Multicultural competence of psychologists in the South Africa context: a rapid review

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North-West University

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SUMMARY

Multicultural competence in the psychology profession refers to a psychologist's ability to offer quality and suitable care to diverse patients despite socio-cultural dissimilarities and other systemic challenges (Schouler-Ocak et al., 2015). South Africa seems to have a shortage of multiculturally competent psychologists, mainly due to a history of Eurocentric approaches that have negatively affected the exercise of diversity and multiculturality. As such, not only have normality and abnormality been defined in a manner that is disconnected from African traditions and beliefs, but the training of psychologists is still to a large extent based on a monocultural approach only.

There is a large gap in the available research with respect to the multicultural competence of psychologists when it comes to our understanding and the application of multicultural skills within the South African context, and the training of psychologists to do so. Based on this, a rapid review was conducted to address the following questions: (i) What are the components of multicultural competence? (ii) What is the effect of multicultural components on psychologists' effectiveness? and (iii) What are the implications for South African psychologists?

A rapid review is a data generation strategy that synthesizes and evaluates the research evidence on a specific topic using 'abbreviated' systematic review methods. This study was conducted using the EBSCO Discovery Service (EDS) search portal by applying a Boolean search to modify or combine search terms and keywords related to multicultural competence. The inclusion criteria were studies published in peer-reviewed journals in English between 1990 and 2020; focusing on the multicultural aspects related to registered psychologists in private practice or interns or student psychologists. Studies were excluded if reported in reviews, editorials, magazines, books, reports, or letters. A secondary search was conducted using Google Scholar to increase the integrity of the search. Nine studies were found to be relevant to the study and to be scientifically sound for the review. The extracted data were then systematically examined to identify and report themes according to the phases of a thematic analysis suggested by Braun and Clarke (2006).

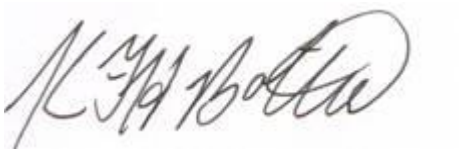
Three main themes were identified, namely (1) components of multicultural competency; (2) components of multicultural incompetency; and (3) the development of multicultural competency. Components of multicultural competence include two subthemes, *multicultural competency orientation* and *multicultural competence skills*, like openness to learning, using culture in an appropriate way, and displaying empathy. Multicultural

incompetency consists of components like discrimination and micro-aggression, pathologizing cultural differences and ethical misconduct. The development of multicultural competency consists of three subthemes, *professional training*, *family influence* and *personal dynamics*.

The findings indicate that multicultural competence is rooted in multicultural sensitivity and that it is more of a personal orientation and lifestyle than an event. It is shaped and nurtured by the individual's family, personal dynamics and social environment. One limitation of the study is that the review yielded significantly more international studies than South African studies, a factor that had to be kept in mind when noting the implications for the South African context. Further research on this topic, especially within the South African context, should therefore aim to improve our understanding of multicultural competence and the best ways to appropriately develop it to address the country's mental health challenges. South African training institutions should specifically aim to model multicultural competence and sensitivity to their trainees, and they should work in collaboration with indigenous approaches to provide the best treatment possible for patients.

PERMISSION TO SUBMIT

I, Prof Karel Botha, herewith grant permission to Lekuka Masipa to submit this mini-dissertation for examination purposes.



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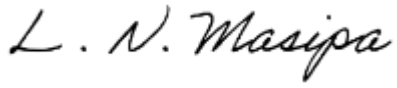
DECLARATION BY RESEARCHER

I hereby declare that this research titled "**Multicultural competence of psychologists in the South Africa context: a rapid review"** is entirely my own work and that all sources have been fully referenced and acknowledged.



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for **Lekuka Ngoako Masipa** for the purpose of submission as a postgraduate research study. Suggestions were indicated in track changes and application was left to the author.

Regards,

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AUTHOR GUIDELINES

South African Journal of Psychology

South African Journal of Psychology publishes contributions in English from all fields of psychology. Whilst the emphasis is on empirical research, the journal also accepts theoretical and methodological papers, review articles, short communications, book reviews, and letters commenting on articles published in the journal. Priority is given to articles relevant to Africa and that address psychological issues of social change and development.

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The South African Journal of Psychology considers submissions addressing South African, African or international issues, including:

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All manuscripts should be written in English and include an abstract of not more than 250 words. The writing must be of a high grammatical standard, and follow the technical guidelines stipulated below. The publication guidelines of the American Psychological Association 7th edition (APA 7th) must be followed in the preparation of the manuscript. Manuscripts of poor technical or language quality will be returned without review.

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Manuscripts should be submitted as a Word document only.

The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 12 point.

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The South African Journal of Psychology conforms to the SAGE house style.

Research-based manuscripts should use the following format: The introductory/literature review section does not require a heading, thereafter the following headings /subheadings should be used:

Method (Participants; Instruments; Procedure; Ethical considerations; Data analysis (which includes the statistical techniques or computerized analytic programmes, if applicable); Results; Discussion; Conclusion; References.

The “Ethical considerations” section must include the name of the institution that granted the ethical approval for the study (if applicable).

Reference style

South African Journal of Psychology adheres to the APA reference style.

CHAPTER 1: CONTEXTUALISATION

INTRODUCTION

This chapter offers an overview of the available body of literature with a concise, in-depth conceptualization of the key concepts in this study, namely: culture, competence, multicultural competence, cultural sensitivity, cultural diversity within the field of psychology, and psychological practice. By the end of this literature, readers should have a firm understanding of the literature relating to the intention of this study.

DIVERSITY IN THE FIELD OF PSYCHOLOGY

Hall (2006) argued that globally the field of psychology has not been as diverse as its society and that the generalisability of the field to diverse groups has largely been untested, which seems to be still the case today. The term diversity describes variation along concepts such as race, ethnicity, gender, identify, orientation, ability/capacity, and intellectual perspectives (Smith, 2015). Associated with diversity are terms like culture and ethnicity, which, although they fall within a similar school of thought, are also distinctly different. Matsumoto and Juang (2013, p. 15) differentiate between culture and ethnicity by saying that: "culture is the idea of a unique meaning and information system shared by a group and transmitted across generations, which allows for groups to meet basic needs of survival, pursue happiness and well-being, as well as derive meaning from life". Ethnicity, in contrast, is used in reference to groups with a common nationality, geographic origin, or language. (Matsumoto & Juang, 2013).

It is important to note that the bulk of psychologists in the United States is European Americans and as a result most of research reflects that population (Ægisdóttir et al., 2019). Within the American context, psychology has been characterized as a mainly white and female profession; there has been a slow change in the demographics of the profession in the past two decades, with approximately 90% of psychologists identifying as European American and 70% as female (Curtis et al., 2012).These demographics were investigated on behalf of the National Association of School Psychologists Research Committee to explore how characteristics such as age, years of experience, or type of employment within the field of psychology differ by race or gender (Castillo, Curtis, & Gelley, 2013). Despite these statistics, there have been significant developments in the field that highlight diversity among females; sexually and gender-diverse psychologists working towards a more inclusive and affirmative stance of

practice (Pelc et al., 2020; McLachlan, et al., 2019). This has given birth to the notion that diversifying the field may entail diversifying those in the field (Gardner & Ryan, 2020; Hall, 2006).

An increase in racial diversity of psychologists, will however, not automatically result in overall diversity within the field. Rather, it should be more about how acculturated an individual is; the more acculturated the better he or she will contribute diversity to the field (Johnston, 2015). Globally, within the academic a context and training of students, often psychology programmes used acculturate and socialize their students into an academic culture, which often resulted in less diversity (Hall, et al., 2001). It is worth noting that this may no longer be the case in today's academic culture. According to Smith et al. (2016), diversifying the field from within will have implications for the recruitment of students, the diversity of the faculty team, and the curriculum of the programmes. They also indicate that students from diverse backgrounds tend to introduce fresh knowledge, numerous life experiences, and different perspectives on homogenous groups, which fosters more creative problem solving and sets the scene for a multicultural competent training atmosphere. According to Dayley (2020) and Rogers and Molina (2006) students in the USA are more open to incorporating multicultural skills if programmes have at least one course on diversity or integrate multiculturalism in all their classes. Regarding South Africa, Siyothula and Molina (2006) found that having faculty members who reflect diversity illustrates the faculty's commitment to the diversity of the programme.

Bartolo and Smyth (2009) point out that psychologists should not only be trained to help patients achieve the necessary desired change, but they also be equally trained to comprehend the impact of social environments and strive for social change. Bartolo (2010) proposes two approaches to the training of psychologists: (1) that the institutions themselves be a model of respect for multiculturalism and diversity in their construction and practices, and (2) that training programmes should enhance the trainees' sensitivity and awareness of multicultural competence skills, cultural sensitivity, cultural diversity, along with improving their skills for working with diverse contexts and patients.

The slow progress of diversification among psychologists may suggest that many psychologists are resistant to change (Sue et al., 2019). The diversification of the field mainly relies on the attempts of psychologists who value diversity and who perceive the present condition of the field as contrary to their own beliefs and values as something that prevents

them from effectively catering to the population (Mendes et al., 2017), specifically in culturally diverse populations such as South Africa.

THE DIVERSE POPULATION OF SOUTH AFRICA AND MENTAL HEALTH

South Africa is a country well-known for its rich cultural diversity and history; it is linguistically and ethnically diverse, accepting of many cultures and customs, and has 11 official languages. The Population Registration Act of 1950 categorized South Africans according to racial groups: black/African, Indian/Asian, coloured/mixed race, and white, and this classification remains.

There is disparity between South African citizens in terms of socio-economic status, political history, levels of individualism and collectivism, and upbringing (Buthelezi et al., 2021; Berry et al., 2002; Ward, et al., 2001), and it is still quite evident even today. These factors can influence whether the South African population seeks psychological services or not, whether they can afford it, whether they will accept the treatment, and whether they experience psychological distress to begin with. A recent study conducted by De Kock and Pillay (2017) provides a situation analysis of psychological services in South Africa, finding an 85% increase in mental illness, primarily in the rural settings. Another study in KwaZulu-Natal reports that the population-psychologist ratio is 10.45 million to 97 (Siyothula, 2018), which is roughly 10773 people per psychologist. With findings that reveal such significant under-provision of psychologists in rural areas in KwaZulu-Natal, it is essential that therapists are competent to function in diverse contexts where clients have cultural and ethnic profiles that differ from their own (Ned et al., 2017). These realities may explain the emphasis on diversity and multicultural competency within the international and South Africa literature (Johnston, 2015).

THE MULTICULTURAL COMPETENCE OF PSYCHOLOGISTS

Multicultural competence is a term that has been advanced to describe a psychologist's capacity to provide quality and suitable care for diverse individuals despite socio-cultural dissimilarities and other systematic challenges to decrease inconsistencies in mental health care provision (Schouler-Ocak et al., 2015). This section focuses on the psychologist as an instrument in the interaction with the patient, highlighting the importance of the psychologist's own culture, beliefs and values, which may be similar or different to that of their patients. Furthermore, the discussion conceptualizes the presenting problem, highlights the impact of

multicultural competence and incompetence on the therapeutic relationship and the understanding of diagnoses, and its role in the acceptance or rejection of psychological treatment.

MULTICULTURAL COMPETENCE

Culture is the idea of an exclusive meaning and information system common to a group of people and passed down from generation to generation. It creates space for people to meet their essential needs for survival, to pursue well-being, and to take meaning from life (Matsumoto & Juang, 2013). It is through mere existence and human experience that the development of personal values, beliefs, and worldviews takes place, no individual is culturally neutral (Fong & Tanaka, 2013; Soto et al., 2018). Multicultural competence carries with it the inference that in order to strive for competence, a genuine attempt to better understand cultural differences and similarities should be made (Johnston, 2018).

Psychologists in South Africa, especially those in the public sector, offer psychological services to a diverse population of patients who come from different cultural backgrounds, often different from their own culture. Therefore, multicultural competence becomes necessary so that psychologists can cater psychological services to a diverse population of patients as possible. Schouler-Ocak et al. (2015) defines multicultural competence as the ability to be aware of and understand cultural differences between psychologist and patient. It entails an awareness of the impact of the psychologist's own ethnocultural identity on his or her patient. Multicultural competence is not about adopting cultural values or learning the language of patients, but more about valuing differences and ensuring that those differences are bridgeable to avoid any adverse effect on diagnostic, treatment, or the therapeutic process (Schouler-Ocak et al., 2015). It includes aspects such as cultural sensitivity, cultural empathy, and cultural insight (Jain & Aggarwal, 2020). Cultural sensitivity entails that psychologists should create a safe and open atmosphere for patients to feel sufficiently comfortable to venture into painful ideas and difficult emotions. Although cultural sensitivity offers the foundational grounds for multicultural competence, alone it is insufficient for multicultural competence to develop (Jain & Aggarwal, 2020; Sperry, 2012; Whaley, 2008).

The three main aspects of multicultural competence are cultural attitudes, cultural knowledge, and cultural skills (Schouler-Ocak et al., 2015):

1. *Cultural attitude* refers to thinking about individuals, practices, or beliefs from a specific society in such a way that it informs one's own customs and living (Kant & Yadav, 2017). Cultural attitudes generally call psychologists who work interculturally to challenge and question their own understanding of "reality", and to explore their cultural biases, prejudice biases and identity (Ratts et al., 2016). A great misconception about multicultural competence is that it can be achieved by the end of training. However, accreditation does not necessarily mean that a psychologist will work effectively with patients from different cultures (Schouler-Ocak et al., 2015).

2. *Cultural knowledge* entails the mindfulness of the different ways in which culture, status, and race influence psychosocial development, psychological well-being, and therapeutic interaction. Although it is not possible to be fully knowledgeable of all the cultures that psychologists aim to serve, it is possible to seek correct and relevant information from multiple sources to ensure multicultural competence. However, it is of great importance to ensure that psychologists are aware of the risks of stereotypes and the possibility of losing sight of the patient's individuality (Jain & Aggarwal, 2020).

3. Cultural knowledge, however, in itself is abstracted from clinical practice and is insufficient for effective therapeutic interaction. According to Ratts et al. (2016), *cultural skills* include proficiency in intercultural communication, a capacity for development of a therapeutic alliance with patients from different cultures, and an ability to adjust or modify diagnosis and treatment in light of significant cultural features.

These aspects do not only highlight the differences, but also the similarities between cultures, and their impact on the presentation and understanding of mental disorders. It is vital to note that multicultural competence is not a static phenomenon, but rather a developmental and progressive process that can be characterized as a continuum. Reaching a level of cultural proficiency may imply a level of multicultural competence, but this is not an absolute and will require ongoing development (Trimble, 2013). Because it is progressive and not static, multicultural competence requires more than simply awareness, knowledge, and skills. More importantly, it requires a lifetime commitment, an openness to learn, and a willingness to

experience and venture into aspects of foreign cultures (Bohall & Bautista, 2017). Trimble (2013) presents the following six stages of multicultural competence:

1. *Cultural destructiveness* – This is the extremely negative end of the spectrum and is characterized by practices, policies, and attitudes destructive to cultural customs and the members of a culture.

2. *Cultural incapacity* – This stage is characterized by individuals or systems with heavy biases, racial superiority, and dominative of lesser cultural groups.

3. *Cultural blindness* – This stage is characterized by the belief that culture makes no difference, that all people are the same, and the beliefs and values of dominant cultures are acknowledged as universally applicable and helpful.

4. *Cultural pre-competence* – This stage is characterized when individuals are aware of personal limitations regarding cross-cultural outreach or communication. Although treatment occurs with cultural sensitivity, some level of frustration is present due to a lack of knowledge.

5. *Cultural competence* – This stage is characterized by respect and acceptance of differences, continual self-reflection about culture, increased cultural knowledge, and a willingness to adapt belief systems, practices, and policies.

6. *Cultural proficiency* – This stage is characterized by individuals who hold culture in high esteem and strive to enhance their knowledge by reading, learning, doing research, and developing new approaches for multicultural competency in clinical practice.

Not only is multicultural competence an essential tool for psychologists, it is also regarded as an ethical obligation and imperative to practice (Laws & Chilton, 2013). Thus, it is necessary to clarify the most suitable research-based approaches to ensuring the multicultural competence of psychologists in training and practice.

THE PSYCHOLOGIST AS AN INSTRUMENT OR TOOL OF PSYCHOTHERAPY

Schouler-Ocak et al. (2015) argue that multiculturally competent psychologists are attentive to their patients' cultural biases and worldview, aware that these are heavily

influenced by cultural values, and mindful of their cultural prejudices, strengths and weaknesses that may affect their reaction to patients and vice versa. They are further willing to incorporate different facets of patients' culture and they desire to understand patients' experience of the presenting problem (Bohall & Bautista, 2017). Finally, multiculturally competent psychologists display culturally sensitive interpersonal skills, understand their own culture, and appreciating and respecting other cultures, along with applying cultural guidelines for therapeutic interventions (Johnston, 2015; Laws & Chilton, 2013; Lott, 2010).

Warner (2015) and Reynolds and Rivera (2012) note that the training of multicultural competent psychologists should include the following:

1. Self-awareness of one's own cultural heritage and the importance thereof in one's own personal and professional development.

2. Transparency of one's own cultural development during the training period.

3. Knowledge of cultural identity development models and the intersectionality of multiple identities in human development.

4. Knowledge of socio-political influences on culture, including how power and privilege, oppression, and marginalization impact on both organizations and individuals (Warner, Phelps, Pittman, & Moore, 2013).

5. Openness to continually learn about self and others.

It is crucial that multicultural competence training programmes emphasize psychologists' awareness of their own cultural identity and biases. It should enhance their ability to query their stereotypes and approve their capacity to display empathy to all cultures (Bohall & Bautista, 2017; Geerlings et al., 2018).

THE THERAPEUTIC RELATIONSHIP

Psychologists are trained to conceptualize, understand, change, and treat patients presenting with different behavioural, emotional, and cognitive stressors. However, it is also important for them to understand that patients are the experts of their own experience of distress (Dryden & Mytton, 2016). Clinical interactions should be viewed as a two-way learning stream. Griner and Smith (2006) propose four cultural adaptation methods that could enhance

multicultural competence of the client and strengthen the therapeutic relationship. They are as follows:

1. Incorporate the patient's cultural values into the therapeutic process.

2. Patients may be matched with a psychologist of a similar ethnic or cultural group, although this is not always practical, especially in the public sector (Siyothula, 2018), thus reinforcing the importance of multicultural competence.

3. Treatment should be easily explained and made relevant to patients' presenting problem.

4. Patients' community, friends, nuclear and extended family members, and traditions should be integrated in the therapy process as far as possible.

Khangura et al. (2014) report that patients' perceptions of their psychologists' multicultural competence and awareness have been associated with positive outcomes in the therapeutic context. This would suggest that patients who perceived their psychologists' way-of-being as respectful and who acknowledge their cultural beliefs and practices will have a more positive experience of the therapeutic process (Khangura et al., 2014). Although cultural issues are not always the emphasis in psychotherapy, they still influence patients' views of psychologists' multicultural competence orientation and may influence the therapeutic relationship (Owen, et al., 2011). Therefore, psychologists' multicultural competence orientation can enhance the therapeutic alliance by offering culturally appropriate conceptualization of the presenting problem or implementing culturally sensitive treatment interventions (Owen, 2013). As a result, patients may develop a sense of safety and trust with psychologists who are able to notice and acknowledge cultural factors. This may in turn enable psychologists to deeper explore core the concerns of patients (Owen, 2013). In addition, Johnston (2018) reports language as a significant multicultural challenge for psychologists, reporting that semantics, the use of interpreters, and language differences between patients and psychologists seem to affect the therapeutic process. In addition to multicultural competence, being able to speak the same first language as a patient may therefore be an important, yet not essential factor in psychotherapy.

CULTURAL FORMULATION INTERVIEW

Gopalkrishnan and Babacan (2015) propose that culture plays an important role in presenting symptoms of distress and illness. Furthermore, cultural factors significantly affect the diagnostic process and the treatment intervention for all populations. According to Lewis-Fernandez et al. (2017), the Cultural Formulation Interview (CFI) of the DSM-5 (American Psychiatric Association, 2013) provides a manner in which psychologists can conceptualize and understand the cultural context of a patients' experiences of mental disorders. This is necessary for effective diagnosis, assessment, therapeutic alliance, treatment, and ultimately enhances the multicultural competence of psychologists. By using the CFI, psychologists gather information on the influence of culture on crucial components of patients' clinical care. The CFI is divided into four domains of assessments: (1) cultural definition of the problem, (2) perceptions of the cause, (3) context and support, and (4) cultural factors affecting past and current coping and help-seeking (American Psychiatric Association, 2013).

The CFI can greatly enhance the multicultural competence of psychologists by offering a more cultural understanding of pathology. It can facilitate a multi-dimensional rather than a categorical approach to diagnosis and treatment (Lewis-Fernandez et al., 2017). For instance, it was found that treatment interventions that were designed for a particular cultural group was more effective than those designed for groups of patients from a different cultural background. This also applies to treatment interventions conducted in the patients' home language (Griner & Smith, 2006; Barrera et al., 2013). Multicultural competence should be the basis for all treatment, despite the fact that the expression of these competencies may be somewhat different from culture to culture (Bohall & Bautista, 2017).

PRESENTING PROBLEM

Generally, South Africa seems to have a lack of multiculturally competent psychologists (Ngcobo & Edwards, 2008). Although recent studies suggests that South African psychologists are moving towards a more multicultural responsive way of practice (Laher & Cockcroft, 2017), the residuals of poor multicultural competence may affect the therapeutic relationship and elicit oppressive-submissive behaviour where clients are not free to express their concerns and disagreements (Trott & Reeves, 2018). Moreover, Johnston (2015) argues that the history of Eurocentric approaches have 'short-circuited' South Africa's exercise of diversity and multiculturality, redefining abnormality and normality void of African traditions and beliefs. However, the reasons for this are not exactly clear. There is a large gap in the

research with respect to the multicultural competence of psychologists when it comes to multicultural understanding, training, and the application of multicultural skills within the South African context, specifically review studies. In addition, there is a scarcity of research on the experiences and training of psychologists with regard to multicultural issues (Johnston, 2018), while no review studies that synthesize previous findings on multicultural competence in South Africa could be found to the best of the research teams' knowledge.

Based on this, a rapid review was conducted to address the following questions: (i) What are the components of multicultural competence? (ii) What is the effect of multicultural components on psychologists' effectiveness? and (iii) What are the implications for South African psychologists?

METHOD

RESEARCH DESIGN

According to Tricco et al. (2017), rapid reviews have been labelled 'relatives' of systematic reviews, as their approach to methodology was shaped to offer a scientific and transparent method that is thorough and reported in advance so that it can be duplicated by others. Rapid reviews were designed to adhere to and respect the core principles of knowledge synthesis, containing a precise statement of review objectives, a predefinition of edibility criteria, an assessment of the validity of findings, and a systematic presentation and synthesis of results (Kelly, 2015; Tricco et al., 2017).

The term 'rapid review' includes a range of products that differ largely in their objective, methodological rigour, transparency, and the time spent on their production (Tricco et al., 2017). Generally, though, rapid reviews accelerate the systematic review process by excluding phases of the systematic review, thus making it less rigorous (Harker & Kleijnen, 2012). They are usually conducted within less than five weeks (Featherstone et al., 2015), consequently, possible limitations of rapid reviews include the following (Harker & Kleijnen 2012; Featherstone et al., 2015):

- Search may not be as comprehensive as systematic reviews
- In certain instances, there may only be one reviewer
- Results and findings should be interpreted with caution and acknowledgement of limitations

- Can influence practice and policy, but systematic reviews are still needed

However, rapid reviews are important to support evidence-informed decision making, especially within the social science and policy sectors (Khangura et al., 2014). Tricco et al. (2017) and Schünemann and Moja (2015) note some advantages:

- Useful when policy makers have given a department of health a noticeably short timeframe to identify policy options
- They are considered a cost-saving strategy for decisions makers faced with limited resources
- Rapid reviews are an efficient approach to producing the essential context-sensitive knowledge required to advise decisions on certain systems

Therefore, despite the disadvantages, rapid reviews represent a knowledge of generations strategy, they synthesize and evaluate the authenticity of research evidence using 'abbreviated' systematic review methods, adapting these methods to generate evidence in a short period of time (Munn et al., 2015). Finally, they emphasize the literature while still adhering to the procedure of producing valid and reliable conclusions (Lal & Adair, 2014). The research questions and directed the attention to a clearly systematic search strategy, screening, the inclusion-exclusion process the selection of relevant articles to include in this study, data extraction, assessment of methodology, and data analysis.

THE SEARCH STRATEGY

This study's primary search was conducted using the EBSCO Discovery Service (EDS) search portal associated with the North-West University's (NWU) database. EDS provides access to over sixty databases that include journal articles, and national and international textbooks from resources like ScienceDirect, PsycARTICLES, PsycINFO, and the JSTOR journals. A Boolean search was used to modify or combine search terms and keywords (see Table 1). During this process, the literature guided and expanded the keywords to increase the results of research for the specific proposed title. A secondary search was conducted in Google Scholar to increase the integrity of the search. Studies had to have been published in peer-reviewed journals and had to be available as full-text in English between 1990 and 2020.

Table 1

Primary Search	Secondary Search
Search conducted on: EBSCO Discovery Service (EDS) search portal associated with the North-West University's (NWU) database Search key words: cultural or culture or diverse or multicultural or "multi-ethnic" or pluralist* or cross-cultural or Afrocentric (Abstract) AND psychology or psychologist* or psychotherapist* or counsellor* (Abstract) AND competence* or knowledge or skill or capability or ability or proficiency or expertise or know-how (Abstract) AND "South Africa" (Abstract) Search result: 123 articles Applying inclusion-exclusion criteria (limiters) (see table 2 below) Outcome: Number of articles in search reduced to 86	Search conducted on: Google Scholar Search: "multicultural competence" of "psychotherapists" in "South Africa" Search result: 134 articles Applying inclusion-exclusion criteria (limiters) (see Table 2 below) Outcome: Number of articles in search reduced to 77 Total number of articles for primary and secondary search: n = 163

INCLUSION AND EXCLUSION CRITERIA

Inclusion-exclusion criteria are primary used to set boundaries for a rapid review. For this study, these boundaries were determined after establishing the research question and before the search was conducted.

All studies were selected based on the following inclusion-exclusion criteria:

Table 2

Criteria:	**Inclusion-Exclusion**
Date	**Inclusion:** Publication date 1990 – present **Exclusion:** Studies published before 1990
Geographic location	**Inclusion:** Studies from any geographical location **Exclusion:** N/A
Language	**Inclusion:** English language

	Exclusion: Non-English language
Participants	**Inclusion:** Young adulthood to elderly within the study or profession of psychology (>± 23 years) **Exclusion:** Children to adolescents (< 18 years)
Exposure of interest	**Inclusion:** Master's students and interns training in the field of psychology, as well as registered practising psychologists in relation to multicultural competence. **Exclusion:** Undergraduate and honours students as well as registered practising psychologists outside the field of psychology
Peer review	**Inclusion:** Studies published in peer-reviewed journals **Exclusion:** Studies not published in peer-reviewed journals
Reported outcomes/findings	**Inclusion**: Multicultural competence findings and conclusions within the field of psychology **Exclusion:** Any other findings and conclusions outside of multicultural competence in relation to the field of psychology
Setting	**Inclusion:** Professional psychology **Exclusion**: Any other setting outside of professional psychology
Study design	**Inclusion:** Qualitative, quantitative, and mixed method studies **Exclusion:** Review studies
Type of publication	**Inclusion:** Academic journals **Exclusion:** Reviews, editorials, magazines, books, reports, and letters

CRITICAL APPRAISAL

The review team consisted of two members, the researcher is a clinical psychology master's student, and the supervisor a registered clinical psychologist at the North-West University's Potchefstroom campus. The reviewers authenticated the conclusions by screening all titles and abstracts, extracting and synthesizing additional data, and reviewing the findings and conclusion (Khangura et al., 2012). Studies that seemed to comply with the inclusion

criteria based on the abstract but which on examination of their full text later appeared not to comply, were excluded.

The following rubric was used to assess each study's relevance and quality (see Table 3). The rubric for relevance was self-compiled while the quality criteria were based on the criteria provided by Petticrew and Roberts (2006). Studies had to score six or more out of eight (75%+) for relevance and 30 out of 40 (75%+) for quality from both reviewers. Any discrepancies in views on the suitability of selected studies were addressed through dialogue until there was consensus.

Table 3

Scoring Rubric for Assessing the Relevance of an Article

A. RELEVANCE				
KEY				
1 = Not relevant (The article's content does not reflect in any manner the topic of multicultural competence.)				
2 = Inadequate relevance (The article's content reflects aspects of multicultural competence, however, that is not the focus of the entire article.)				
3 = Acceptable (The article's content reflects aspects of multicultural competence in relation to the field of psychology, and that is the focus of the entire article.)				
4 = Sophisticated (The article's content reflects detailed aspects of multicultural competence with the field of psychology being the entire focus of the article.)				
	1	**2**	**3**	**4**
a. The study is relevant to multicultural competence themes & aspects in general				
b. The study is relevant to multicultural competence themes & aspects in relation to the field of psychology				
Total				
B. QUALITY				
KEY				
1 = No compliance at all (The study does not comply at all)				
2 = Minimal compliance (The study contains elements of the criteria, but only on a minimal, non-acceptable level)				
3 = Acceptable compliance (The study complies with the criteria on an acceptable level, useable for inclusion)				
4 = Full compliance (The study fully complies – the specific criteria is clear, credible and comprehensively addressed in the study)				
	1	**2**	**3**	**4**
a. Is there a clear problem statement?				
b. Is there a clear research question?				
c. Are the aims and objectives clear?				
d. Does the study have a clear and valid research approach and design?				
e. Is there consistency in the research methodology and the research questions, aims and objectives?				
f. Is there consistency in the research methodology and the data collection methods used?				
g. Are the results of the study clearly shown and reported (Tables, figures, themes, etc.)?				
h. Is there consistency in the research methodology and the reporting of the results?				
i. Is there a clear conclusion for the study?				
j. Are the limitations in study noted and taken account of in the conclusion and recommendations?				
Total				

DATA ANALYSIS

Thematic analysis, defined by Braun and Clarke (2006) as a technique for identifying, examining, and reporting themes in data, was used as analysis tool. A theme implies noticing something vital in the data in connection to the research question that signifies meaning in the data set (Braun & Clarke, 2006). It is worth noting that certain themes may receive significant amount of space in certain data sets, and little to none in other data sets. Therefore, the researcher's judgement is essential in the determination process of what constitutes a theme (Braun & Clarke, 2006).

The following process, as suggested by Braun and Clarke (2006), was followed:

1. *Familiarizing self with the data*

Phase one entailed that the researcher immersed himself in the data by reading and rereading the data, searching for patterns and meanings. As the researcher was reading the data, he would highlight marked ideas and take notes of specific texts that were identified as potential themes.

2. *Generating initial codes*

Phase two entailed the construction of preliminary codes by noticing interesting features in the data. This meant that the researcher systematically organized data into significant clusters by manually grouping the highlighted texts together according to the idea or potential theme each text spoke to.

3. *Searching for themes*

Phase three entailed the categorization of diverse codes into possible themes. This meant that the researcher had to examine code and deliberate on how different codes may come together to produce a predominant theme. The researcher identified meaningful relationships between the codes by using mind-mapping until both reviewers were satisfied with derived themes. It is during this phase that sub-themes also emerged.

4. *Reviewing themes*

Phase four entailed the refinement of certain themes. Here, particular themes may fade due to insufficient data support, while others may require being broken down into independent

themes. The researcher considered that themes should be distinctly discernible and still speak to each other, and the narrative they tell should addresses the research question. This was fairly challenging and required the researcher to read and reread all the texts extracted for each of the identified themes in order to see if they create a coherent idea. Some of subthemes were moved from one theme to another while some were deemed no longer necessary.

5. Defining and naming themes

Phase five entailed the identification of the core of what each theme is about and deciding what features of the data each theme addresses. The researcher had to make clear the specifics of each theme and the narrative each one entails, providing clear descriptions and terms for each theme. Furthermore, the researcher read and reread the descriptions of each theme along with their subthemes to ensure that the themes speak well to each other as well as to the research question.

6. Producing the report

Phase six entailed the complete analysis and write-up of the report. The researcher had to report the complex narrative of the data in a manner that proves to be valid, that communicates the value of the analysis, and that provides an argument in connection with the research question. This involved multiple report drafts before both the reviewers were satisfied.

CONCLUSION

Chapter 1 presented the readers with a thorough, concise overview of scholarly journal articles and theoretical papers pertaining to psychologists' multicultural competence and what components may be relevant and applicable to the South African context. It offered the readers an in-depth conceptualization of the key concepts of this study, which are culture, competence, multicultural competence, cultural sensitivity, cultural diversity within the field of psychology and its practice. The literature review highlighted and demonstrated the importance of the multicultural competence of psychologists, especially within the South African context. Finally, a detailed description of the methodology was presented in terms of the design, search strategy, inclusion- and exclusion criteria, relevance- and quality appraisal as well as the data analysis. Chapter 2 will present the research in manuscript form.

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CHAPTER 2: MANUSCRIPT FOR SUBMISSION

Multicultural competence of psychologists in the South African context: A rapid review

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Multicultural competence of psychologists in the South Africa context: A rapid review

ABSTRACT

Objective: The aim of this rapid review was to explore and synthesize the best available scientific literature on multicultural competence of psychologists by examining (a) components of multicultural competence, (b) the impact of multicultural competence on psychologists' effectiveness, and (c) implications of multicultural competence for South African psychologists.

Methods: A rapid review was done using the EBSCO Discovery Service (EDS) search portal. The search limiters were full-text English, peer-reviewed journal articles, search year from 1990 to 2020. A secondary search was conducted in Google Scholar to increase the integrity of the search. A total of nine studies were found to be relevant to the study and to be scientifically sound for the review. Thematic analysis was used to systematically examine, identify and report themes from the extracted data.

Results: Three main themes were identified, namely (1) *Components of multicultural competence*, with two subthemes, multicultural competency orientation and multicultural competence skills, like openness to learning, using culture in an appropriate way, and displaying empathy; (2) *Components of multicultural incompetency* consisting of components like discrimination and micro-aggression, pathologizing cultural differences and ethical misconduct; and (3) *Development of multicultural competency* consisting of three subthemes, professional training, family influence and personal dynamics.

Conclusions: Multicultural competence is rooted in multicultural sensitivity and should be a personal orientation rather than a specific skill applied to specific psychotherapeutic contexts. It is shaped and nurtured by the individual's family, personal dynamics and social environment. Further research should specifically aim to improve our understanding of multicultural competence within the South African context, as well as of the best ways to appropriately develop it to address the country's mental health challenges.

Key words: Multicultural competence, cultural sensitivity, culture, psychologist, South Africa

INTRODUCTION

In South Africa, psychologists in both the public and private sector, though at different scales, offer psychological services to a diverse population of patients often different from their own culture. However, due to South Africa's political history, there is huge inequality in terms of socio-economic status, political history, levels of individualism and collectivism, and upbringing (Berry et al., 2002; Ward et al., 2001). Although the political landscape has changed profoundly since 1994, these inequalities persist even today. This may, among other things, influence whether South Africans seek psychological services or not, whether they can afford it, whether they will accept the treatment, or even if they are aware that they may be experiencing psychological distress. This is a reason why multicultural competence has become necessary for psychologists to cater psychological services to as many diverse patients as possible.

Schouler-Ocak et al. (2015) defines multicultural competence as the ability to understand and be aware of cultural factors between psychologist and patient, including an awareness of the impact of the psychologist's own ethno-cultural identity on his or her patient. Multicultural competence is not about adopting cultural values or learning the language of patients, but more about valuing differences and ensuring that those differences are bridgeable to avoid any adverse effect on diagnostic, treatment, assessment, or the therapeutic process (Schouler-Ocak et al., 2015). According to Jain and Aggarwal (2020), multicultural competence includes aspects such as cultural sensitivity, cultural empathy, and cultural insight. Being culturally sensitive speaks to the idea that psychologists should create a safe and open atmosphere for patients to feel sufficiently comfortable to venture into painful ideas and difficult emotions. However, cultural sensitivity alone is inadequate for multicultural competence to develop, for it only provides the foundational grounds for multicultural competence (Jain & Aggarwal, 2020; Sperry, 2012; Whaley 2008). Rooted in the term competence is the implication that an individual's acquired ability or capacity to effectively function within a culturally shaped context of human behaviour is shaped by a particular group (Johnston, 2018), and a genuine effort to comprehend cultural variances and commonalties should be made in order to strive for multicultural competence.

Schouler-Ocak et al. (2015) argues that multiculturally competent psychologists are attentive to their patients' cultural biases and worldviews, aware that these are heavily influenced by cultural values, and mindful of their own personal cultural prejudices, strengths

and weaknesses that may influence their reactions to patients and vice versa. They have a longing to understand patients' experience of the presenting problems and allow themselves to integrate various facets of patients' cultural worldviews (Bohall & Bautista, 2017). Multiculturally competent psychologists have an understanding of their own culture and are not threatened by other cultures, but instead show an appreciation and respect for them, along with applying cultural guidelines for therapeutic interventions (Johnston, 2015; Laws & Chilton, 2013; Lott 2010).

Although psychologists are trained to conceptualize, understand, change, and treat patients presenting with different behavioural, emotional, and cognitive stressors, it is vital that they also understand that patients are the experts of their own experience of pathology, even if they lack the vocabulary to express it (Dryden & Mytton, 2016). Therefore, clinical relations should be perceived as a collaborative and co-created experience. Owen (2013) argues that psychologists' multicultural competence orientation has significant potential to improve the therapeutic relationship, which in turn have positive outcomes like improved trust and a deeper exploration of patients' foundational concerns. As a general principle, multicultural competence should be the foundation for all interventions, even though the expression of these competencies may vary from culture to culture (Bohall & Bautista, 2017).

From studies on multicultural competence (see Berry et al., 2002; De Kock & Pillay, 2017; Laws & Chilton, 2013; Ngcobo & Edwards, 2008; Siyothula, 2018; Ward et al., 2001) it is clear that there is a lack of, yet strong need for multiculturally competent psychologists in South Africa. Ngcobo and Edwards (2008) report that intentional and local contemporary psychology traditionally has been defined by and based mainly on post-modern medical perspectives and assumptions when applied in the South African context. Furthermore, unique South African problems include a lack of perspective on cross-cultural and multicultural issues, cultural and language diversity, as well as cross-cultural prejudices, biases and stereotypes. Many psychologists' values are middle-class and have the tendency to depend on culture-bound values to discern the normality or abnormality of clients (Ngcobo & Edwards, 2008). As a result, this affects the therapeutic relationship, which may lead to oppressive-submissive behaviour in which clients are not free to express their concerns and disagreements (Trott & Reeves, 2018).

In addition, there is a scarcity of research on the experiences and training of psychologists with regard to cultural diversity and general multicultural issues (Johnston,

2018), while no review studies that synthesize previous findings on multicultural competence in South Africa could be found to the best of the research teams' knowledge. Therefore, this study aims to explore and synthesize the best available literature on multicultural competence of psychologists with respect to:

(a) components of multicultural competence,

(b) the impact of multicultural competence on psychologists' effectiveness, and

(c) implications of multicultural competence for South African psychologists.

METHOD

RESEARCH DESIGN

A rapid review represents a strategy of knowledge generation that synthesize research evidence through abbreviated systematic review methods (Harker & Kleijnen, 2012; Kelly, 2015; Khangura et al., 2014; Munn et al., 2015; Schünemann & Moja, 2015; Tricco et al., 2017), yet still adhering to the procedure of producing valid and reliable conclusions (Lal & Adair, 2014). The guidelines for rapid reviews were followed rigorously to ensure adherence to the process of producing valid and reliable conclusions (Lal & Adair, 2014). This entailed a precise description of inclusion and exclusion criteria; attention to a clear, systematic search strategy; screening and selection of relevant articles to include in this study; data extraction; assessment of methodology; and data analysis.

THE SEARCH STRATEGY

This study's primary search was conducted using the EBSCO Discovery Service (EDS) search portal, which includes databases like ScienceDirect, PsycARTICLES, PsycINFO, and JSTOR journals. A Boolean search was used to modify or combine the following search terms and keywords:

Search key words: cultural or culture or diverse or multicultural or "multi-ethnic" or pluralist* or cross-cultural or Afrocentric (Abstract)
AND
psychology or psychologist* or psychotherapist* or counsellor* (Abstract)
AND
competence* or knowledge or skill or capability or ability or proficiency or expertise or

know-how (Abstract)
AND
"South Africa" (Abstract)

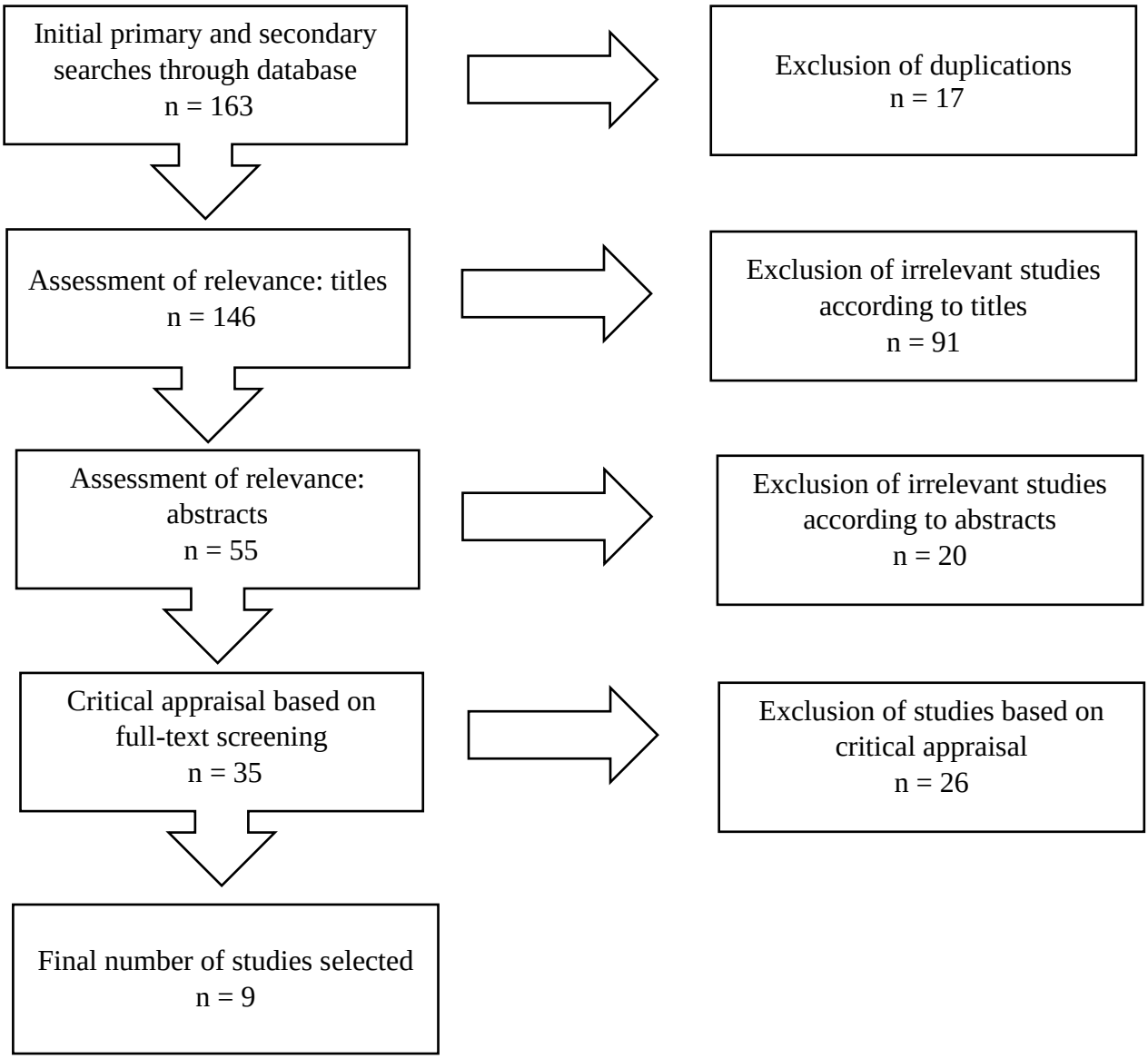
During this process, the literature guided the process of increasing the number of results related to the aims of the study. Inclusion criteria were set as studies published in peer-reviewed journals in English between 1990 and 2020 to ensure inclusion of recent developments in the area. Studies also had to focus on the multicultural aspects related to registered psychologists in private practice or interns or student psychologists (engaging in masters' degrees). Studies were excluded if reported in reviews, editorials, magazines, books, reports, or letters. A secondary search was conducted in Google Scholar to increase the integrity of the search using the same search terms.

CRITICAL APPRAISAL

The researcher screened all titles, abstracts, extracting and synthesizing additional data, and reviewing the findings and conclusion according to the guidelines by Khangura et al. (2012) and Petticrew and Roberts (2006). The included studies had to be relevant, have a clear problem statement, research question and aims/objectives, a clear and valid methodology; consistency between question, aims and methodology; a clear presentation and reporting of the results; a clear conclusion and indication of the study's limitations. The researchers used a rubric to independently score each study in terms of its scientific quality and relevance. Any discrepancies in the suitability of selected studies were addressed through dialogue until consensus had been reached.

Figure 1 shows the outcome of the search, the relevance, and the quality appraisal. Initially a total of 163 studies were identified from both the primary and secondary searches. Of these, 17 duplicate studies were excluded. Assessment of study titles and abstracts excluded a further 91 and 20 studies, respectively. Through critical appraisal a final group of 26 studies were excluded. As a result, a total of nine studies were found to be relevant to the study and to be scientifically sound for the review.

Figure 1


Initial primary and secondary searches through database
n = 163
Exclusion of duplications
n = 17
Assessment of relevance: titles
n = 146
Exclusion of irrelevant studies according to titles
n = 91
Assessment of relevance: abstracts
n = 55
Exclusion of irrelevant studies according to abstracts
n = 20
Critical appraisal based on full-text screening
n = 35
Exclusion of studies based on critical appraisal
n = 26
Final number of studies selected
n = 9

DATA EXTRACTION

Table 3 shows a summary of the final nine studies included for the review.

Table 3

Reviewed Articles					
No.	**Study**	**Aim of Study**	**Sample**	**Methodology**	**Main Findings**
1	Atkins, S. L., Fitzpatrick, M. R., Poolokasingham, G., Lebeau, M., & Spanierman, L. B. (2017). Make it personal: A qualitative investigation of White counsellors' multicultural awareness development. *The Counselling Psychologist*, *45*(5), 669–696.	Exploration of multicultural awareness development of counsellors.	12 non-Latino white mental health clinicians aged 29–58, with between 2 and 35 years of experience	Qualitative Design A grounded theory approach through individual audio-recorded interviews.	• **The development of multicultural competence** is shaped by an individual's personal factors, work experiences, and professional training and development.
2	Brown, D. L., & Pomerantz, A. M. (2011). Multicultural incompetence and other unethical behaviors: Perceptions of therapist practices. *Ethics & Behavior*, *21*(6), 498-508.	Examination non-professionals' perceptions of culturally based and noncultural ethical violations	174 undergraduate students from a midsize, public, suburban/rural midwestern university. Participants were recruited from Introductory Psychology courses	Quantitative Design Measures: A self-administered questionnaire consisted of 12 single-paragraph vignettes, each of which described a doctoral-level psychologist committing a violation of some	• Patients are likely to perceive culturally based violations as equally **unethical conduct.**

			via an online participant recruitment system maintained by the Department of Psychology.	kind	
3	Edwards, S., & Buscombe, R. (2011). Evaluation of workshops on healing through multicultural counselling implications: Sport psychology. *African Journal for Physical Health Education, Recreation and Dance*, *17*(Special issue 2), 903–916.	Evaluation of multicultural counselling workshops in South Africa & the United Kingdom.	51 culturally, linguistically and ethnically diverse participants. Sample consisted of 9 fully qualified psychologists, 10 professionally registered student psychologists and 32 third year sport psychology students	Quantitative design A post-test design was used to evaluate participants' perceptions as quantitatively assessed on a 11-point scale where 0 = ineffective and 10 = optimally effective.	• The most valuable **professional & training development** in students were connected to learning about commonalties and difference in cultures and psychotherapy. • **Indigenous knowledge systems** to be integrated into the educational and workplace settings.
4	Hansen, N. D., Randazzo, K. V., Schwartz, A., Marshall, M., Kalis, D., Frazier, R., ... & Norvig, G. (2006). Do we practice what we preach? An exploratory survey of multicultural psychotherapy competencies. *Professional Psychology: Research and Practice*, *37*(1), 66–74.	The study investigates how frequently professional psychologists intervene in multiculturally responsive ways, and how important they think it is to do so.	149 middle-aged (*M* = 53 years, *SD*=9.2) professional psychologists (56% female)	Quantitative design Measures: a background information questionnaire; Multicultural Practices and Beliefs Questionnaire developed specifically for this study; & Multicultural Social Desirability Scale (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998).	• **Personal experience** and professional experiences are more influential than guidelines and code in **culturally unethical conduct** for psychologists. • Newer psychologists are more dependent on **supervision.**
5	Johnston, E. R. (2018). South African clinical	The study explores multicultural challenges	241 clinical psychologists	Quantitative design	• **Multicultural challenges** experienced in everyday clinical

	psychologists' multicultural clinical and supervisory experience. *South African Journal of Psychology*, *49*(2), 253–269.	experienced by South African clinical psychologists and how these are addressed within the context of clinical practice, supervision, and training in South Africa.	registered with the Health Professions Council of South Africa	A self-administered questionnaire, addressing multicultural clinical and supervisory challenges, approaches, experience, and training.	practice and/or supervision were identified as cultural belief systems, values and practices, language and communication, and the impact of therapy, supervision and training. • **Indigenous approaches** to be included in the training of psychologists.
6	Ng, K. M., & Smith, S. D. (2012). Training level, acculturation, role ambiguity, and multicultural discussions in training and supervising international counseling students in the United States. *International Journal for the Advancement of Counselling*, *34*(1), 72–86.	This study investigates (a) the relationships among the supervisory working alliance, acculturation, role ambiguity in supervision, and multicultural discussion in supervision; and (b) the relationships among counselling self-efficacy, acculturation, multicultural discussion in supervision, and the supervisory working alliance	80 participants enrolled in various psychology programmes: counselling psychology; community counselling; mental health counselling; marriage, couple & family counselling; school & college counselling, pastoral & career counselling	Quantitative design instruments: Measures: Counselling Self-Efficacy (COSE); Role Conflict and Role Ambiguity Inventory (RCRAI); Working Alliance Inventory—Supervisee Form (WAI-S); International Student Supervision Scale (ISSS)	• **Professional & training development** should consider developmental approaches when it comes to supervision. • Higher levels of **supervisory working alliance** are connected to high levels of acculturation and less role ambiguity in supervision. • High levels of **counselling self-efficacy** higher training levels as well as supervisory working alliance. • Students who experience low levels of role ambiguity often experience higher level **multicultural discussions in supervision.**
7	Ngcobo, H. S., & Edwards, S. D. (2008). Self-perceived multicultural counselling competencies in South African psychologists: A basis for practice	The study explored multicultural counselling competences that are relevant for the South African context in order to advance appropriate multicultural	271 psychologists on the national register, of whom 191 were women and 80 men, with 206 English, 50 African and 15 Afrikaans	Mixed-method design A self-administered questionnaire was constructed. Discourse analysis was used to analyse qualitative data.	• **Factors that influenced multicultural competence** were identified as open-mindedness, self-awareness, adequate knowledge norms and values of different cultural groups, multicultural

	guidelines. *Journal of Psychology in Africa*, *18*(4), 647-652.	competent theory and practice.	home language speakers		research, cultural sensitivity training, and addressing language barriers.
8	Owen, J. J., Tao, K., Leach, M. M., & Rodolfa, E. (2011). Clients' perceptions of their psychotherapists' multicultural orientation. *Psychotherapy*, *48*(3), 274.	Examination of clients' perceptions of their psychotherapist's multicultural orientation associated with their psychological functioning, working alliance, & real relationship	176 clients from a university counselling centre, of which 136 were women, 38 were men, and 2 were transsexual men, with a median age of 25 years (range 18–41).	Quantitative design Measures: Cross-Cultural Counselling Inventory—Revised (CCCI-R); Schwartz Outcome Scale-10 (SOS-10); Working Alliance Inventory—Short Form Revised (WAISR); The Real Relationship Inventory—Client Version (RRI-C)	• Patients views of their psychologists' **multicultural competence orientation** were positively related to the therapeutic relationship.
9	Rogers-Sirin, L., Melendez, F., Refano, C., & Zegarra, Y. (2015). Immigrant perceptions of therapists' cultural competence: A qualitative investigation. *Professional Psychology: Research and Practice, 46(4)*, 258–269.	To gather client level data from immigrants regarding their perceptions of their therapists' cultural competence.	10 undergraduate (7 females & 3 males) students were recruited through introduction to psychology courses at an urban, northeastern university	Qualitative design A semi-structured interview protocol consisting of 20 questions regarding their experiences in psychotherapy. The interview protocol was developed by the lead researcher with the goal of getting a broad picture of the therapy experienced by the participants.	• **Factors that influenced multicultural competence** were identified as open to learning about patients' culture, adequate knowledge of when the presenting problem is connected to culture, demonstrating patients, using culture in an appropriate way, and displaying empathy • **Factors that influenced multicultural incompetence** were identified as ambiguity regarding what therapy entails, discrimination and microaggressions, assuming adequate cultural knowledge, and pathologizing cultural differences.

DATA ANALYSIS

The researchers made use of thematic analysis to identify, examine, and report themes in the data by systematically applying the following six phases suggested by Braun and Clarke (2006); (1) *Familiarizing self with the data* – the full text of the selected nine studies were carefully read to get a general idea of each study; (2) *Generating initial codes* – specific texts were grouped together according to the themes they addressed; (3) *Searching for themes* – codes were examined and significant relationship between them were drawn and connected using mind-maps until saturation; (4) *Reviewing themes* – the identified themes were critically reviewed to ensure a coherent narrative exists among the themes; (5) *Defining and naming themes* – themes and subthemes were given names and clear descriptions and read again to ensure coherence throughout; (6) *Producing the report* – multiple concise drafts of the data were produced and refined until both the reviewers were satisfied.

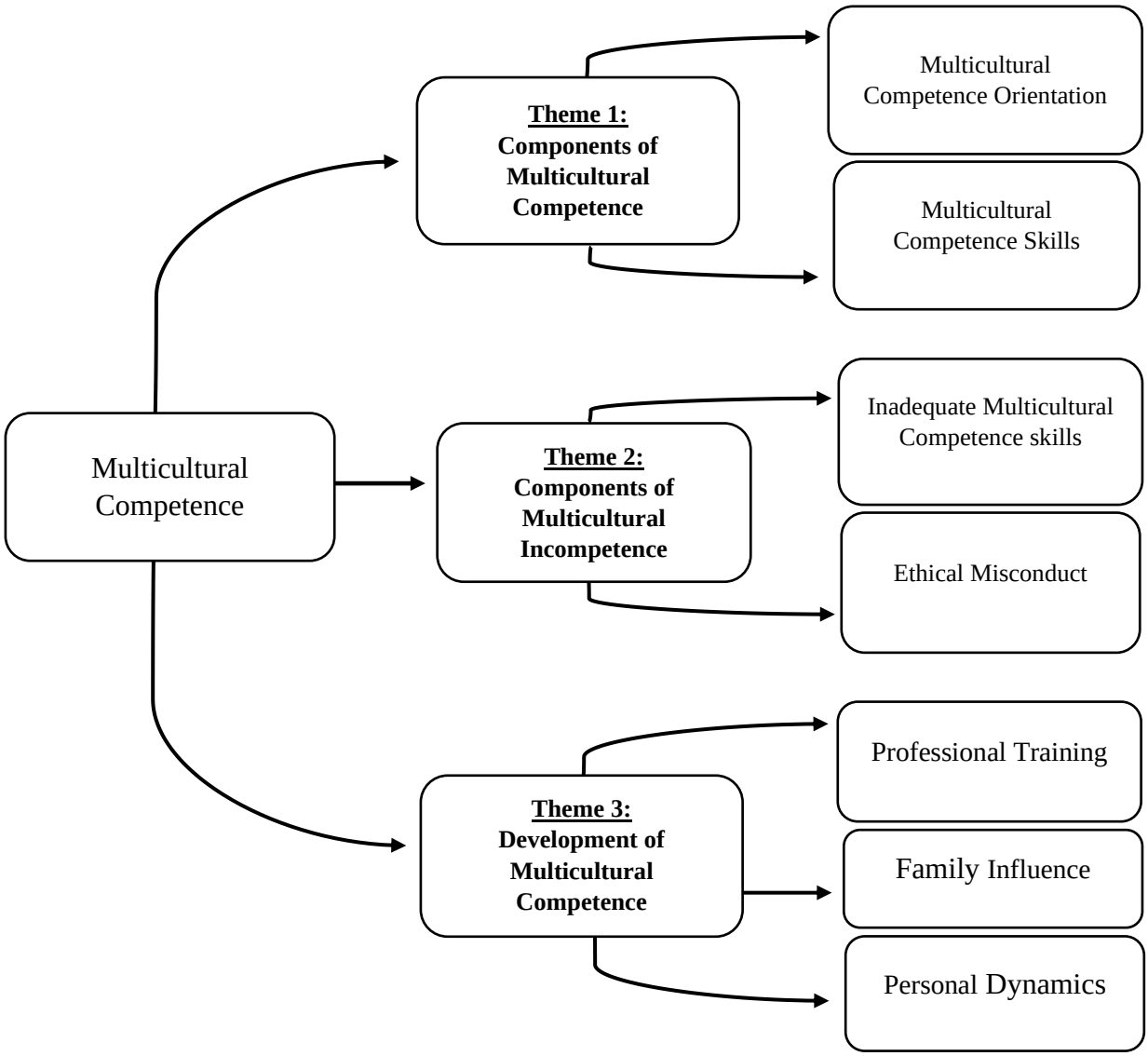
ETHICAL ISSUES

Ethical guidelines were implemented according to Wager and Wiffen (2011). These were: acknowledging authors to ensure transparency; not duplicating the findings of existing studies, but rather providing a critical integration from various selected literature to avoid redundancy; avoiding plagiarism by citing all authors and referencing in-text and compiling a reference list in the format stated by the American Psychological Association manual 7th edition (APA, 2013). To ensure scientific rigour and further enhance ethical standards in the process (Gnyawali & Song, 2016; Grant & Booth, 2009), thoroughness and accuracy were regarded non-negotiable. This was achieved by thoroughly planning the research process, systematically conducting the search and appraisal process, and incorporating both reviewers in all phases necessary (Tricco et al., 2017).

RESULTS

Three main themes were identified, namely (1) components of multicultural competency; (2) components of multicultural incompetency; and (3) development of multicultural competency. Figure 2 presents the main themes and subthemes that emerged during the analysis of the relevant studies.

Figure 2



THEMES

THEME 1 – COMPONENTS OF MULTICULTURAL COMPETENCE

Two subthemes were identified, namely multicultural competence orientation and multicultural competence skills.

SUBTHEME 1.1 MULTICULTURAL COMPETENCE ORIENTATION

According to Owen et al. (2011) it is important to distinguish between multicultural competence and multicultural competence orientation. Whereas multicultural competence refers to a knowledge and skill set, multicultural competence orientation is regarded as a "way of being" with patients that is generally guided by psychologists' values and beliefs regarding the salience of cultural aspects. For psychologists, multicultural competence can be regarded as a way of effectively engaging and applying multicultural sensitivity and awareness in their workplace (Owen et al., 2011). However, a multicultural competence orientation exists beyond the professional setting and becomes part of an individual's life. One does not switch it on and off. The problem that emerges is that professionals in the field want to apply multicultural competence to a particular case (Owen et al., 2011), which probably reflects a lack of, or erroneous approach to multicultural competence orientation. Psychologists ought to integrate multicultural awareness and sensitivity with their daily lives, and that integration over time will develop into multicultural competence

Owen et al., (2011) further reported that in the workplace, patients value the working alliance which serves to improve patients' psychological well-being. This would further suggest that patients who see their psychologist as being more oriented towards cultural matters tend to experience emotions of comfort during the therapeutic process. Patients experience trustworthiness, credibility, empathy, and overall competence if they perceive their psychologist as multiculturally oriented (Owen et al., 2011).

SUBTHEME 1.2 MULTICULTURAL COMPETENCE SKILLS

This subtheme refers to the specific multicultural skills set psychologies display, primarily based on what immigrant patients experienced as effective (Rogers-Sirin et al., 2015). These are discussed below and linked with what other studies in the review found:

- *Openness to learning about patients' culture*

Patients valued psychologists who acknowledged their limitations of knowledge of the patients' cultures and took the initiative to learn about it (Hansen et al., 2006; Rogers-Sirin et al., 2015). Patients did not expect psychologists to have absolute knowledge about their culture, but were delighted and perceived it as a reflection of cultural sensitivity when their psychologists demonstrated a willingness to learn, for example reading up on their patients' cultural beliefs and practices and the differences between patients' and psychologists' culture, working with patients from different cultures, and creating a safe dialogue around culture within psychotherapy (Rogers-Sirin et al., 2015). In cases like these, patients reported less premature termination of psychotherapy, displaying greater committed to their psychotherapeutic treatment than patients who reported the opposite experience.

Ngcobo and Edwards (2008) argue that open-mindedness is best displayed when psychologists demonstrate their ability to challenge their own assumptions in hopes to mirror to patients to do the same. It is about sincere self-reflection, critically examining assumptions and beliefs about different cultures.

- *Addressing differences in an appropriate way*

Patients experienced it as effective when psychologists addressed cultural differences and dynamics and the way in which these may affect psychotherapy (Rogers-Sirin et al., 2015). When psychologists conversed on how cultural features may contribute to their worldview, personality, and some mental health difficulties, patients experienced this as effective and assisted them to develop awareness of themselves and their current difficulties. Such conversations contributed positively to the cultural dynamics between client and psychologist and made patients' culture come alive in the psychotherapeutic space, something patients experienced as useful and therapeutic.

- *Knowing when culture is not connected to the presenting problem*

Patients reported that they valued when their psychologists were able to separate cultural issues from the focus of psychotherapy when appropriate. Hansen et al. (2006) argued that what psychologists may perceive as a presenting problem due to patients' culture, may not necessarily be perceived or experienced as problematic by the patients themselves. In such a case, psychologists must work with what patients present as problematic, defying the urge to address 'problems' that patients did not bring into psychotherapy (Hansen et al., 2006).

In instances where the presenting problem may be connected to patients' culture, patients reported that when the conversation was brought into the therapeutic space in a respectful and non-judgemental manner, it was easy for patients to accept that some of their difficulties may be related or influenced by their cultural beliefs and practices. According to Ngcobo and Edwards (2008), psychologists should be able to clearly define and explain the presenting problem to patients in a way that patients do not feel that their cultural beliefs and practices are being attached.

- *Displaying empathy*

As with any therapeutic relationship, immigrant patients described the empathic connection as an important element of constructive psychotherapy, as many shared that psychotherapy was not as common in their countries. Rogers-Sirin et al. (2015) reported that immigrant patients who would not usually seek psychotherapy in their countries reported that when they sought psychotherapeutic treatment for presenting problems such as loneliness or adjustment difficulties due to being in a different country, they connected the display of empathy by psychologists with the feeling of being supported or assisted by their family, friends, and significant others.

THEME 2 – COMPONENTS OF MULTICULTURAL INCOMPETENCE

Two subthemes were identified, namely lack of multicultural competence, and ethical misconduct related to multicultural incompetence.

SUBTHEME 2.1 INADEQUATE MULTICULTURAL COMPETENCE SKILLS

Four ways in which a lack of multicultural knowledge or skills emerge in psychotherapy settings were identified, primarily based on the study by Rogers-Sirin et al., (2015).

- *Lack of clarity about what psychotherapy entails*

A simple, yet crucial error that some psychologists make is the assumption that their patients understand what psychotherapy entails. Cultures are not equally exposed to the profession of psychology and what psychotherapy is all about. Although some patients have an idea because of how the media presents it, this is not always a reliable source, it is therefore crucial that psychologists still explain to them what psychotherapy entails. This explanation includes but is not limited to the psychologists' qualifications, psychologists' work approach,

the purpose of psychotherapy, the structure psychotherapy, the goals of psychotherapy, the ethics around psychotherapy, and the finances involved. When psychologists inadequately explain the way in which psychotherapy works, expectations of both patients and psychologists often go unmet, and patients may come with or develop unrealistic goals of psychotherapy (Rogers-Sirin et al., 2015). All this may lead to ambiguity, uneasiness for patients, frustration for psychologists, and may result in premature termination of therapy by patients or psychologists.

- *Microaggressions: Direct and indirect messages of discomfort and approval*

Microaggressions are statements, behaviours or occurrences interpreted as moments of unintentional and indirect discrimination towards marginalized groups (Rogers-Sirin et al., 2015). They have great potential to be confusing for patients because the racism and discrimination implanted in the behaviour may be clouded or unclear. This may leave patients questioning why they are being treated in a particular manner, or whether it is all a creation of their imagination, which can be distressful at times. In addition, patients experienced psychologists referring them to someone else because of their culture as rejecting. It was harmful to patients and is more a reflection of the internal dynamics of the psychologists than of the patients' culture (Rogers-Sirin et al., 2015).

- *Assuming adequate cultural knowledge*

Patients who encountered psychologists who made assumptions regarding their cultural background or what they believed to be incorrect or true, prematurely terminated psychotherapy. This often left patients with a lot of harm (Rogers-Sirin et al., 2015). Most patients reported that they felt as though such psychologists were being overconfident or arrogant, and patients felt unheard. Patients experienced cultural assumptions as disrespectful, unethical, and often challenging of the meaning of their cultural beliefs and practices (Rogers-Sirin et al., 2015; Hansen, 2006). Consequently, they often experienced such psychologists as inauthentic and somewhat pretentious. Patients reported that they would have appreciated if psychologists simply acknowledged their lack of knowledge of certain cultural issues rather than making assumptions (Rogers-Sirin et al., 2015). In addition, Atkins et al., (2017) found that psychologists who have personal experience with diverse patients seem to have adequate cultural knowledge and sensitivity.

- *Pathologizing cultural differences*

Several patients felt that psychologists perceived certain beliefs and behaviours as pathological and problematic based on their cultural worldview, which in turn made them feel unsafe. For instance, Rogers-Sirin et al. (2015, p. 262) reported a Hispanic participant in the USA saying that *"Americans do not understand our way of disciplining kids, but I understand that this is just Hispanic culture."* The participant further added that *"It's been going on for generations. My grandmother did it to my mom, my mom did it to all of us. And it's considered normal. Normal discipline, but here it's considered a harsh, very bad discipline*". This pathologizing of cultural differences happens when psychologists fail to redefine normal and abnormal behaviours within the cultural context of the patients. According to Ngcobo and Edwards (2008) pathologizing of cultural differences may also be influenced by a lack of knowledge, empathy, and open-mindedness. Generally, patients pleaded for psychologists to make an effort to respect and understand the norms of their different cultures.

SUBTHEME 2.2 ETHICAL MISCONDUCT

Brown and Pomerantz' (2011) study about the perceptions of potential patients of culturally based and nonculturally-based ethical violations reveals that multicultural incompetency can be related to ethical misconduct. According to these authors, many patients have some understanding of the ethical importance of multicultural competence and the effect it has on therapeutic relationship. They further reported that participants generally viewed culturally-based and non-cultural violations as equally unethical. They expressed that they would report psychologists who commit culturally-based violations to a supervisor, licensing board, or ethics committee.

Brown and Pomerantz (2011) pointed out that patients who have a more in-depth understanding of the ethical nature of multicultural competence, may place significant value on such ethical conduct within the therapeutic interaction. In addition, it is further reported in this study that most patients seemed to discontinue treatment with psychologists whom they experienced as lacking multicultural competence and would not refer their significant others to such psychologists.

THEME 3 – MULTICULTURAL COMPETENCE DEVELOPMENT

This theme reports on factors that shape and nurture the development of multicultural competence in psychologists. Three subthemes were identified, namely professional training, family influence and personal dynamics.

SUBTHEME 3.1 – PROFESSIONAL TRAINING

Two aspects related to professional training emerged, namely supervision and indigenous knowledge.

- *Supervision*

Ng and Smith (2012) reported that higher levels of supervisory working alliance are connected to higher levels of acculturation and less role ambiguity, and that supervisors' attentiveness to students' acculturation difficulties may help to enhance the working alliance. Ng and Smith (2012) recommended that supervisors consider the following when working with international students: (a) evaluate students' level of acculturation, (b) address cultural difficulties during supervision, (c) foster a supervisory atmosphere that nurtures the growth of a strong supervisory working alliance, and (d) establish and address clear supervisory expectations.

In their study, Hansen et al. (2006) reported that new psychologists appeared to be more reliant with supervision and training and less with clinical experience to develop multicultural competence, whereas experienced psychologists were more self-reliant and depended less on didactic approaches.

- *Indigenous knowledge and approaches*

Johnston (2018) reported that there is a necessity for more indigenous approaches within the field of psychology, and that a lack of therapeutic treatment in diverse contexts may lead patients to initially seek alternative or traditional healers. Johnston (2018) argued that this calls for therapeutic interventions to mirror psychological viewpoints beyond that of the traditional emphasis.

Edwards and Buscombe (2011) reported that it is essential that the teaching and training of indigenous knowledge systems be included in teaching and programmes of multicultural counselling, reasoning that it will be beneficial not only to skills and knowledge, but also to the development of an appreciation that human beings are complex beings consisting of both spiritual, psychological and biological components. They further urged that these indigenous knowledge systems should be made accessible to the public, educational institutions, and workplace settings with the aim to educate and to promote multicultural respect and tolerance in diverse communities.

SUBTHEME 3.2 – FAMILY INFLUENCE

The theme of family influences speaks to the effect that the family system, structure, and functioning has on the students, interns, and registered psychologists' awareness, development, and practice of multicultural competence in their workplaces. It emerged that those individuals who come from family systems that modelled an openness and appreciation for differences in their daily lives were more willing and had a better attitude towards multicultural sensitively and competence (Atkins et al., 2017).

However, individuals from families that did not model an appreciation for openness and differences, were more rigid in their beliefs and lacked multicultural awareness, sensitivity, and competence. According to Atkins et al. (2017), individuals from such family systems and structures not only lacked sense of multicultural competence, but also a responsibility of social justice.

SUBTHEME 3.3 – PSYCHOLOGIST'S PERSONAL DYNAMICS

This theme refers to an individual's internal aspects that shape behaviour, personality, motives, awareness, and values. Hansen et al. (2006) reported that psychologists must acknowledge that multicultural competence necessitates extra activity and effort. In other words, psychologists should not passively wait for opportunities to emerge, but should be driven or disciplined enough to make time to work to obtain culturally appropriate case consultations, familiarize themselves with the appropriate literature, form referral networks of competent translators and fellow psychologists and acquaint themselves with indigenous resources (Hansen et al., 2006; Ngcobo & Edwards, 2008).

Hansen et al. (2006) further reported that multicultural competence would require psychologists to attain some personal qualities such as dedication, perseverance, willingness to admit to one's limitations, and the humility to ask for assistance. They must also be able to identify their own prejudices and personal barriers and to avoid playing out any transference (Hansen et al., 2006). Psychologists should be careful of falling victim to the illusion that they are free of prejudice and should constantly strive for self-awareness (Ngcobo & Edwards, 2008).

DISCUSSION

The purpose of this rapid review was to explore and synthesize the reviewed studies on the multicultural competence of psychologists in the South African context. Each of the three aims of the study are discussed below based on the themes that emerged.

Aim 1 - What are the components of multicultural competence?

Aim 1 is primarily addressed by Theme 1, Multicultural Competence. The first component, which is multicultural competence orientation, speaks to the notion that multicultural competence should be integrated in an individual's behaviour. In other words, multicultural competence does not begin once the individual enters the field of psychology but begins as a cultural sensitivity that is actively lived out (Whaley, 2008). It is by living it that the word 'orientation' begins to carry meaning and is significantly shaped by our environment, which includes interactions with family, friends, school, church, and work at all different levels. According to Chui and Leung (2016), it is how individuals respond and interpret these interactions from their environment that will either foster or hinder the development of cultural sensitivity for multicultural competence. Jain and Aggarwal (2020) and Whaley (2008) also agreed that cultural sensitivity offers the initial settings for multicultural competence. However, alone it is insufficient to maintain multicultural competence. It is here where the second component of multicultural competence found in this study becomes significant.

The second component, multicultural competence skills, are in essence cultural skills that help to maintain the cultural sensitivity developed through multicultural competence orientation, and here lies the co-existence of the two components. According to Ratts et al. (2016), cultural skills include a proficiency in intercultural communication, capacity for the development of a therapeutic alliance with patients from different cultures, an ability to adjust and/or modify diagnosis and treatment in light of significant cultural features.

It is clear that Rogers-Sirin's (2015) first component, multicultural competence orientation, provides a foundation for multicultural competence, while the second component, multicultural competence skills, provides the continuation and maintenance of the first component. An attempt to separate them or explain multicultural competence with the absence of either one of these components, would likely produce an inadequate understanding of multicultural competence. The first component comes from the internal self as shaped by our environment, and the second component comes from the external environment taught by

psychological training institutions (O'Hara et al., 2021; Constantine & Sue, 2005). In other words, one component is shaped by our surroundings as we grow up and is internalized (see Theme 3.2 Family Dynamics and Theme 3.3 Personal Dynamics), and the other component is taught on the assumption that the first component is well established

What appears to be missing from literature is the answer to the question. What happens when multicultural competence orientation has inadequately or not been integrated at all as a lifestyle or way of being? Will teaching or acquiring multicultural competence skills be effective? This needs to be explored in future research.

Aim 2 – What is the impact of multicultural competence on psychologists' effectiveness?

Aim 2 is addressed by aspects of both Themes 1 (Components of Multicultural Competence) and 2 (Components of Multicultural Incompetence). When considering the commonality between Theme 1 and Theme 2, it seems as though both themes have a significant effect on the effectiveness of the psychologist as well as the therapeutic relationship. More specifically, the presence of multicultural competence appears to have a positive effect, while multicultural incompetence appears to have a negative effect on the psychologists' effectiveness, the therapeutic relationship, and the therapy process itself.

According to the review, it is clear that patients appreciate a multiculturally competent psychologist, characterized by culturally sensitive interpersonal skills, knowledge of their own culture, an appreciate appreciation and respect for other cultures, along with applying cultural guidelines for therapeutic interventions and willingness to incorporate different facets of patients' culture and desire to understand patients' experience of the presenting problem, similar findings were also reported by (see Anderson et al., 2019; Johnston, 2015; Schouler-Ocak et al., 2015; Laws & Chilton, 2013). The view of the components of multicultural competence having a positive impact on the therapeutic relationship seems to be common in the field of psychology. Patients reported that their psychologists' cultural sensitivity and respect for and acknowledgement of their cultural beliefs and practices allow them to develop a sense of safety and trust in the psychologists and has a more positive experience of the therapeutic process (see Siyothula, 2018; Owen, 2013).

In contrast, multicultural incompetence has a negative effect on the therapeutic relationship and ultimately hinder the psychologists' effectiveness. The review clearly showed

how an inadequate explanation to marginalized patients of what psychotherapy entails, often results in unmet expectations (Rogers-Sirin et al., 2015), and how inadequate multicultural skills may result in making unfounded assumptions as well as occurrences interpreted as potential discrimination (Rogers-Sirin et al., 2015) which may lead patients to experience distress and feel unsafe. It was further indicated that multicultural incompetence is often perceived by patients as an ethical violation, similar to a confidentiality breach (Constantine, 2002). All these experiences of multicultural incompetence resulted in ineffective treatment or premature termination of treatment.

These findings, specifically those of patients' views of cultural violations as unethical behaviour, echoes the American Psychological Association's (2003) report that psychologists who do not practice multicultural sensitivity are not responsive to the cultural needs of diverse patients, or practice outside of the realm of their multicultural competence are behaving in an unethical manner.

Aim 3 – What are the implications of multicultural competence for South African psychologists?

Aim 3 is primarily addressed by Theme 3, Multicultural Training and its 3 subthemes, namely Professional Training, Family Dynamics, and Personal Dynamics. From the review, it is clear that multicultural competence should be an integral part of the training and professional conduct of psychologists. During psychology training, supervision plays an important role in multicultural competence. There is a level of cultural sensitivity that supervisors can mirror to their supervisees practically instead of simply offering a theoretical knowledge of the concept. According to Johnston (2018), supervision allows for more training to take place than in a larger setting, it forces the supervisor and supervisee to actively engage.

What the findings did adequately highlight is the idea of cross-cultural supervision, which refers to a supervisory relationship where the supervisor and supervisee are from different cultural groups, and these cultural differences may become manifest in self-expression, language, expression of emotions, values, and goals (Crockett & Hays, 2015). The dynamics of this kind of supervision would allow a supervisor and supervisee to sit and learn about their cultural differences and their meaning. There must be a willingness to let go or adapt some of their understandings about culture and what it means. This indicates the significance of subtheme 3.3 (Personal Dynamics), highlighting individuals' internal dynamics

like attitude, motivation, and openness, and how they play out and shape the experience of training. Anderson et al. (2019) suggested that if this kind of cross-cultural supervision is used effectively, it can develop a strong working alliance between the two parties, which may result in enhancing the quality of the relationship, creating shared meaning and fostering and modelling multicultural competence.

Within the South African context, Ngcobo and Edwards (2008) reported that most of the education and training institutions give little attention to the concept of multicultural competence. Multicultural competence should not only be reflected at a micro-level, but rather at a macro-level. This means that institutions should reflect diversity from the staff to the students (Smith, 2020). However, the diversification of the field mainly relies on the attempts of psychologists who value diversity and perceive the present condition of the field as opposing their own beliefs and values in order for them to cater effectively to the population (see Mendes et al., 2017). Subtheme 3.2 (Family Dynamics) should also be taken into account considering the significant role the family system plays in mirroring for potential psychologists' openness and appreciation for differences in their daily lives. but as this is perhaps a precursor to personal dynamics, it could rather be an important factor in better assessments when selecting potential psychologists for master's degrees. Persons should be chosen who value diversity and are culturally sensitive or display the potential to be culturally sensitive based on their upbringing and family dynamics. According to Nouman (2020), the significant documentation and policies of training institutions should reflect an appreciation for multicultural competence by incorporating multicultural components in and throughout their curriculum. It should not necessarily be presented as part of a module.

Another important element in South Africa that is gradually receiving attention in the academia and training of psychologists' multicultural competence is indigenous treatment. In South Africa, the majority of the population feels more comfortable with seeking indigenous treatment as opposed to psychological services (Sigida & Masola, 2020). This could be largely because the majority of the population is African and there is a sense of identification with the indigenous space in terms of culture, values, language, norms, and beliefs when they seek indigenous treatment. The challenge is that indigenous approaches are often shunned and not included in training programmes because they are perceived as unscientific and foreign (Hwang, 2015). However, literature suggests that there is a need for more indigenous approaches in the field, that a lack of therapeutic treatment in diverse contexts may lead patients

to initially seek alternative or traditional healers. Teaching and training on indigenous knowledge systems should be included in teaching and programmes of multicultural counselling as it will add skills and knowledge but also to develop an appreciation that human beings are complex beings consisting of both spiritual, psychological and biological components (Johnston, 2018). Even more than a decade later, Ngcobo and Edwards's (2008) findings are therefore still relevant:

"There is thus great need for the development of guidelines for culturally competence practice, education, training and research based on locally relevant and internationally recognised principles of multicultural counselling, which fully include the social, historical, economic and political context" (p. 647).

It is crucial that the training of psychologists' multicultural competence reflect the needs and encompass the multicultural skills, as far as possible for the population in whom they are trained to serve. Given the oppressive history of South Africa and the hesitance of the majority of South Africans to seek psychological services as a first response due to stigmas and misinformation, there is a call for a collaboration between psychology and indigenous approaches in order to provide the best possible treatment for a diverse population.

LIMITATIONS

Although a rapid review provides valuable information, it is perhaps not ideal to make a significant contribution to this field. However, the results of this review can and should, be used to provide a starting point for this type of research and to make appropriate recommendations for further research. One of the most significant limitations is that the search outcome resulted in more international studies than local South African studies. The researcher had to keep this in mind when noting the implications for the South African context. However, the reviewed studies although poor in number were rich in methodology and quality of themes they provided.

RECOMMENDATIONS

It is clear from this review that existing literature does not adequately examine how South Africa's history has shaped multicultural competence. Further research on this topic, especially within the South African context, should therefore aim to improve our understanding of multicultural competence, as well as of the best ways to appropriately develop it to address

the country's mental health challenges. It is also strongly recommended that multicultural competence should be given adequate attention from the selection phase of the candidates, rather than at the training phase. Furthermore, psychology as a field largely European-based in approach and practice, should in South Africa and indeed other non-European countries, make room for training approaches that reflect the issues of the population they are serving without comprising the integrity of the field.

CONCLUSION

In conclusion, this rapid review aimed to address (a) components of multicultural competence, (b) the impact of multicultural competence on psychologists' effectiveness, and (c) implications of multicultural competence for South African psychologists. The overall findings and discussion indicate that multicultural competence is rooted in multicultural sensitivity and is more of a lifestyle than an event. It is shaped and nurtured by the individual's environment and should be supported by a general multicultural competence orientation. South African training institutions should aim to model multicultural competence and sensitivity to their trainees, and they should work in collaboration with indigenous approaches to provide the best treatment possible for patients. Lastly, further research seems to be necessary on how South Africa's oppressive history has shaped multicultural competence.

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CHAPTER 3: A BRIEF CRITICAL SELF-REFLECTION

The aim of this chapter is to provide the readers with a brief critical self-refection on my research process.

The research topic aroused my interest on a personal level while I was still doing my honours in psychology. I completed my undergraduate studies at a private institution and then had to move to a public institution in pursuit of my honour's degree. It is during this time that the research question began to develop, not as a thought yet, but as an experience.

The private institution I come from is situated in Somerset West, the Western Cape, almost 'isolated' from the other public universities in the province. It has a fairly small number of students and lecturers. As a result, it was easy to form connections with others because to some extent, we were all we had. Access to lecturers was effortless, it was more than the average "open-door policy". A safe atmosphere was created where students could come to lecturers with personal difficulties. In my experience, the lecturers became like parents, student became siblings, and the institution became our home. Wallace Stegner, who was an American novelist and environmentalist, once wrote in his novel titled *Angle of Repose* that "Home is a notion that only nations of the homeless fully appreciate and only the uprooted comprehend". (Stegner, 1971, p.159). When I transitioned to a public institution, I felt out of place, *"uprooted"* if you will, and I struggled to establish a sense of connection and belonging to the institution itself, to the point where I did not attend my own graduation.

The unwritten rules that governed the private institution did not govern the public one. A different culture ran in the atmosphere, a fast and individualist culture. It seemed as though students were in survival mode all the time, and hardly had the time to just be students. Furthermore, with over a thousand students one would think that connections would come with ease, but in my experience it was the complete opposite. It seemed like the more 'options' I had, the more difficult it became to choose whom to connect with. Access to lecturers was like looking for a black cat in the dark. The 'home' I thought I was going to experience when I left the 'private home', was shaken from its foundations.

I struggled to adapted to this 'public culture'. On a daily basis, I was surrounded by more people than I have ever been around my entire life, yet I felt alone, unseen, and deeply marginalized. As an honour's student I knew that for my master's I had to do my research around feelings of being misunderstood, not being acknowledged, unseen, or marginalized, and

relate it to psychology, not at personal level, but on an institutional, systematic, or professional level.

Within the field of psychology, I love psychotherapy. It's combination of science and art makes it the best poetry I have ever come across. I began to wonder if patients at times feel the way in the therapy office I felt on campus, misunderstood and unacknowledged. I wondered if there is a mismatch between the 'private institution' of their pathology and the 'public institution' of psychotherapeutic treatment. I started to wonder beyond the borders of the psychotherapeutic space, wondering about their experiences during assessments, family therapy; moving to the classroom I wondered about students during their training, interns during their internships, and perhaps even psychologists with fellow psychologists?

In my interaction with my significant others, I found fascinating their dismissal of psychological intervention of any kind despite the seriousness of their pathology. The two most common responses I encountered when encouraging psychological intervention was (1) *"Those are white things"* and (2) *"They won't understand",* "they" most often referring to non-black psychologists. Literature supports these responses, highlighting the stigma that still surrounds psychological treatment and the cultural differences that exists between patients and psychologists. There is a significant amount of literature on stigma the surrounding psychological intervention in the field locally and globally, so I considered the cultural differences that exist between patients and psychologists. However, as a student/intern psychologist in training, I decided to focus on psychologists rather than the patients by looking at their multicultural competence in the field. Ultimately, this is how my research question came into being.

Initially, this study was planned as a qualitative study. However, much time was spent on formulating the topic and the proposal, with what seemed to be no progress in sight. The study was then changed to a critical review, and after much struggle with the proposal, it was changed to a rapid review. This took an entire year, which was depressing and at times discouraging. My research proposal was sent back and forth for corrections the entire year while I watched my fellow classmates progress with their research.

As my initial supervisor and I were not familiar with the process of conducting a rapid review, a second supervisor came on board and significant progress started to happen. This was extremely encouraging for me! It was explained to me what a review is and what their purpose

is. I was explained the different types of reviews and the methodology of each review. I felt a bit more equipped to conduct the rapid review, and I started taking initiative, researching examples of rapid reviews and trying to make sense of them before I conducted my own.

When I conducted my search to include studies from 1990 to 2020, the lack of studies conducted in South Africa was bittersweet. It was bitter in the sense that there is not much South African literature to work with, making it a slightly challenging to make inferences that may be applicable to the South African context. However, it was sweet in the sense that the topic on which I desired to do my research was not saturated and that there was a need for the kind of research I was conducting.

Apart from my supervisor, it was my responsibility to see this research through. The topic itself kept me going. As mentioned earlier, it comes from a personal place of both love and pain, two extremely significant feelings. So, on days where I did not feel like seeing to my research responsibility, my love for the topic and pain of where it comes from, and the benefit it may bring to those who come across it encouraged me to handle this responsibility when I could not encourage myself. This speaks of doing something that is much bigger than oneself, that the existence of whatever one is striving to achieve does not begin and end with oneself but will being meaningful to others. It was the late American basketball player Kobe Bryant that once said: Greatness is not something that lives and dies with one person, but continues even after that person is gone (Bryant, 2019).

When I stand back and reflect on what emerged from this study, it is clear to me that the concept of multicultural competence is one that cannot be theoretically taught. In other words, I believe that you cannot teach students, interns or psychologists to be multiculturally competent. Apart from attempting to teach it as a lecture, the most effective thing that psychological training institutions can do is to simply mirror it to their trainees and to themselves. After reading and rereading literature on multicultural competence, I believe this concept should be personally experienced. In order to appreciate my position on this matter, allow me to reflect on all three themes in a non-chronological order.

Theme 3, which is the development of multicultural competence, emerged with three subthemes; (1) Professional Training, (2) Family Dynamics (I think this can be generalized to immediate environment as friends, community, and/or colleagues), and (3) Personal Dynamics. When I consider the subthemes Family Dynamics and Personal Dynamics, they suggest to me

that the development of multicultural competence does not begin to develop once individuals receive training at higher learning institutions, it rather develops from interactions with family dynamics (and immediate environment) and is influenced by personal dynamics (e.g., attitude, motivation, desires: all shaped by personal experiences).

This means that by the time I began my career journey as potential psychologists, I had already established a pre-internal working model around multicultural competence that either fosters or hinders my capacity to be a multiculturally competent psychologist. According to Chui and Leung (2016), higher learning institutions and training organizations are necessary for the teaching of multicultural competence, but not significantly adequate for the alteration of multicultural competence within the pre-internal working model of individuals whose family dynamics and/or personal dynamics have hindered their cultural sensitivity. Take note, this cultural sensitivity that we speak of was highlighted in Theme 1 (Components of Multicultural Competence) through the subtheme Multicultural Competence Orientation. Individuals do not only require knowledge (teaching) which then raises awareness, but more importantly I believe they require first-hand experience of multicultural competence. This means that those training potential psychologists must mirror for them multicultural competence and sensitivity in hopes that this will change, challenge, or enhance their pre-existing multicultural competence that they 'picked up along the way' from their family and personal dynamics. In essence, multicultural competence is not an event, but rather a *lifestyle* (Schouler-Ocak et al., 2015).

Due to the subtheme Personal Dynamics, I think it is crucial that psychology students, intern psychologists, and registered psychologists should take personal responsibility for working on their understanding and application of multicultural competence in and outside of the psychotherapy office. The primary reason why they should take personal responsibility is because of Theme 2, Components of Multicultural Incompetence. This theme highlighted some of the effects of multicultural incompetence on our patients. They included but are not limited to not feeling safe within the therapeutic space, feeling attacked, feeling rejected, feeling judged, being misunderstood, not being acknowledged, unseen, or marginalized. Take note, these are some of the same feelings I experienced when I was doing my honour's due to difficulty adjusting to a 'public culture' as stated earlier. Many of our patients bring such feelings to psychotherapy, and I do not think psychologists should perpetuate such feelings for them, especially in a space that is meant to be a safe one. It is because of my own personal

dynamics and these emotions I have felt and that our patients feel that I have to take personal responsibility for my multicultural competence.

For South African psychology, Theme 1 (Components of Multicultural Competence) and Theme 3 (Development of Multicultural Competence) apply at a micro-level and at a macro-level. Theme 1 applies to the micro-level in that all South African psychologists should consider being in individual psychotherapy. They should not wait for their own pathology, the courts, or training sites to do so. Some South African psychology training sites (e.g., University of Witwatersrand, South African Psychoanalytic Initiative-SAPI) have made it compulsory to be in individual psychotherapy when training with them. The aim of this would be self-awareness and self-refection, to simply look within ourselves and begin to question certain habits, behaviours, and thinking processes. I believe this is a great foundation for a multicultural competence orientation (cultural sensitivity).

Theme 3 is applied at a macro-level, specifically at higher learning institutions, as they are the first training sites. As indicated on the literature on how effective this can be (Crockett & Hays, 2015), training institutions should consider cross-cultural supervision where possible. Speaking from the point of view of someone who has experienced cross-cultural supervision for the past six years from my undergraduate studies to internship training, what I find fascinating about this experience, is that you do not go to cross-cultural supervision to learn about cultural differences, but you learn about them! You learn about them in the supervisor's use of language, expression of emotions, their clothing, the setup of their office, their humour, their work ethic, and even the disagreements. The most significant thing that cross-cultural supervision did for me and what it can do for others, was to break my stereotypes, challenge my own prejudice, force me to question some of my beliefs and thinking patterns that carried with them no validity. For me, cross-cultural supervision really gave meaning to the popular quote, *"Don't judge a book by its cover"*. Such a space can offer psychology students that cultural sensitivity in the infancy stages of their careers, and hopefully multicultural competence as they develop into psychologists.

Conducting this review on this topic and going through the findings was extremely meaningful, both professionally and personally. I think at the heart of it, multicultural competence calls for us to step outside of ourselves, outside of our assumptions, our stereotypes, our qualifications, and truly immerse ourselves in the shoes of the other to the best of our ability. This is often easier said than done, as it may require for us to start challenging

some of our beliefs, to examine the validity of how those beliefs developed a life of their own, and often to reconstruct own beliefs based on our own personal experiences.

I believe that this is how we reduce feelings of being misunderstood, unseen, isolated, or marginalized. Cultural differences, or any differences between individuals, are not necessarily a barrier to understanding. If welcomed by both parties, facilitated with compassion and respect, they can serve as the bridges that bring us closer as a people. I hope readers can hear when they read this paper, this is the humility of this paper.

Lastly, one of the most difficult lessons that I had to learn in conducting this research is that it is not about speed, but direction. I had to learn that it is not how fast you can produce a research paper, but rather the quality of that research paper. This meant that I had to let go of my own timeframes and plans, and adjust my clock based on the quality of my work, and that was really hard! Mainly because when I slowed down, the world did not.

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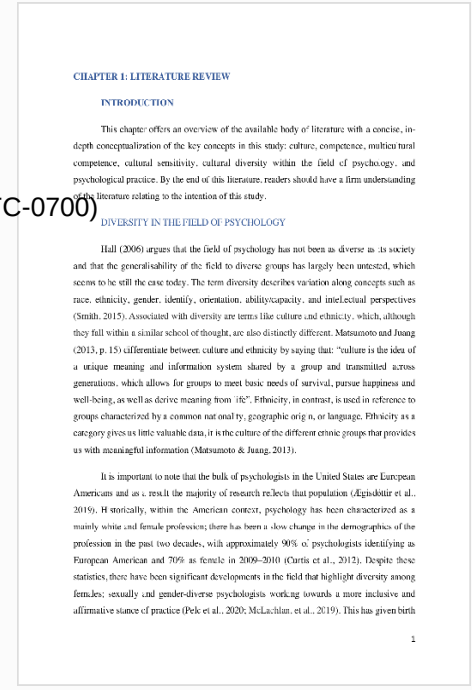

CHAPTER 1: LITERATURE REVIEW

INTRODUCTION

This chapter offers an overview of the available body of literature with a concise, in-depth conceptualization of the key concepts in this study: culture, competence, multicultural competence, cultural sensitivity, cultural diversity within the field of psychology, and psychological practice. By the end of this literature, readers should have a firm understanding of the literature relating to the intention of this study.

DIVERSITY IN THE FIELD OF PSYCHOLOGY

Hall (2006) argues that the field of psychology has not been as diverse as its society and that the generalisability of the field to diverse groups has largely been untested, which seems to be still the case today. The term diversity describes variation along concepts such as race, ethnicity, gender, identity, orientation, ability/capacity, and intellectual perspectives (Smith, 2015). Associated with diversity are terms like culture and ethnicity, which, although they fall within a similar school of thought, are also distinctly different. Matsumoto and Juang (2013, p. 15) differentiate between culture and ethnicity by saying that: "culture is the idea of a unique meaning and information system shared by a group and transmitted across generations, which allows for groups to meet basic needs of survival, pursue happiness and well-being, as well as derive meaning from life". Ethnicity, in contrast, is used in reference to groups characterized by a common nationality, geographic origin, or language. Ethnicity as a category gives us little valuable data, it is the culture of the different ethnic groups that provides us with meaningful information (Matsumoto & Juang, 2013).

It is important to note that the bulk of psychologists in the United States are European Americans and as a result the majority of research reflects that population (Ægisdóttir et al., 2019). Historically, within the American context, psychology has been characterized as a mainly white and female profession; there has been a slow change in the demographics of the profession in the past two decades, with approximately 90% of psychologists identifying as European American and 70% as female in 2009–2010 (Curtis et al., 2012). Despite these statistics, there have been significant developments in the field that highlight diversity among females; sexually and gender-diverse psychologists working towards a more inclusive and affirmative stance of practice (Pelc et al., 2020; McLachlan, et al., 2019). This has given birth

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