1 Introduction to Part 1: towards enhancing professional competence – from training to research to practice

Colin Lago

As a Black woman, with 3 children, it fills me with dread and concerns that my children might suffer with any form of mental problem. As a person who has had a mental health problem, I am continually treated by those working in the mental health field, in any capacity, as being incapable, useless, and inadequate and in some cases, ignorant.

(Jenkin 2004: 10, 11)

Marginalised voices actually matter a great deal to all of us. They hold a hidden wealth of tacit and explicit knowledge. They are able to teach the profession of psychotherapy about the powerful combined experience of profound invalidation, alienation from society, stigmatisation and minimal self-compassion. The amplification of disenfranchised voices brings new understanding of the importance of compassion.

(May 2009)

The above quotations eloquently display, from their very differing perspectives, the potential complexity of the transcultural counselling relationship and task. Each quote, in its own way, reveals to us the multifaceted world(s) in which both clients and therapists live. The first example opens up the huge arena of concerns that are connected to fear, power, oppression, majority–minority group relations, prejudice, stereotyping, projection, attitudes – to the ‘other’ and to mental health – stages of identity development and anxiety about the possible transgenerational implications of relations between social (ethnic, cultural etc.) groups.

Kathryn May acknowledges both the profound gift of listening to those whose life experiences may be substantially different from those of the therapist and the gift of receiving precious insights into personal worlds and the social world.

Working across cultural, gender, ethnic, linguistic, national and other differences demands so much of counsellors if they are to achieve the establishment
of sensitive, ‘good enough’, anti-oppressive working practices with their clients of difference.

This book is divided into two parts. This first is concerned with the wide variety of issues that underlie and impact upon the delivered quality of professional practice in transcultural settings. The second part consists of a series of chapters exploring the impact upon persons of their cultural heritages.

Part 1 sets out to offer a contemporary view of current concerns, practices and research within the field of ‘transcultural’ therapy. This book has been written at a time when the UK government has turned more of its attention to mental health within society, and consequently, more specifically, to the services that support those in the community who suffer psychologically and emotionally. Such developments have included:

- The government’s agenda for Increased Access to Psychological Therapies (IAPT) which includes a statement of intent to reduce the stigma associated with mental ill health.
- In addition, within the UK, there is current government legislation, funding and supporting practices nationally for the delivery of racial equality in mental health.

We might hypothesize that these government-led initiatives (and the resultant increased awareness of mental health treatments within society) will inevitably lead to an increased usage of psychological therapy services – a growth that has been steadily occurring in any case over the past two to three decades as counselling and psychotherapy have become more acceptable and accessible as valued therapeutic interventions. There is likely also to be a growth, therefore, in clients coming from a range of different ethnic, cultural and faith communities to attend counselling and psychotherapy services. The need for informed, sensitive ‘transcultural’ psychotherapeutic practice has therefore never been higher.

Anyone who has looked at the previous literature addressing the delivery of counselling and psychotherapy within transcultural settings will already have noted the very considerable contributions to theory and practice made by colleagues in North America (USA and Canada) for many decades. Indeed, the majority of literature and research upon this subject hails from there. The consequent challenge for mental health therapists in other countries has been, and continues to be, how to develop their own indigenous expertise and conceptualizations of transcultural work that is directly relevant to their political, demographic and sociocultural settings, informed but not overly determined by this existing literature. For example, as a therapist and an occasional trainer, I have in recent years been very influenced by the ethnic identity development models within the USA (see Chapter 5). These now represent a considerable range of theoretical approaches depicting patterns of identity development for members of that population. The impressive research subsequently carried out on these models and how they can inform ‘transcultural therapy’ practice, which is reported in Robert Carter’s The Influence of Race and Racial Identity in Psychotherapy (1995) is of great value to therapists wherever they are, but the sociocultural origins of this work must also be borne in mind if they are not to be applied naively and simplistically to other
societies. This handbook is therefore an attempt to ‘catch’ some of the most recent thinking in terms of training, practice and research within the international field of transcultural counselling and psychotherapy. By implication, also, I extend an invitation and challenge to mental health workers in all countries working with clients from diverse origins to seek to develop therapeutic practices that reflect the cultural settings and the needs of those clients who consult them.

‘The world can come into our interviewing room’

In a recent chapter, Christodoulidi and Lago (2010: 231) wrote:

The world of today is profoundly multicultural, multiethnic and multinational. Many millions of people worldwide are continually on the move to new cultures, new places to live, to work and to seek shelter. Indeed, it is estimated that one in every 35 people in the world today is an international migrant. . . . Such ‘geographic’ moves are frequently chosen in the hope that a new life in another place will offer enhanced work and life possibilities. Others, sadly, are subject to forceful relinquishing of their countries of origin. Both categories of people, whether choosing or forced to migrate, have to face considerable personal, cultural, linguistic, social and spiritual challenges, which are rarely anticipated and rarely acknowledged in the public domain.

I am reminded of a phrase I frequently use in training sessions dedicated to exploring the delivery of counselling and psychotherapy with clients from differing ethnic, cultural, linguistic and faith origins which states: ‘These days, the world (in the shape of a client) can come into our interviewing room’. The current demographics of our developed world indicate that nigh on every culture and nation is multicultural, multifaith, multiethnic, and comprises both majority and minority groups. In addition, therefore, patterns of relations between such groups can be powerfully determined by history and consequently, sadly, characterized by misunderstandings, tension, discrimination, violence and racism.

In addition, then, to the obvious need for transcultural therapists to develop their capacities for understanding difference in all its many facets, this book advocates a commitment and principled approach to the values of respect, equality and social justice between people and peoples. Given the sheer volume of research to support the thesis that discrimination is widespread across all social, judicial, educational, health and mental health systems (within the context of the UK as one example), what reassurance do we have that as psychological helpers we will not repeat these discriminations towards our clients that are manifested by a whole range of other professionals? What reassurances do we have that we will prove any different?

If the world can truly come into our room, then we, as therapists, need to be the best that we can be in order to be of most service to the wide range of clients that consult us. This requires a considerable commitment to our own ongoing personal and professional development, a matter I return to later in this chapter.
6  THE HANDBOOK OF TRANSCULTURAL COUNSELLING AND PSYCHOTHERAPY

A note on terminology

There are a variety of terms used within this text that are worthy of clarification here. In spite of possible criticisms for non-specificity or oversimplification, I still find the following outline penned by Joyce Thompson and myself most useful:

We have deliberately used various terms interchangeably within this book in relation to the helping or therapeutic process. We are cognisant of the current debate about differences between counselling and psychotherapy. Our concern here, whatever these differences are, is to address all who aspire, through the skills of listening, relating and dialogue, to assist others’ suffering. We hope that the various terms used, e.g. counselor, counselling, psychotherapist, therapist, psychotherapy etc. facilitate easy reading.

There is also a range of terms used in the book to describe the activity of counselling a client from another racial or cultural background. In recent times these terms have included cross-cultural, intercultural, transcultural and multi-cultural. In most instances we have used the latter conventions of transcultural, a term increasingly popular in British literature and multicultural, a term current within the United States.

Similarly we have used terms such as ‘culturally different’, ‘racially different’, ‘black’ and ‘white’ as variously descriptive of counsellors and clients. Where we have used the terms ‘black’ and ‘white’ we intend these to be interpreted in their political sense where blackness is used to describe those who are not the traditional power holders or members of a dominant group in a society.

Language can age very quickly and connotative meanings may thus swing from having positive to negative effects. Consequently we have erred from giving precise definitions and interpretations of these terms but rather, encourage the reader to appreciate our attempts to address the lived complexity of such helping relationships, whatever the current definitions are.

(Lago and Thompson 1996: xxiii)

Other terminology has become more popular in the intervening years since the above passage was written, including concepts such as ‘diversity’ and ‘black and minority ethnic’ (BME).

On developing transcultural competence

Elements of the journey towards transcultural competence are outlined in the chapters that follow. Commencing with the theme of training, to which three chapters are dedicated, there follows chapters on identity development and how it can impact upon therapy, ethnic matching, the use of interpreters, the
implications of therapist identity, avoiding discriminatory behaviour, research findings, culturally sensitive supervision and finally two case studies of work with diverse clients.

Valerie Watson writes the first of the three chapters on training. Her own doctoral studies focused upon the experiences of students of counselling and psychotherapy courses from minority groups. Converting her research findings through the prism of current and impending government mental health provision, Val charts radical developmental ideas for the future training of transcultural therapists. Among other elements, she focuses on the necessary skills, knowledge and competences of those in training positions as well as indicating key areas of knowledge acquisition pertinent to transcultural therapy work. She commences her chapter with reference to the ‘four forces’ of counselling and psychotherapy: psychodynamic, cognitive behavioural, humanistic and multicultural – a conceptualization originating from the deliberations of the early multicultural counselling scene in the USA.

Both Val and Isha Mackenzie-Mavinga, the writer of the next chapter on training, refer to their concern about and the existence of silence and how it manifests itself (a) within a stance frequently assumed by minority group counselling students as a way to survive their courses and, (b) how multicultural issues generally can occupy a silence within training courses. Isha notes that the therapist’s awareness of their attitude to diversity and the impact of oppressions on the client are paramount. She presents a multidimensional, anti-oppressive approach to trainer input and students’ ability to work with diversity issues. Three tiers within the training curriculum that support the practice of cultural awareness, sensitivity and therapists’ ability to work with a variety of needs and diverse cultural experiences are fully considered. These ‘tiers’ are:

1 teaching and learning;
2 developing a transcultural perspective to traditional approaches; and
3 the facilitation of student groups.

Isha provides insights into different learner and learning experiences before and during training, encouraging the exploration of diversity, sameness and oppression. She has coined the term ‘recognition trauma’ to name the powerful feelings that can be evoked in training discussions about racism. This notion is also used within the further term of ‘continuous trauma’ (Straker et al. 2004), a description of the resulting experience of black students having been cast into the ‘black expert’ role.

Chapter 4 describes a unique counsellor training programme that focuses on training in the community and which has successfully produced graduates who are proactive in their communities and committed to being change agents. The authors Yair Maman and Simon du Plock, through providing examples of how the training was initially developed in three unique communities, show how such an innovative approach to the recruitment and training of therapists can have relevance for all those involved in counsellor training. They also hope to illustrate how the role of the community can be expanded in most postgraduate programmes in
the fields of counselling and psychotherapy for the enrichment of both academia and the communities served.

Courtland Lee and GoEun Na present a conceptual framework for understanding how racial/ethnic identity development impacts upon the working therapeutic alliance in Chapter 5. As the authors describe, ‘one of the basic components of a transcultural counselling working alliance is an understanding of how the inner visions of both therapist and client impact upon the helping process’. A contemporary perspective on the concepts of race and ethnicity is followed by an analysis of the general process of racial/ethnic identity development. Vignettes are then presented to demonstrate the potential impact that racial/ethnic identity development can have on the working alliance in counselling or psychotherapy.

In Chapter 6, the authors present an overview of the research on the effects of ethnic matching (EM) between therapist and client on the therapy process and outcome, with the aim of clarifying contradictory conclusions from meta-analyses and previous reviews. To this end they review findings from: (i) old studies using analogue designs; (ii) large studies of archival data from actual clients; (iii) recent studies of process and outcome as measured over time; and (iv) new, in-depth qualitative studies of client experiences. Finally, they consider the research implications for therapy, training and policy.

Rachel Tribe opens Chapter 7 with a quote from Lost in Translation, a book by Eva Hoffman (1989: 123), later made into a very successful film. The lead character says: ‘And in my situation especially, I know that language will be a crucial instrument, that I can overcome the stigma of my marginality, the weight of presumption against me, only if the reassuringly right sounds come out of my mouth’. Rachel notes that mental health services have been criticized for being inaccessible or inappropriate for members of black and minority ethnic communities. Culture, language, idioms of distress and explanatory health beliefs require consideration by commissioners, service and training providers and individual clinicians to ensure that services meet the needs of all members of the community. This chapter thus focuses on working with interpreters in a therapeutic context. The issue of whether interpreters should interpret purely the spoken words or consider contextual or cultural variables is reflected upon. The exact relationship between language and culture is contested but the two appear to be inextricably intertwined. Rachel also provides a most useful summary of the literature on interpreters in mental health.

Chapters 8 and 9 are dedicated to an enhanced understanding of the impact of a therapist’s identity on the therapeutic endeavour. White people, including white counsellors, tend to see themselves as the ‘human ordinary’ (Dyer 1997) which leaves non-white people to carry the sense of ‘difference’. Judy Ryde’s chapter thus challenges white counsellors to understand the impact that white power and privilege have on their non-white clients and suggests ways of working with this dynamic. Working with the intersubjective field is suggested as an approach which can acknowledge the complexity of the field and encourage a sense of reflection.

In Chapter 9, Harbrinder Dhillon-Stevens subsequently addresses the complex challenge of being a black therapist with white clients, citing one research
participant who says ‘the impact of oppression is that you learn to manage it so no one knows’. She notes how displays of vulnerability in the training process between majority group and minority group trainees are different and therefore frequently misunderstood. Experiencing reflections from the majority group trainees such as ‘you need to tone it down a bit’ opens up the bizarre (and frequently occurring) contradiction that psychotherapy (and by implication, training) invites ‘relational dialogue’, yet within this context also invites judgementalism of certain statements made from particular points of view. Harbrinder also explores the complexity of negatively introjected values by minority persons, helpfully differentiating the aspects termed ‘internalized oppression’ (the ways in which black people allow the external beliefs and value systems of majority society to invalidate their authenticity and inhibit their personal agency) and the ‘internal oppressor’, that aspect of the self that becomes the ‘inner tyrant’.

Chapter 10, by Aileen Alleyne, offers pragmatic guidance for counselling and psychotherapy practitioners who want to achieve an anti-racist and anti-discriminatory approach in their work. With the help of two personal case examples, the author has paid particular attention to avoiding the common pitfalls of discriminatory practice, with specific regard to race. The case material that Aileen provides interconnects profoundly with what many other authors are saying in this first part of the book. She has also offered a set of working guidelines on the broader issues within ‘diversity’. These focus on the key values and principles which underpin good therapeutic practice in working with other areas of difference and diversity.

In the following chapter, Patsy Sutherland and Roy Moodley consider the current practices, complexities and challenges that confront transcultural counselling and psychotherapy research. They attempt to clarify some of the confusions that transcultural researchers indicate are problematic areas in this field, and attempt to highlight some of the newer and emerging themes. Lastly, they elucidate the ethical issue governing transcultural research. They begin with a review and critique of the current practice and research in counselling and psychotherapy with black and ethnic minority clients. They note that: ‘In recent years the changes in the theory and practice of counselling and psychotherapy concerning diversity have made it much more difficult for researchers to engage in research, given the wide remit which diversity now encompasses’. This lack of research and paucity of knowledge, they assert, also creates a space where therapists tend to see all black and ethnic minority clients as homologous, offering them the same treatment irrespective of their gender, ethnicity, sexual orientation and the other diverse identities.

Chapter 12 explores the way that supervision can be usefully employed to reflect on the effect of cultural difference on the supervisee’s work. Here, Judy Ryde encourages supervisors to explore the ways that the supervisee’s race and culture impacts on the client rather than always focusing only on the client’s ethnicity and culture. This includes inviting reflections on the power and privilege that is held in the role and culture of white supervisors and supervisees. By adapting and modifying ideas from Hawkins and Shohet (1996), Judy introduces the CLEAR and
10 THE HANDBOOK OF TRANSCULTURAL COUNSELLING AND PSYCHOTHERAPY

the seven-eyed models of supervision to show how every aspect of the work needs to be attended to from a cultural perspective.

Chapter 13 by Antony Sigalas focuses the work of the Nafsiyat Intercultural Therapy Centre in London, and Chapter 14 by Tony Wright reflects on his work within the Medical Foundation for the Victims of Torture. These concluding chapters of Part 1 provide us with accounts of the everyday experience of therapists working within these organizations and the complexities they have to deal with in striving to be of service to their clients.

Antony writes that Nafsiyat has strived to meet the needs of black and ethnic minority communities over a period of 28 years. He includes background historical and demographic information along with an attempt to describe, in short, the culturally sensitive approach used, illustrated with case examples of the clinical experience gained at the Centre. These clinical cases reflect on a variety of presenting realities, such as the language barrier, the experience of racism and that of seeking asylum in the host country after having survived severe traumas elsewhere, and the challenging culturally specific experience and the intergenerational conflicts of an immigrant family. A final thought addresses the importance of sustaining the provision of effective services for the culturally different population.

Tony Wright conceptualizes ‘transcultural’ as ‘intercultural’ when working with a specific client group: survivors of torture. The limits of western psychotherapeutic approaches are contrasted with a relational understanding of working interculturally. While subjective difference is acknowledged, typological elements to working interculturally are detailed in a tabular form. Featuring the story of a specific client, examples of various cultural elements of client and counsellor are explored. Tony proposes that understanding individual client torture narratives requires an appreciation of multiple complementing and competing discourses. Some detailed examples of these discourses are given: torture, trauma, asylum, human rights and medical. The implications for working interculturally with survivors of torture, who present in complex and intense ways, are presented in this chapter and include the important elements of counsellors’ self-care and supervision needs.

Extending our empathic capacities

You must become the change you wish to see.

Ghandi

Following on from a lecture given in London, I later penned an article that attempted to delineate what I considered to be the desirable elements required within a programme of continuing professional development towards ‘transcultural therapeutic competence’ (Lago 2010). Each of the chapters contained in this first part of this book inevitably constitute some elaborations of the issues that I identified in this aforementioned article. Inevitably, this publication was just one in a line of previous aspirational statements probably originating with a key article by Sue et al. (1992). The importance of this mapping of multicultural competences
is signalled by the fact that this original article was jointly and concurrently published by two leading professional journals in North America.

Conceived originally as a basis for outlining the need and rationale for a multicultural perspective in counselling, the Professional Standards Committee of the (American) Association for Multicultural Counselling and Development went much further in proposing the 31 multicultural counselling competencies defined by Sue et al. and urged the counselling profession in the USA to adopt these as accreditation criteria.

Two years later, Sodowsky et al. (1994) published their own version of a matrix in which they listed competencies under the terms ‘skills’, ‘awareness’, ‘relationship’ and ‘knowledge’. More recently, Roy Moodley and Dina Lubin, from the University of Toronto, updated the original matrix by Sue et al. and this was published in the edited text by Palmer and Bor (2008).

My article proposed a set of seven interconnecting domains, which are reproduced in Figure 1.1. The overlapping interconnections that are depicted graphically are deliberate and follow the ideal of what is familiarly known as ‘joined-up’ thinking. That is, it seems absolutely vital that these various qualities (and indeed the various sub-elements depicted later in this chapter fitting within each category) operate seamlessly within the personality and practice of the therapist.

![Figure 1.1 The seven domains](image-url)
Each of the seven domains encapsulates a range of desirable qualities in terms of awareness, knowledge, skills and professional practice.

**Personal and professional qualities (therapeutic relational competencies)**

I have positioned these therapeutic relational competencies at the centre of the interconnecting domains. The quality of relationship is at the centre of our work as therapists and without this it is likely that very little therapeutic progress may be achieved. The following qualities are listed under this heading: acceptance, humility, humanity, compassion, encounter capacity, relational capacity, empathy and motivation.

**Primary knowledge and understanding (understanding diversities, ‘isms’ and power)**

This domain advocates the importance of understanding the complex societal mechanisms that perpetuate discrimination and oppression within society.

It seeks to encourage therapists to not only understand the operational nature of the different ‘isms’ in society (sexism, racism, ‘disablism’, and so on) but to understand how they, themselves, are affected and impacted by them. All of us, by virtue of being in society, are subject to these pernicious attitudinal forces, whether we apparently ‘gain’ or ‘lose’ from them. The elements of this domain include:

- understanding the ‘isms’ (see Ridley 1995; Willie et al. 1995);
- power/powerlessness (see Carotenuto 1992; Proctor 2002);
- black issues (see Mckenzie-Mavinga 2008);
- whiteness (see Tuckwell 2002; Lago 2006a, 2006b; Ryde 2008);
- ‘race’ (see Carter 1995);
- culture (see Hall 1959, 1966, 1976, 1983; Hofstede 1980);
- ethnicity;
- other diversities/identity intersections (see Moodley 2003);
- communication values (see Casse 1981);
- an understanding and appreciation of equal opportunities legislation.

**Further knowledge and understanding (working with specific communities)**

Within this third domain of professional development I have listed those aspects of behaviours and beliefs that are pertinent to the communities (probably geographically local to the counsellor/psychotherapist) from which the clients come. This domain therefore recommends the acquisition of awareness and knowledge of the relevant local communities to specifically inform and enhance the counsellor’s own therapeutic capacity. This domain thus requires understanding of: culturally differing notions of ‘wellness’; differing help-seeking behaviours; cultural and religious beliefs; as well as having access to and being prepared to use ‘culturally relevant’ referral resources and an awareness of different ‘helping’ interventions.
(e.g. traditional healers/herbalists etc.) Further elements include: knowledge of local politics in relation to community relations; specific cultural differences and preferences; majority/minority group relations (social exclusion factors and consequences); understanding ‘culture shock’ (Furnham and Bochner 1986); and understanding the impact of trauma and post-traumatic stress disorder (PTSD); histories/origins/settlement patterns/transitions/experiences etc; and an understanding of place-related, process-related and relationship-related perceptions of one’s own sense of belonging in the world.

Awareness (of self, cultural origins, identity, communication style and outside influences)

This domain is a critical component in the modus operandi of the therapist. Working with clients presumes an ongoing commitment to one’s own awareness and self-development combined with a continuous focused attention towards the client while holding relevant theoretical and cultural knowledge in mind. Helpful questions include: ‘What are my stereotypes?’ and ‘Who am I, “culturally” speaking?’ This domain includes:

- awareness of own ethnic identity and its development (see Carter 1995; Lee 2006) and ‘whiteness’ (see Frankenburg 1993);
- personal values (how do these compare with other ‘world’ values?) (see Kluckholm and Strodtbeck 1961);
- communication styles;
- openness to complexity and challenge;
- impact of the media (see Hartman and Husband 1974; Troyna 1981).

Professional competencies (therapeutic, groups, systemic, linguistic and theoretical)

The transcultural therapist requires a wide range of working competencies that extend way beyond those required within monocultural and monolingual circumstances. In addition to core therapeutic competencies, elements such as working with interpreters, accessing ‘cultural’ interpreters, learning appropriate language(s), greetings and key words, competency and comfort in group work and a capacity to critique their own theoretical model in relation to other value perspectives.

Professional commitment (learning, supervision, ethics, research and outreach)

This requires: ensuring ongoing learning and professional development; ongoing supervision; appropriate consultation; reviewing one’s ethical stance in relation to ongoing work; commitment to the research process; supporting those in training; engagement with and support of development work in your agency; creation of
personal/professional links to local communities and encouraging supporting the training of therapists from minority groups.

Context(s) (background, interview context, location, ritual, etc.)

There is considerable evidence to show how we are impacted (positively and negatively) by our environs, access to nature, colours, smells, aesthetics, space and so on. Yet, the nature of ‘context’ is little discussed in much of the psychotherapeutic literature. What are the effects and impacts of the environment upon people? How does the nature of agency location, internal décor, advertising etc. affect clients? How much attention do we give to constructing therapeutic environments?

Conclusion

There is a general tension, in the world of therapy, between a ‘universalist’ perspective – where therapists believe that ‘The way I work therapeutically can be applied to working with all clients, whatever their origins or identity’ – and a ‘client-diversity’ or ‘client-in-context’ approach, exemplified by the following stance: ‘In working with a client from particular (and different) cultural, racial and ethnic groups’ therapists need to bear in mind and be sensitive to:

- the many issues that impact upon their ways of being in the world, their history, their upbringing, their levels of acculturation etc.;
- the many aspects of their identity – many of which, to the outsider, could appear to be contradictory and confusing;
- their specific usage of language and their conveyance of meaning;
- how all these might relate (or not) to the therapist’s own views, attitudes, prejudices and relationships;
- the therapist’s identity(ies) (both as experienced by them as well as by the client);
- how these might impact upon the client;
- appreciating the cultural underpinnings and limitations of the therapist’s theoretical stance.

The whole of Part 1 of this book is dedicated to the exploration and explication of this latter approach.

References


