who said of her therapist, "because we share basic opinions on such topics as oil fracking, I feel we connect on another level now" (Redding, 2020, p. 431). The issue of fracking was not relevant to her presenting problems, but the fact that the therapist shared her values on environmental issues signaled to the client that they likely also shared opinions on other SPAVs and broader worldviews. However, when there is too much SPAV dissimilarity between a therapist and client, the therapist may have difficulty empathizing with the client and appreciating their concerns. Therapy in such circumstances is often rife with missed opportunities to express empathy (Vasquez, 2007). "Therapists must stay attuned to clients, demonstrate cultural empathy, and be respectful and open to worldviews" (Vasquez, 2007, p. 883).

Third, SPAV dissimilarity may bias the therapist's view of the client in various ways (Redding, 2020), even though a bedrock principle of culturally-competent therapy is that cultural differences should not be seen as deficits (K. B. Smith, Oxley, et al., 2011). The therapist may act out these biases in therapy by unintentionally showing microaggressive behavior with the sociopolitically "other" client. Consider a therapist reacting to a client sharing their SPAVs by making a derisive comment (microassault), showing body language that evinces derision (microinsult), or changing the subject or discounting their SPAVs' relevance to therapy (microinvalidations). Or consider the therapist who responds to a client's articulation of some SPAVs with greater warmth and empathy than when the client articulates values with which the therapist disagrees. This may result not only in possible damage to the therapeutic relationship and therapeutic effectiveness in achieving client goals but also in a kind of passive values imposition by the therapist (McWhorter, 2019).

Fourth, clients' SPAVs often arise during therapy and may be quite relevant to clients' presenting problems and to tailoring therapy (Redding, 2020). Indeed, many

issues of concern to clients implicate SPAVs, including child-rearing practices, abortion, substance use, sexual orientation, death and dying, gender relations, and interpersonal and family conflicts over politics. Redding's (2020) study found that 43% of psychotherapy clients said that they discussed their SPAVs in therapy. Discussing SPAVs can be useful for the client in communicating their worldviews and problems to the clinician and useful for the clinician in tailoring the treatment to the client (Redding, 2020). According to the APA's Division 29 Task Force (Ackerman & Hilsenroth, 2001) on psychotherapy, treatment effectiveness is enhanced when treatment is tailored to client characteristics. But K. B. Smith, Oxley, et al.'s (2011) meta-analysis of 65 studies of culturally adapted treatments found that only two types of cultural matching or tailoring produced statistically significant improvements in treatment effectiveness: (a) therapist use of cultural concepts that matched client worldviews and (b) therapist matching of therapeutic goals with clients' goals. The most effective treatments are those that are personally relevant to clients, meaning that they are meaningful to them and match their belief systems (Hall et al., 2021).

To be sure, knowing about a client's values can bias clinical judgment, especially when those values are antithetical to those of the therapist. Research has found that more than 49% of therapists reported that their political beliefs moderately or strongly influence their therapeutic practice (Bilgrave & Deluty, 2002), and approximately 23% report that their clients' political preferences are among the top three factors that impact or bias them the most when working with clients who are different from them (see Redding, 2020). But when the therapist can overcome or set aside any such biases, then knowing about a client's values can be quite useful for effective therapeutic discourse as well as strategic (e.g., what treatment approach to use) and tactical (e.g., how to modify a standard treatment approach to maximize its resonance with the client) clinical choices. As an example of the former, consider that conservatives tend to attach greater stigma to mental illness, may be embarrassed to disclose their mental illness to others, view mental illness as a matter of personal weakness that people can "snap out of if they wanted to," and see overcoming it as a matter of personal responsibility (DeLuca & Yanos, 2016). It is likely that a treatment paradigm emphasizing agency, self-efficacy, and the reduction of cognitive distortions (e.g., cognitive behavior therapy) would work better with such clients than other approaches.

As an example of how knowing about a client's SPAVs can influence tactical clinical decisions, consider a study of religious clients in therapy.

Occasionally during therapy, passages from the Bible occurred to them which they had found meaningful, and resonated with ideas used in clinical psychology. . . . This integration allowed for a reconceptualisation of therapy whereby psychological and religious insights were increasingly regarded as complementary. (Mayers et al., 2007, p. 323)

The culturally-competent therapist working with these clients would work with the client to construct meaning in a way that optimizes therapeutic effectiveness (Mayers et al., 2007). Thus, values can come into play in therapy directly in these kinds of ways, but they also can come into play indirectly through the kinds of personality and decision-making styles that are often linked to clients' political worldviews. As Harkness and Lilienfeld (1997) observed,

The notion that people actively select and create environments that support, maintain, and perhaps even amplify their personality traits has important implications for treatment selection. . . . If one seeks to have a patient stay in therapy, to remain engaged in the work, and to suffer as little discomfort as possible, then matching treatment to personality offers a strategy. (p. 356)

Incorporating SPAVs into psychotherapy is one such avenue through which this matching could occur.

Practice Guidelines

Redding (2020) and Silander and Redding (2022) developed specific sociopolitical competency guidelines to help therapists navigate therapist and client SPAVs. Structured in the same manner as the various APA multicultural guidelines and based on relevant research, they specify the attitudes, knowledge, and skills that clinicians should demonstrate. Though beyond the scope of this article, each guideline includes a menu of research-based implementation strategies. The *attitudinal* guidelines urge psychologists to (a) acknowledge their own SPAVs and strive for humility about their SPAVs and open-mindedness about alternative SPAVs, (b) strive to understand and empathize with clients who have SPAVs different from their own, and (c) appreciate how their SPAVs may influence or bias their views of others. The *knowledge* guidelines urge psychologists to (a) develop a thoughtful understanding of the SPAVs of sociopolitically diverse populations, including those among the communities and clients they serve; (b) understand the SPAVs implicit in different therapeutic approaches and

in some professional practices and how those inherent SPAVs may conflict with those of some clients; and (c) recognize that sociopolitical prejudice and discrimination exist and that intolerant sociopolitical environments can cause stress and psychological problems.

The *clinical* skills called for by the guidelines urge psychologists to (a) reflect on how their and their clients' SPAVs may affect the therapeutic relationship, client treatment expectations, perceptions of credibility and trust, and treatment adherence and dropout; (b) inquire about the salience and centrality of client SPAVs, when relevant to do so, and work to understand and demonstrate empathy for client SPAVs; (c) consider how the client's SPAVs influence their behavior, relationships, life choices, and presenting concerns; (d) consider how discrepancies between the client's SPAVs and those inherent across the client's environments and relationships affect social, occupational, and psychological functioning; and (e) determine when the psychologist's and client's SPAVs influence case conceptualization, assessment, diagnosis, and treatment goals and modify treatment plans to remain consistent with client SPAVs as appropriate. Regarding ethics and professional relationships, the guidelines urge psychologists (a) not to discriminate on the basis of SPAVs, inappropriately pathologize client SPAVs, or inappropriately influence client SPAVs, and (b) to recognize when they are unable to effectively or ethically serve a client because of their own biases or lack of cultural competence and to seek consultation or refer such clients to other appropriate providers.

A few caveats are in order. Attending to client SPAVs does not mean that therapists are obligated to agree with or affirm those SPAVs. Rather, the therapist's goal is to strive to alleviate the suffering of another human being by understanding their client's worldview and showing empathy. Accordingly, consideration of a client's SPAVs should serve as a catalyst through which treatment processes and outcomes can be improved. Moreover, it is important to understand that clients who fall into certain sociopolitical groups do not necessarily hold monolithic SPAVs, as within-group diversity is often as great as between-group diversity (Satel & Redding, 2005). Therapists also should not assume that they fully understand a client's values on the basis of the client's omnibus political orientation and should exercise caution when assuming that they are not implicitly biased toward clients who hold SPAVs different from their own.

Future Directions for Incorporating SPAVs Into Clinical Practice, Training, and Research

Five action items are necessary for the profession to address the neglected issue of SPAVs in clinical

psychological science and practice (Redding, 2020). First, we need research on how to adapt treatments to best fit client SPAVs, which has been neglected in culturally-competent treatment studies. Neither client nor clinician SPAVs, nor the concordance between the two, have been measured or used as independent variables in treatment process or outcome studies. We need studies that include valid and sophisticated measures of client and clinicians SPAVs, using these as independent and moderator variables that measure client treatment enrollment and dropout, treatment outcomes, and client satisfaction. It will also be important to test for the mediating mechanisms (e.g., therapist empathy, therapeutic alliance) between the consideration of SPAVs in therapy and associated treatment outcomes. The following are examples of questions that might be included: What SPAVs are most salient to consider during therapy and for which clients? How might one address personal biases and conflicts that might arise when clients espouse SPAVs that run contrary to the therapists' values? Once identified, how might therapists leverage SPAVs in psychotherapy in a way that facilitates positive therapeutic processes and treatment outcomes? In addition, there is a need to develop protocols or instruments that clinicians can use to assess or inventory client SPAVs (see Ridley, Mollen, et al., 2021; Ridley, Sahu, et al., 2021).

Second, and on the basis of the findings from such research, we need evidence-based guidelines for working with differing sociopolitical communities (Redding, 2020), just as the APA has developed practice guidelines for working with various demographic populations, including boys and men, girls and women, ethnic minorities, LGBTQ people, and older adults (see, e.g., APA, 2018). Numerous commentators have pointed out that multicultural competence lacks sufficient operationalization and a sufficient evidence base (Ridley et al., 2021).

Third, we must develop and implement cultural competence training programs with respect to SPAVs, as delivered via multicultural classes, ethics classes, clinical practicums, and continuing clinical education programs (Redding, 2020). Although demographic categories (e.g., race, gender) are included in these discussions, SPAVs are rarely if ever emphasized as a salient category to consider in psychotherapy. Given the criticality of the therapeutic relationship to treatment outcomes, a focus of such training ought to be on how client and clinician SPAVs may positively and/or negatively impact that relationship (Vasquez, 2007). Furthermore, clinicians may consider SPAVs in the context of Sue and colleagues' (1992) widely popular tripartite model of multicultural competence, which entails therapist awareness, knowledge, and skills.

For example, as it pertains to awareness, a psychologist might teach students to ask questions such as the following: What biases do I hold against my client's SPAVs, and how do these biases influence my work with the client? Regarding knowledge, what do I really know about my clients SPAVs apart from what I assume? Are my assumptions and knowledge accurate? With respect to skills, therapists may be trained to consider ways in which SPAVs can be harnessed as levers for intervention or therapeutic change.

Fourth, governing bodies in the mental health professions should address the importance of SPAVs in their professional ethics and practice codes and include provisions that prohibit discrimination on the basis of SPAVs (Redding, 2020). Finally, initiatives should be undertaken that encourage people with diverse sociopolitical backgrounds and values to join the profession, principally political and religious conservatives who are largely underrepresented (Redding, 2001). Such initiatives would parallel those already in existence that encourage other underrepresented groups, such as ethnic and racial minorities, to enter the profession (Redding, 2022).

Conclusion

The field of psychology has made great strides in attending to marginalized and neglected minority populations, having developed widely used models for cultural competence when working with clients from diverse demographic backgrounds. Indeed, therapists are now trained to become more aware of their own biases, knowledgeable of their clients' worldviews, and skillful in their approaches to working with diverse communities and clients.

These advances notwithstanding, the nation has become politically polarized, as individuals and groups with opposing SPAVs clash in an increasingly tribalistic zeitgeist. Thus, although SPAVs are more salient than ever before to individuals' identity, behavior, and relationships, they remain almost totally neglected in clinical research and training and in the extant models and guidelines for multicultural competency. But research over the last several decades in neuroscience, behavior genetics, and personality and social psychology suggests that SPAVs may play as substantial a role in clients' identities, behaviors, relationships, and life experiences as their demographic identities do. In this way, sociopolitical values represent the "deep" culture in culturally-competent psychotherapy. Thus, client and clinician SPAVs (and their interaction) are a salient value dimension that, when factored into therapeutic approaches, has the potential to improve therapeutic processes and outcomes.

We have recommended five action items to move the field toward sociopolitical competence: (a) conduct

research on the role of SPAVs in psychotherapy and ways to adapt treatments to best fit or leverage client SPAVs, (b) develop evidence-based guidelines and practices with respect to SPAVs, (c) incorporate the consideration of SPAVs into multicultural training programs, and (d) undertake initiatives to encourage people with diverse sociopolitical backgrounds and values to join the profession. In addition, (e) governing bodies in the mental health professions should address the importance of SPAVs in the professional ethics and practice codes and include provisions that prohibit discrimination on the basis of SPAVs. We hope that the mental health professions will respond to the challenge of addressing the role of SPAVs in clinical psychological research, training, and practice.

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