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Four Steps Toward Intersectionality in Psychotherapy Using the ADDRESSING Framework

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An intersectional approach to psychotherapy offers opportunities for strengthening the therapeutic alliance and improving professional practice via attention to cultural complexities affecting clients, therapists, and the mental health system. The ADDRESSING (Age and generation, Developmental or other Disability, Religion and spirituality, Ethnicity and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, Gender) framework facilitates intersectional work by calling attention to the interaction of oppression/privilege systems (e.g., racism, heterosexism, ableism, classism) and to the within-group diversity of people of color (e.g., by sexual orientation, dis/ability, class, etc.). Using the ADDRESSING framework, the present article suggests the following four steps toward integrating intersectionality into therapeutic practice: (1) the therapist's ongoing self-assessment and development of a multicultural, intersectional orientation; (2) attention to structural inequities embedded in the mental health system; (3) consideration of the impact of systemic oppression on individuals who hold intersectional identities; and (4) recognition of the resilience, strengths, and support that often emerge with intersecting identities. Several studies are summarized regarding the use of the ADDRESSING framework in therapeutic settings, along with case examples, information regarding resilience in relation to intersectionality, a discussion of the limitations of the framework, and suggestions for further research and work.

Public Significance Statement
An intersectional approach to psychotherapy calls attention to structural inequities in the mental health system, counters stereotypes via recognition of the diversity within marginalized cultures, and facilitates a deeper understanding of clients and therapists. Toward the goals of strengthening the therapeutic alliance and improving care, how can therapists incorporate an intersectional approach into psychotherapy? This article outlines four key steps using the ADDRESSING framework.

Keywords: intersectionality, ADDRESSING, racism, psychotherapy, multicultural

In 1976, a group of African American women led by Emma DeGraffenreid sued General Motors (GM) for discrimination in hiring. At the time, GM refused to hire Black women, yet argued that they did not discriminate because they employed Black people and women. However, as attorney Crenshaw (2016) recounted in her Technology, Entertainment, and Design talk "The Urgency of Intersectionality," the company hired only Black *men* for factory work and solely *White* women for secretarial positions. Black women, caught in the intersection between sexism and racism, were excluded. Unfortunately, the court was unable to perceive the intersectional nature of the suit and ruled in favor of GM.

Intersectionality, as it was originally conceptualized (also referred to as strong intersectionality), is defined as "the study and critique of how social systems intersect to produce and sustain complex inequalities" (Grzanka et al., 2017, p. 453). The concept has been used to understand the ways in which discriminatory systems such as racism, patriarchy, and classism interact and create inequity, particularly for people of color who hold multiple minoritized identities (Crenshaw, 2019). Intersectionality also calls attention to the diversity *within* social categories and to the commonalities between minoritized groups (Cole, 2009).

The formal study of intersectionality developed during the 1970s with Black feminist scholars calling attention to the ways in which Black women's experiences were (and continue to be) omitted from the dominant discourse regarding racism and sexism (Carbado et al., 2013; Crenshaw, 1989). This work expanded to include authors, artists, and activists who identified as Black, Chicana, and/or lesbian feminists as well as women from outside the United States (e.g., Audre Lourde, Gloria Anzaldua, Cherry Moraga, Gayatri Chakravorty Spivak; for a summary of this history and influential women, see Grzanka, 2019). The concept subsequently spread

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Pamela A. Hays played a lead role in conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, resources, software, supervision, validation, visualization, writing–original draft, and writing–review and editing.

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from feminist studies and antidiscrimination law to other disciplines, including multicultural counseling/clinical psychology.

Although the growth in multicultural counseling/clinical research has raised awareness of systemic oppression, much of this work focuses on cultural identity and less so on structural inequities (Shin et al., 2017). In a content analysis of the *Journal of Counseling Psychology* (*JCP*) and *The Counseling Psychologist* (*TCP*), Shin et al. (2017) found that of 4,800 *JCP* and 1,915 *TCP* articles published from the first issue up until 2016, only 40 included an intersectional approach. Since 2016 (up through 2023), the present study found only seven additional *JCP* and *TCP* articles with intersectionality in the title, one of which was the Shin et al. article. A broader search of APA journal articles specifically on intersectionality and counseling or psychotherapy yielded four additional articles.

As Adames et al. (2018) noted, an intersectional approach requires attention to both identity *and* structural inequities. The latter includes laws, policies, procedures, and institutions that drive social determinants of health, such as adverse childhood experiences, food insecurity, lack of clean water, income inequality, and unemployment (Metzl & Hansen, 2018; Shim & Compton, 2018). This consideration of structural inequities in relation to psychotherapy is important for several reasons. First, it increases therapists' understanding of clients. Second, it calls attention to power differences between clients and therapists that affect psychotherapy. And last, as Adames et al. noted, it can be used to counter clients' self-blame (i.e., internalized racism, ableism, heterosexism, etc.).

At the same time, attention to clients' identities is also important. Even an extensive knowledge of a client's cultural groups and the structural inequities experienced by those groups does not capture the nuances of an individual's self-perception or experiences in relation to others and the world.

Although intersectionality research grew out of the pragmatic work of social activists, much of the current writing is by academics and not clinicians. This poses a challenge for therapists trying to take an intersectional approach amidst the realities of clinical practice. In the following article, I describe four steps toward intersectionality in psychotherapy using the ADDRESSING (Age and generation, Developmental or other Disability, Religion and spirituality, Ethnicity and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, Gender) framework: (1) the therapist's ongoing self-assessment and development of a multicultural, intersectional orientation; (2) attention to structural inequities embedded in the mental health system; (3) consideration of the impact of systemic oppression on individuals who hold intersectional identities; and (4) recognition of the resilience, strengths, and support that often emerge with intersecting identities. These steps are based on previous work in the following three areas: (a) the ADDRESSING framework (Hays, 2022); (b) areas of emphasis in multicultural practice research such as the importance of therapists' development of a multicultural orientation (Davis et al., 2018); and (c) studies on intersectionality in the multicultural counseling/clinical literature (e.g., see Grzanka et al., 2017, for a special issue of the *Journal of Counseling Psychology*). In addition, several studies are described that use the ADDRESSING framework in therapeutic settings, along with new case examples, information regarding resilience in relation to intersectionality, a discussion of the limitations of the framework, and suggestions for further research and work.

The ADDRESSING Framework

The ADDRESSING framework begins with a broad definition of culture as "the shared meanings that people interacting within specific contexts/groups have of themselves and their world" (La Roche, 2021, p. 113). A broad definition allows for the consideration of similarities between minoritized social categories and forms of oppression. The framework is organized around an acronym that calls attention to key cultural influences, privilege/oppression systems, and marginalized groups and spells the word ADDRESSING: Age and generational influences (ageism), Developmental or other Dis/ability (ableism), Religion and spirituality (anti-Semitism, Islamophobia), Ethnicity and racial identity (racism), Socioeconomic status (classism), Sexual orientation (heterosexism), Indigenous heritage (colonialism), National origin (nationalism, imperialism), and Gender (sexism, cissexism), (Hays, 2022). These systems and groups correspond to the multicultural guidelines of the American Psychological Association (2019). Because there are national differences regarding terminology, types of structural inequities, and which groups are marginalized (e.g., see Elliott & Fleras, 1992), the framework was originally described in relation to the United States. However, as described below, it is designed to be an adaptable learning tool.

The ADDRESSING framework facilitates intersectional work by calling attention to the interaction of oppression/privilege systems (e.g., racism, heterosexism, ableism, classism) and their profound effects on the lives of minoritized individuals and groups. The framework also highlights within-group diversity and the ways in which power and privilege operate within as well as across social categories.

ADDRESSING Systemic Privilege and Oppression

Within each of the ADDRESSING cultural categories, there is a corresponding system of inequity and exclusion collectively referred to as the "isms" (e.g., racism, classism, ableism, etc.; see Table 1). In keeping with the original emphasis of intersectionality, racism is the central "ism" or system in the ADDRESSING framework. That is, although minoritized groups of White people (e.g., disabled White people, transgender White people) have also experienced neglect and harm within the field of psychology, the ADDRESSING framework and the current article center on people of color who hold multiple minoritized identities.

As Table 1 indicates, each of the ADDRESSING influences corresponds to a system of privilege and oppression. These systems are self-perpetuating in the form of policies, procedures, laws, and institutions that are so pervasive and long-standing they are commonly seen as normative (Kendi, 2019). Thus, nonprivileged groups are more likely to be aware of the systems and power differences, whereas privileged groups are less likely to perceive their own power and privilege (Gaines & Reed, 1995).

ADDRESSING Identity

The ADDRESSING acronym provides a tool for exploring intersecting identities that are important to clients but may be overlooked by therapists who differ on one or more of the ADDRESSING categories from their clients. Members of marginalized groups highlighted by the acronym are not the only people who

Table 1
ADDRESSING Influences and Cultural Groups

Cultural influence	Privilege/oppression system	Privileged group[a]	Marginalized group
Age and generational	Ageism	Young/middle-aged	Children, older adults
Developmental or other disability	Ableism	Nondisabled people	People with cognitive, intellectual, sensory, physical, and/or psychiatric disability
Religion and spirituality	Antisemitism, Islamophobia	Christian and secular people	Muslims, Jews, Hindus, Buddhists
Ethnicity and racial identity	Racism, Ethnocentrism	European American/White people	Asian, South Asian, Latinx, Pacific Islander, Black, African American, Middle Eastern/North African, and multiracial people
Socioeconomic/class status	Classism	Upper- and middle-class	People of lower status or class by occupation, education, income, or inner city/rural habitat
Sexual orientation	Heterosexism	Heterosexuals	Gay, lesbian, bisexual, pansexual people
Indigenous heritage	Colonialism, Imperialism	White/European Americans	American Indians, Iñuit, Alaska Native and Métis people, Native Hawaiians, New Zealand Māori people, and Indigenous Australians
National origin	Nationalism, Eurocentrism	U.S.-born Americans (i.e., citizens)	Immigrants, refugees, international students, transnational adoptees
Gender	Sexism, cissexism	Cisgender men	Women and transgender people

Note. Adapted from *Addressing Cultural Complexities in Counseling and Clinical Practice: An Intersectional Approach (4th ed.*, p. 10*)*, by P. A. Hays, 2022, American Psychological Association. Copyright 2022 by American Psychological Association.
[a] The definition of privileged and marginalized groups depends on the nation. This table is in reference to the United States.

have experienced systemic oppression. Additional groups include individuals and families impacted by the U.S. carceral system (Nellis, 2016) and people who experience discrimination because of their physical size and weight (Durso et al., 2012). The acronym is a *heuristic*, defined as a practical method for generating ideas that is not comprehensive or perfect but which facilitates learning. Think of the ADDRESSING acronym as a starting point for raising questions about oneself and others toward the goal of deeper understanding and connection. Using the broad definition of culture, the ADDRESSING influences are as follows.

Age and generational influences include experiences common to a person's generational cohort. For example, among U.S. elders currently over 80, this includes World War II, growing up with parents who lived through the Great Depression, the institutionalization of people with disabilities, lynchings, laws prohibiting gay relationships, and racial segregation. Age and generational influences may also include generational *roles* that are important in a client's culture, such as oldest child, parent, or elder.

The DD in the ADDRESSING acronym stands for Developmental or other Dis/ability. This includes disability that occurs from birth or early in a child's development, as with fetal alcohol spectrum disorder and Down syndrome, in addition to disability that occurs any time in a person's life, for example, following a stroke, illness, or accident. Disability may be physical, intellectual, sensory, cognitive, and/or psychiatric. People with disabilities are the largest minoritized group, and disabled people who also belong to other marginalized groups (e.g., people of color) may experience even greater stress (Bergstrom & Reid, 2023).

The R in ADDRESSING stands for *Religion and spiritual practice*. In North America, the largest marginalized religious groups include Muslim, Jewish, Hindu, and Buddhist people (Pew Research Center, 2023). There are also many smaller religions, and what constitutes a marginalized religion depends on the country one is in.

The E stands for *Ethnicity and racial identity*. It is important to note that ethnicity and race are distinct concepts. Ethnicity assumes a shared biological heritage between group members (McGoldrick et al., 2005). Race, however, is a social construct invented by European researchers who used a variety of criteria (e.g., physical features, geographical origin, nationalities, or language families) to hierarchically organize people in groups, always with White people at the top (Spickard, 1992). Human beings are genetically mixed, and there are no pure gene pools or races (Betancourt & López, 1993). However, the consequences of racial identity are profound, and for this reason, it is important to consider its meaning and impact. The concepts of ethnicity and racial identity are grouped together here for simplicity, not to suggest that they are identical. In the United States, groups marginalized by racism include people of Black and African American, Latinx, Asian, South Asian, Pacific Islander, Middle Eastern/North African, biracial, and multiracial heritage.

The S stands for *Socioeconomic/class status*. Socioeconomic status is commonly defined by education, income, and/or occupation (American Psychological Association Task Force on Socioeconomic Status, 2007). This includes a person's ranking in terms of social status or power, which is often referred to as class (Lott, 2012). In some cultures, class may be defined by other factors, too, such as family name and history (Dwairy, 2006).

The second S stands for *Sexual orientation*. Marginalized groups include lesbian, gay, bisexual, and pansexual people. Sexual minority groups are often aligned with transgender and nonbinary groups, as reflected in the acronyms LGBTQIA (lesbian, gay, bisexual, transgender, queer, intersex, asexual) and SGM (sexual and gender minority groups; Balsam et al., 2019). But because sexual identity and gender identity are not synonymous, gender is listed below as a separate category.

The I stands for *Indigenous heritage*. Indigenous people are distinct from other minoritized ethnic and racial groups because they have unique concerns and rights related to land, water, fishing, subsistence, treaties, and, in many cases, status as sovereign nations (Swinomish Tribal Community, 1991).

N stands for *National origin*. Marginalized groups include people who come to the United States as immigrants, refugees, international students, and transnational adoptees and are not citizens by birth.

Finally, G stands for *Gender identity*. Marginalized people include women and transgender people. "Cisgender" describes the privileged group consisting of individuals whose gender matches the gender they were assigned at birth (Chang et al., 2018).

Four Steps to Intersectionality in Practice

The ADDRESSING *framework* builds on the *acronym* via specific steps that facilitate self-exploration and learning about systemic privilege and oppression, diverse cultures, and intersectional identities. On a systems level, the ADDRESSING framework has been used to facilitate institutional diversity, equity, and inclusion in therapeutic settings, including clinically oriented university training programs, supervision, and clinical practice. For example, in a systems-wide approach to culturally responsive care at McLean Hospital, a diversity, equity, and inclusion team began with the development of a single-session group intervention via an adaptation of the ADDRESSING Cultural Self-Assessment (Winer et al., 2018). The team later adapted the intervention for other inpatient, residential, and outpatient programs and built a supervisory/consultation program to support implementation and sustainability (S. Pinder-Amaker et al., 2023).

In a counselor training program, Lake et al. (2022) used the ADDRESSING framework to review the clinic's Client Information (intake) Form and adapt the form to draw students' attention to diversity influences when conducting psychological assessments. A team from Boston Children's Hospital also used the ADDRESSING framework in conjunction with assessment tools, including the Cultural Formulation Interview from the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (*DSM-5*; American Psychiatric Association, 2013) in trainings on intersectionality-focused assessments with refugee and immigrant families (https://www.youtube.com/watch?v=x5EXoN_FPnQ; Ellis et al., 2020). Wright et al. (2023) integrated the ADDRESSING framework into the Wright–Constantine Structured Clinical Interview and found that students and supervisors were more likely to integrate culture into their case concepturalizations than when using the Patient Cultural Identity Assessment (Dadlani et al., 2012) or the *DSM-5*'s Cultural Formulation Interview.

Additional studies have focused on the integration of the ADDRESSING framework with specific therapies, for example, cognitive behavior therapy (Iwamasa & Hays, 2019; Jones et al., 2016) and drama therapy (Powell, 2016). And Hagler (2020) described his experience with a supervisor who introduced the ADDRESSING framework in their initial meeting to communicate the importance of culture and build the supervisory relationship.

The following four steps draw from the ADDRESSING framework to address intersectionality in relation to therapists, clients, and the macrosystem of mental health practice.

Step One: Therapist, Know Thyself

The personal work of developing a multicultural orientation involves humility, the ability to recognize opportunities for exploring and learning about culture, and comfort in engaging with diverse people on cultural topics (Davis et al., 2018). To facilitate the development of these abilities and the exploration of one's own identity, contexts, and privilege, I use an exercise I call the ADDRESSING Cultural Self-Assessment (Hays, 2022).

When applied to the learning of practitioners, the ADDRESSING framework emphasizes privilege because privilege creates biases in thinking, feeling, and behavior that affect what we do as therapists. As Grzanka (2020) has noted, intersectionality includes the study of privilege as well as oppression. Studies have found that privilege can contribute to feelings of superiority and limit the development of empathy (Brown-Iannuzzi et al., 2021). The Cultural Self-Assessment involves learning opportunities for all therapists because even if one has several marginalized identities, all therapists experience some privilege and status as college-educated professionals.

Cultural Self-Assessment

The first step with the Cultural Self-Assessment is to write or type the ADDRESSING acronym vertically on the left side of a page. Then, next to each influence, write what you know about your cultural identity, heritage, experiences, and influential environments. The use of a computer for the exercise allows for continual updating of this information as you learn more about your heritage and the systemic influences on you. Doing the exercise with a group allows for additional learning because perceiving cultural influences and personal privilege is difficult. Hearing the experiences of people who differ from you makes these influences and privileges more visible.

The next step in this exercise involves recognizing those areas in which you hold privilege. Looking at your ADDRESSING outline, put a star* next to each influence for which you belong to the privileged group. If you are a young or middle-aged adult (the privileged age group in the United States), put a star next to Age and generational influences. If you belong to the able-bodied privileged group (i.e., you do not have a disability), put a star next to Developmental or other Dis/ability. If you are of Christian or secular heritage, put a star next to Religion. If you are White, put a star next to Ethnicity and racial identity. If you are upper- or middle-class, star Socioeconomic status; if you are heterosexual, star Sexual orientation; and if you have no Indigenous heritage, star Indigenous. If you are a U.S.-born citizen, put a star next to National origin. If you are cisgender and/or male, put a star next to Gender.

As you try this exercise, you may notice that the determination of privilege is not so simple. Remember that the ADDRESSING Cultural Self-Assessment is a heuristic and, as such, raises questions that do not neatly fit privileged/nonprivileged categorization. One way to note these complexities is to put parentheses around a star, indicating you belong to both privileged and marginalized groups. Table 2 illustrates the case of "Dorothy," a cisgender, bisexual woman of biracial (Alaska Native Yup'ik and Norwegian) heritage who has a disability.

The point of this exercise is not to neatly categorize a person's identity but rather to call attention to our areas of privilege. Recognition of privilege is key because, as noted earlier, the areas in which we hold privilege are the areas in which we are usually most lacking in awareness and knowledge of the lives of people who do not hold such privilege. Racism, ableism, sexism, and other systemic forces separate privileged from nonprivileged groups in the form of different neighborhoods, social networks, sources of information, resources, and opportunities (Roberts & Rizzo, 2021). The systemic nature of this separation means that therapists of

Table 2
Cultural Self-Assessment: Dorothy's Example

Cultural influences	Dorothy's self-assessment
Age and generational influences*	I am a millennial, born 1990; voted first time in election for Obama; increased visibility of Alaska (AK) Native people in AK and Native corporations;declining oil revenues at state level; climate changes affecting our state.
Developmental or other disability	Hearing impaired from ear infections as a child, wear hearing aids and identify with other hard of hearing and Deaf people.
Religion and spiritual orientation*	Grew up Methodist but do not attend church; feel most spiritual when outdoors.
Ethnicity and racial identity (*)	Mom Yup'ik, Dad White. I am sometimes assumed to be White. English is my 1st language and I'm learning Yup'ik. I identify as Yup'ik, AK Native, and I'm part White (Norwegian heritage) too. Sometimes I just say I'm multicultural.
Socioeconomic/class status*	Grew up middle-class and currently middle-class but have relatives who live in mom's village without indoor plumbing.
Sexual orientation	Bisexual; married 5 years to son's father, now divorced and with girlfriend 7 years.
Indigenous heritage	Maternal grandparents and mom Yup'ik from a village in southwest AK, Dad is White born and raised in AK. I have a strong sense of connection to AK, less so to mom's village but still some connection. I identify with Indigenous people globally.
National origin*	U.S. citizen, born and raised.
Gender (*)	Divorced woman, mother of two children; cisgender privilege.

* Star signifies privileged identity. (*) Star in parentheses signifies privileged and marginalized identities.

dominant cultural identities need to work extra hard to learn about the contexts of clients whose identities differ from theirs.

A good place to start learning about hidden bias is the area in which you hold the most privilege. Such learning includes activities such as reading and watching information from sources written and produced by marginalized groups, volunteering for a diverse community organization, joining a consultation group, or learning a new language. It is important to note that it is not the clients' responsibility to educate therapists about their cultures. Rather, we therapists are responsible for educating ourselves about the *general* cultural information and contexts relevant to our clients, including the structural inequalities clients face. This broader cultural information can then serve as a template for understanding clients' *individual experiences* of their cultures.

Step Two: Be Aware of Structural Inequities Embedded in the Mental Health System, Including the Intersectional Magnification of These Inequities

Dominant cultural biases permeate the practice of psychotherapy and the mental health system. Eurocentric values can be found in the construction, content, and assumptions underlying the *DSM*. For example, the *DSM*'s intrapsychic, symptom-based approach to distress and loosening of diagnostic criteria has contributed to the pathologizing of behavior that may be normal in some populations (Wylie, 2014). Biases are embedded in common assessment tools, for instance, tests that assume European American definitions of intelligence and personality (Pace et al., 2006). Physical barriers that reflect dominant cultural assumptions persist in the location of offices that are far from public transportation and offices that are inaccessible to people who use wheelchairs, scooters, or walkers or who are blind or deaf (Olkin, 2002).

Monocultural assumptions magnify the oppression experienced by participants in the mental health system, including clients, therapists, staff, and administrators. For example, a program for low-income parents of color may alienate low-income gay and transgender parents of color if the program fails to address the latter's unique parenting challenges (e.g., homophobic, antitransgender policies and attitudes in schools, and laws prohibiting access to care for transgender children).

The ADDRESSING framework can be used to counter monocultural biases embedded in the mental health system by calling attention to the diversity *within* marginalized groups. For instance, in a mental health service developed for and by Asian Americans, systematic questioning of the diversity, inclusion, and equity of the services would include asking whether, and if so, how the program's policies, procedures, social and physical environments address the needs of Asian American elders and children, Asian Americans with disability, Asian Americans of diverse spiritualities, ethnic, racial, multiracial heritage, and so on using the ADDRESSING acronym.

Such questioning is an ongoing process that ideally leads to the implementation of inclusive and equitable adaptations for clients, providers, staff, and communities. It does not mean that every mental health service will address every person of every possible identity. However, in programs developed for and ideally *with* marginalized communities, it is important that developers deliberately consider the complexity of identities people may hold.

Step Three: Actively Seek Understanding of Identity-Related Oppression Experienced by People Who Hold Intersecting Marginalized Identities

The term "racial microaggression" describes the verbal, behavioral, and environmental insults that people of color experience on an ongoing basis. The term was coined by Pierce (1970) and developed further by Sue et al. (2007). "Micro" does not mean minor or insignificant; rather, it refers to the daily onslaught of prejudice and discrimination experienced at the interpersonal level.

In relation to people who hold intersectional identities, S. P. Pinder-Amaker and Wadsworth (2021) suggested the term "identity-related aggressions," or IRAs. This term avoids the assumption people may make that "micro" means minimal. It also calls attention to other oppressive systems (e.g., classism, ableism, heterosexism, etc.) that intersect with racism.

In the therapeutic setting, it is easy for therapists to make assumptions about a client based on characteristics that are most obvious to the therapist. Such assumptions may be perceived by clients as identity-related aggressions. When working with people who hold intersectional identities, the possibilities greatly increase of missing or minimizing important information and overemphasizing information that appears more important to the therapist than to the client (Anders et al., 2021). For example, while a nondisabled therapist (White or person of color) may recognize the difficulties faced by a Black woman with a disability, the therapist may fail to grasp the unique set of experiences that the client faces daily. Luticha Doucette (2019) described her experience as a Black woman with incomplete quadriplegia and a full-time manual wheelchair user:

> Much of what people with disabilities like mine must suffer conjures the historically painful specter of racial segregation. Even at my job, where I work for the city as a researcher in a government building, there is an entrance with a double doorway for those walking in, then next to it, hidden around a pillar, a sliding door for wheelchair users. … All this eerily mirrors the segregation of Blacks in the workplace, where separate doors were not unusual. (p. 25)

The fluidity, variability, and individuality of intersectional identities may be difficult to grasp when thinking in one-dimensional terms. However, for individuals who hold such identities, the experiences that come with these identities are central. The ADDRESSING acronym can be used as a tool for moving beyond one-dimensional conceptualizations to more complex ways of perceiving and thinking about clients. Take the example of a middle-class, 45-year-old Latina nurse working in a hospital during the COVID-19 pandemic. With the ADDRESSING acronym in mind, the therapist would want to consider the following kinds of questions.[1]

- Given her age of 45, what are the *Age and generational influences* relevant to this client? Is her household a multigenerational one? Does she have a generational identity related to immigration (e.g., first or second generation)? What generational roles does she hold in her family and community?
- Does she have a visible or nonvisible *Developmental or other Disability*? Has she had a sibling or parent or been a caregiver for someone with a disability? What is her culture's view of disability?
- Did she grow up in a *Religion or spiritual practice?* Does she currently have a religious or spiritual practice, and how does its presence or absence affect her worldview? If she is religious, what is her religion's view of her dis/ability, gender roles, and sexual orientation?
- What are her *Ethnicity and racial identity*, and those of her family of origin and current family? How is she perceived by Latinx and non-Latinx people based on her appearance?
- What was the *Socioeconomic/class status* (SES) of her family when she was growing up? What is it now? How does she identify regarding class? How does her SES in interaction with her Latina ethnicity influence others' views of her?
- Does she identify as gay, bisexual, heterosexual, pansexual, or other *Sexual orientation*? Do those around her affirm her sexual orientation?
- Does she have any *Indigenous heritage*? If yes, did she grow up connected to her Indigenous identity or heritage or to a specific geographical place? If not, has she become more identified with her heritage as an adult?
- What is her *National origin*? Does she and her family have a history of immigration? Is she a U.S. citizen? Does she have family members who are undocumented or living in another country? Is she bilingual?
- Does her *Gender* match the gender she was assigned at birth? If not, how does she identify, for example, transgender, nonbinary, or some other gender? What were/are the gender roles and expectations in her family, culture, and religion?

These are just some of the questions that may be relevant depending on the client, the therapist, the therapeutic setting, and sociocultural events at the time. (Also see Falicov, 2014). In many situations, the therapist may ask such questions directly, while in others, some clients may consider these questions intrusive or irrelevant. In some cases, answers may be obtained from collateral sources (with a release of information) such as a family member. However, if a client does not wish to talk about such topics and it is thus not possible to obtain answers to these questions, it is important that therapists *consider* the possibility of such influences in their case conceptualizations and ongoing interactions with clients. The more knowledge a therapist has of such influences generally, the more culturally informed therapists' questions will be. Culturally informed questions increase the efficiency of an assessment, communicate the therapist's multicultural orientation, and decrease the likelihood of asking or saying something that offends the client.

Step Four: Recognize the Resilience, Strengths, and Support That Often Emerge With Intersecting Identities

Researchers have begun reconceptualizing resilience as communal rather than solely as an individual trait (Parmenter et al., 2021). For example, in an interview study of lesbian, gay, bisexual, transgender, queer/questioning, and more identities people of color, participants reported the empowering effects of sharing struggles with similar others, pride in the history of one's culture or community, and a social justice orientation (Parmenter et al., 2021). Ong et al. (2023) found that "racial uplifts" such as overcoming race-related obstacles, increased the overall well-being of Asian American youth. And in her work with transgender students, Nicolazzo (2016) proposed thinking of resilience as a practice or strategy used by individuals and communities. This reconceptualization of resilience as a set of individual and communal practices suggests that strategies and supports that build well-being in the face of one type of identity-based discrimination could be helpful in reaction to other types of identity-based oppression.

[1] General questions regarding the ADDRESSING areas are outlined in Hays (2022) and are adapted here to fit this specific example.

The ADDRESSING acronym can serve as a reminder of potential individual and communal practices, skills, and coping strategies connected to Age and generational experiences, Dis/ability, Religion, Ethnicity and racial identity, and so on. Examples include culture-specific artistic and musical abilities; subsistence knowledge regarding fishing, hunting, farming, and medicinal plants; bilingual skills; religious, political, and cultural groups; and religious and cultural beliefs that help one cope with prejudice and discrimination. (For a longer list, see Hays, 2013).

Attention to culturally related strengths and support serves several purposes in psychotherapy. First, a strengths-oriented approach communicates a positive view of clients' identities and cultures, increasing the likelihood of clients feeling appreciated and understood (Cross, 2003). Second, a strengths-oriented approach requires a holistic understanding of people (vs. the dominant cultural focus on negatives). Last, because they are culturally embedded, interventions that emphasize culturally related strengths and support are more likely to stick.

Limitations

One criticism of the ADDRESSING framework concerns its use of the broad definition of culture. Early in the field of multicultural counseling, studies focused primarily on racial identity and racism. As the field has expanded, increasing attention has been given to additional groups and the systemic oppression they experience. On the positive side, this greater inclusivity facilitates connections between marginalized groups. These connections increase the potential for social justice between groups that are working toward change (Cole, 2009).

However, defining culture broadly also raises the risk of minimizing racism. As Sue et al. (2019) noted, when the topic of race and racial differences arise in public spaces, people often become uncomfortable and avoid even the words. Focusing on other forms of difference may be a way to avoid the subject while at the same time appearing to consider cultural influences. As Sue et al. suggested, the key to building multicultural understanding and sensitivity requires

> Balancing our understanding of the sociopolitical forces that dilute the importance of race, on the one hand, and our need to acknowledge the existence of other group identities related to social class, gender, ability/disability, age, religious affiliation, and sexual orientation, on the other. (p. 33)

Although the ADDRESSING framework centers race and focuses on both oppression/privilege systems and identities, a superficial understanding of the framework could result in users minimizing race-related oppression and privilege.

A second limitation of the ADDRESSING framework is the paucity of clinical/counseling research (and research in general) validating its usefulness. This dearth may be due to the complexity of the ADDRESSING framework and to the limited amount of counseling/clinical research regarding intersectionality in general. A search of APA journal articles on ADDRESSING, counseling and/or psychotherapy in the title yielded only those few studies mentioned earlier. While these studies suggest that the framework is useful to therapists and graduate students, questions remain as to whether and/or how the framework improves assessment and psychotherapy. For example, does the framework contribute to the therapist's multicultural orientation? If so, does it increase the therapist's cultural humility, comfort in addressing cultural issues, or ability to recognize cultural opportunities? Does the framework contribute to an increase in client well-being? What clients benefit most from its use? Which therapists find it most helpful (e.g., those who already have a multicultural orientation or those who need to develop theirs)?

Studies are also needed comparing the effectiveness of the framework when used in different ways. For example, some clients may welcome the direct questioning and exploration of identity, oppression, and privilege, whereas others may see such topics as irrelevant to their presenting problem. This raises the question as to whether the acronym and exploratory questions are best used collaboratively with clients or as a mental guide by therapists as they tailor questions and their conceptualization of each client's unique identity and context.

Conclusion

The goal of intersectionality is social justice. The common view of social justice work is that of large crowds protesting in public places. But behind the hashtags, media attention, and public demonstrations are a multitude of individuals planning, organizing, and advocating for those who have been left out and oppressed (Garza, 2020). Psychologists have been an important part of these society-level efforts (albeit a minority of psychologists) in the form of advocacy on Capitol Hill, joining justice coalitions, media outreach, and filing amicus curiae (friend of the court) briefings (Vasquez, 2012).

The argument can also be made that social justice work occurs at the individual level or microsystem (Hailes et al., 2021). For example, psychotherapy with young people improves their well-being, enabling them to become adults who seek to make a positive difference in the world (Liang et al., 2013). Liberation psychotherapy with individuals and families helps people recognize their own internalized oppression as well as resistance and resilience while emphasizing the healing power of interconnectedness (Comas-Díaz, 2020). Social justice is a central focus of the entire field of multicultural counseling practice and research. Such individual and small-group approaches have ripple effects out into communities, social networks, and work settings that can lead to structural changes (Hailes et al., 2021).

The ADDRESSING framework offers practical steps toward an intersectional perspective that is essential to effective therapeutic practice and social justice. With its focus on privilege/oppression systems summarized by the ADDRESSING acronym, the framework calls attention to power differences that affect the therapeutic relationship and to intersectional identities that therapists may be prone to overlook. In sum, it offers practical steps toward making psychotherapy more inclusive of and responsive to diverse people who experience the impact of intersecting privilege/oppression systems.

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