

PART 3

Working within Diversity in Therapeutic Practice

In [Part 3](#), I will present the application of the Working within Diversity model and its five components to therapeutic practice and what we need to consider to be able to offer an anti-oppressive approach and practice.

The Working within Diversity model ([Figure 15](#)) outlines five components to working in an anti-oppressive practice and approach:

Component 1: Structural and Systemic Context of Counselling

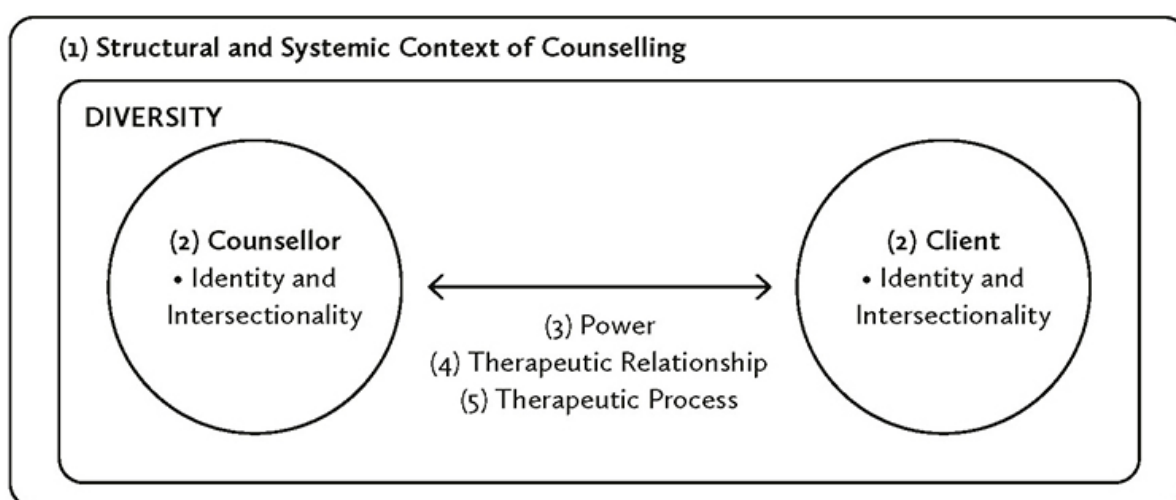
Component 2: Identity and Intersectionality (of counsellor and client)

Component 3: Power

Component 4: Therapeutic Relationship (in therapy and supervision)

Component 5: Therapeutic Process (in therapy and supervision)

Figure 15: Working within Diversity model (with five components of model)

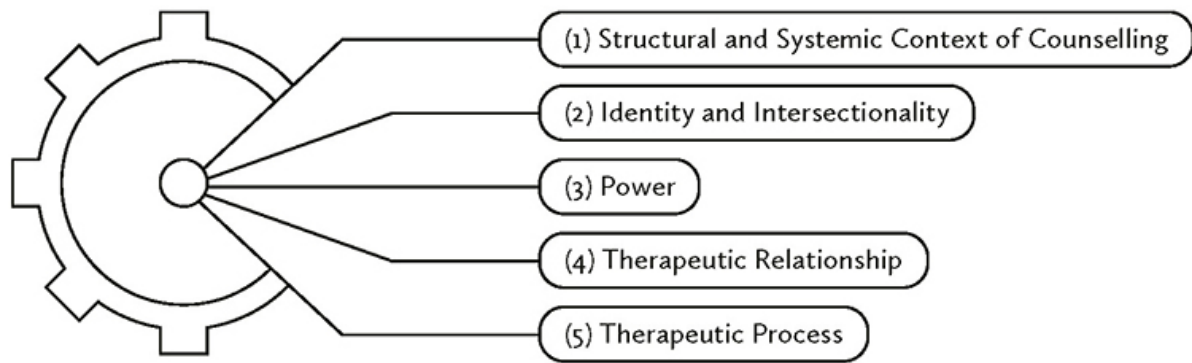


How do you develop anti-oppressive practice?

In applying the Working within Diversity model within your therapeutic relationships and the therapeutic process, you will be able to consider how each of its five components impact and influence the process and relationships, and how you can ensure you are aiming to flatten the power, to offer a process and relationship which does not oppress your clients or supervisees.

We will be working our way through each of the five components in the following chapters ([Chapters 12–16](#)). However, it is important to recognize that the five components are part of the whole therapeutic process and relationship, and so are interconnected and work together, impacting and influencing one another as well as the entire therapeutic process and relationship. We can't think about one component without considering the other four (see [Figure 16](#)).

Figure 16: Working within Diversity: the five interconnected components in anti-oppressive practice



Throughout [Part 3](#), you will be invited to think about your own role in your work, as well as your clients'. For the purposes of engaging in the activities and reflective exercises, I invite you to think of a current or recent client, as a case study, to help support your learning. You may even wish to choose two case study clients, who present with different intersectional identities, to help further your understanding of how this model can be applied to your therapeutic and clinical practice.

Before we start to look at the five components, let's think about what you imagine anti-oppressive practice would look like. This can be based on what you've read in previous chapters or what you have learned elsewhere in previous trainings and reading on the subject, or what you imagine it would look like.

Reflective exercises

Imagine you are the counselling client; what would you want from your counsellor, to feel that they are offering you an anti-oppressive counselling practice and therapeutic relationship? How would you know it was anti-oppressive? What would they be saying or doing and how would they be facilitating the process? What would be the signs of an anti-oppressive practice?

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How would the counsellor be approaching you to establish a relationship? What would the relationship look and feel like? What do you imagine the assessment process to look and feel like? What else would you consider to be part of an anti-oppressive approach? What would you want or need your counsellor to know about you, for them to be able to offer you anti-oppressive counselling?

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Now as the counsellor, what factors or aspects within your process and therapeutic relationships would you need to consider to offer anti-oppressive counselling?

In thinking of your chosen case study client, what, at this stage, might you need to add, change or adjust in your current work with the client?

Based on your answers to the previous questions, what do you think, at this stage, you might need to change or adjust in your current overall practice? What might you now need to add, adjust or take away from your current practice?



CHAPTER 12

Component 1: Structural and Systemic Context of Counselling

For an introduction on the topic of external structural and systemic contexts, see [Chapters 7–10](#).

Counselling does not exist in a vacuum. The profession and its therapeutic practice sit inside the external ‘out there’ systemic, structural, social, cultural, political, historical contexts of society. Therefore, when we acknowledge that social injustices, inequalities, privileges and oppression exist in society (‘out there’) we can acknowledge that the profession sits inside this, and is shaped by this systemic and structural context, which is then embedded into the profession and practice (‘in here’). Therapy is systemically, structurally, politically, culturally, historically and socially located.

By acknowledging the systemic and structural context of counselling, we can start to acknowledge how the therapeutic work and practice are shaped by systemic inequality, which unconsciously supports or repeats a power-oppressive relational dynamic with clients. These systems of oppression can be re-enacted, for example a dominant counsellor and non-dominant client in therapeutic relationship with one another.

Anti-oppressive practice is an integral part of ethical practice, explicitly acknowledging structural and systemic inequalities, systems of oppression and power-oppression relational dynamics. We can understand its structural presence and influence on the profession, on the ‘in here’ process and therapeutic relationships. It supports our understanding of the systemic and structural context of our and our clients’ lived experiences, which end of systems of oppression and power-oppression relational dynamics we each sit at, and therefore how to work with it, how it appears and how it gets repeated and played out ‘in here’.

When working with clients through an intersectional lens, we can recognize their full intersectional identity. This includes how the client, and their lived experience, is impacted by inequality and social hostility. We can explore how a client relates to their own identity, lived experiences and experiences of privilege and oppression ‘out there’, while exploring how all this impacts on the work in counselling ‘in here’. By recognizing and holding simultaneously the ‘two truths’ of our client’s identity and lived experiences and our own, we can examine our own biases and prejudices and how they impact on the work and therapeutic relationship.

Using an intersectional lens to understand that the work ‘in here’ takes place in the space of the relationship between two people (two intersectional identities), we can recognize how each is impacting on the other and on the relationship. The process emerges because of the two people in the room, who they are and how they relate to one another, which is all influenced by their own identity and lived experiences, contained within the multiple ‘out there’ contexts.

This practice asks us to look not only at the external ‘out there’ system or clients but calls on us to do the work on ourselves first. What changes do we need to make to ourselves? Our worldview is shaped by a systemically, structurally, culturally, socially, politically, historically determined lens. How we see the world is shaped through that lens. That lens is shaped by our experience in the systemic and structural context of the world, its societies, cultures, politics. It is important to understand how we are shaped by our context and lived experience in that context. What lens are you seeing the world through and what lens is the client seeing the world through?

In wearing systemic and intersectional lenses through which to look at our practice, we must also look at ourselves and take up a position of cultural attunement (cultural humility, cultural empathy and cultural curiosity). This is an ongoing process and practice for us and not a competency ‘finish line’ to

reach and get over. It is a commitment to understanding our own identity and lived experience, shaped by the systemic and structural context, which is being brought into our practice, process and therapeutic relationships we are offering and facilitating for our clients.

To offer cultural humility is to be respectful of people's experience of systemic inequalities and their social locations. It is to acknowledge and accept all the spectrums, including the power and privilege experienced by dominant identities, and to understand that it's about how our identity and lived experiences are shaped by our location, context and relationships with systemic and structural contexts of inequality and oppression. Cultural humility asks us to take up a position of humility and non-judgement to everyone and the diverse lived experiences they have had.

To offer cultural empathy is to take up a position of openness and willingness to see the client fully, their intersectionality, their experiences of power, privilege or oppression, their lived experiences within systemic and structural inequality. It is to empathize with their experiences, to be willing to feel and be affected by their lived experience and to sit with, honour and value and hold 'two truths' of identity and lived experiences, that of yours and your client's.

To offer cultural curiosity is to approach our work and clients from a position of curiosity and interest, to understand their identity, their lived experiences and to allow the work to unfold from a place of 'not knowing', not having the answers, not needing to fix or give advice, but to offer the space for the client to make meaning themselves of their lived experiences.

We need to be aware of what is stopping us from doing this work individually ourselves (i.e. internal barriers) and in our organizations (i.e. policies/procedures, what support we need in our organizations). You need to know your own barriers and resistances to doing this work; to understand what you find challenging and difficult. You may need to look at uncomfortable parts of your identity, intersectionality or the impact and influence of systems of oppression on your lived experiences.

Reflective exercises

What is your current understanding of the systemic context and cultural, social, political impact on your work? What role do they play? What is the impact of the systemic and structural context on you? What is the impact on your clients? Do you consider a systemic, cultural, social or political impact on your client's work?

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In thinking of your case study client, how might you now view the client through the systemic, cultural, social or political lens? How might you contextualize your client's experience within this external context? How does your client experience the 'out there'?

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How might the client be experiencing systems of oppression? In what ways do they experience oppression? Where might they experience power and privilege? How is your client impacted by systemic and structural inequality? How might this change how you see the client's issues or presenting problem?

How, and in what ways, is the client's experience of the 'out there' different or like yours? Do you both experience the same or different types of privilege or oppression?

Where and how might both of your experiences of the 'out there' power-oppressive relational dynamic get replayed and repeated 'in here'?

What else about the 'out there' context do you now need to consider in working with your client?
What else 'out there' will impact on your work and relationship together?

CHAPTER 13

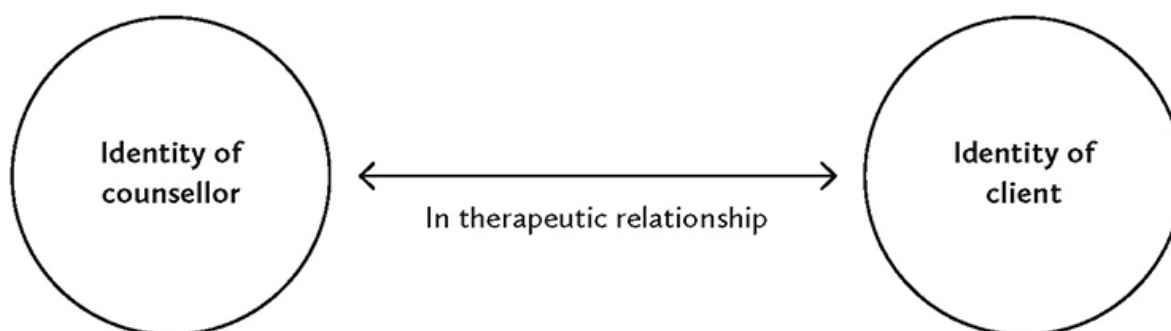
Component 2: Identity and Intersectionality

In this chapter, we will explore the identity and intersectionality of both counsellor and client and what to look for and identify within the component to be able to work within diversity. For an introduction on the topic of identity and intersectionality, see [Chapter 7](#).

‘Working within diversity’ directly acknowledges that there are two unique identities in the room, which are in relationship with one another. Both the client and counsellor are seen for their own unique intersectional identities, and that the relationship which unfolds between the two of them does so because of these two unique intersectional identities. Both identities co-exist and so they are not mutually exclusive (see [Figure 17](#)).

The principle of ‘two identities’ and there being two truths simultaneously existing (see [Chapter 2](#) for a detailed account of this principle) is central to ‘working within diversity’, because it locates the identities of both the counsellor and the client in relationship with one another at the heart of the work. Two identities, and therefore, two truths, in relationship with one another. This positions both identities within the structural and systemic context of counselling (Component 1) (see [Chapter 12](#) for an explanation of Component 1).

Figure 17: Two identities (and two truths) in the room and in therapeutic relationship



Tool: Identity Wheel

The Identity Wheel ([Figures 3 and 4](#)) supports exploring the depth and breadth of identity characteristics of the counsellor and client being brought into the counselling room and therefore highlights what characteristics are impacting on the counselling process and therapeutic relationship. The Identity Wheel template ([Figure 4](#)) is useful to fill out for yourself and for each client, to be able to identify the specific identity characteristics and the combination of characteristics present in your therapeutic relationships.

There is both an Identity Wheel tool with the identity characteristics labelled ([Figure 3](#)) and a blank Identity Wheel tool ([Figure 4](#)) template in the online Appendix for you to be able to download and fill out. See [Chapter 3](#) for more information about the Identity Wheel itself.

Identity of counsellor

Understanding the external concepts of identity, intersectionality, systems of oppression and the embedded relationship between dominant and non-dominant groups in society (covered in [Part 2](#)) is crucial to understanding what underpins the two identities in the therapy room.

The counsellor's identity is not a blank slate or 'neutral'. The counsellor's identity is present, proactive and holds a value. It offers a diversity of identity. In the same way, the client also offers a diversity of identity. Both identities are fully present in the room and in the relationship. Our visible identity as the counsellor – our ethnicity, gender, faith, age, ability or disability – can't be removed, dismissed, ignored or made invisible. It's how we understand its impact and work with it that matters.

We need to recognize that we self-identify (whether consciously or unconsciously) all our identity characteristics (as listed in the Identity Wheel tool, Figure 3), while at the same time others are also identifying and labelling our identity, this being a perceived identity projected onto us. Our identity is reacted, related and responded to, consciously and unconsciously, by the client.

Our identity (or an identity characteristic), as the counsellor, may be the reason why clients choose us as their therapist. This is often because the client believes this identity or identity characteristic will help them to feel understood, recognized and welcomed into the therapeutic relationship and space. This need of the client is important to recognize, honour and value.

Our own identity, as we have seen from the Identity Wheel, not only includes visible and physical characteristics, but also our worldview, which has been shaped through our interpersonal relationships, beliefs and values, cultural, political, religious and social views and our lived experiences in the context of systemic and structural inequalities.

We also hold our own beliefs, values and attitudes in relation to our identity characteristics, such as who we are ethnically, racially, culturally, religiously and so on, which creates a deeply held approach to how we show up in the world, how we think, are, do, relate, interact and live.

Our identity, and all that underpins it, is what is enacted, brought to and related with in our relationships, both 'out there' in society and 'in here' in the therapy room with our clients. Recognizing the impact of our identity on relationships is important, so that we do not misuse our power or re-create any oppressive relationship or relational dynamic in our therapeutic relationships with our clients.

The challenge then is to identify our identity and what the impact might be in our work and in our attitudes towards our clients and the diversity of identities we work with.

Reflective exercises

Using your completed Identity Wheel ([Chapter 3, Figure 4](#)), as a counsellor, what parts of your identity are visible in the room for you? What parts of your identity are seen by clients? What impact does this have on your work?

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In thinking of your case study client, what has been the impact or influence of your identity on your work with this client? Did the client choose you, and, if so, why? Was it to do with your identity? What were they expecting from you? What assumptions did they make about you?

What impact or influence do you think your cultural, racialized or ethnic identity has on your attitude towards your work, your clients or the presenting problems/issues they bring into session? What impact has this had on the work with your case study client?

What are some assumptions, stereotypes and biases made about you, based on your identity, by clients and/or your case study client? What impact might that have on you or has it had on you? What impact has it had on your case study client and on your therapeutic relationship?

Do your clients choose you as their counsellor because of a particular identity characteristic or category which you belong to (and is either consciously or unconsciously known by the client)?

What is the impact of that characteristic on your work and on your therapeutic relationships? What assumptions, stereotypes or biases do your clients make about you, based on that identity characteristic?

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Identity of client

For the client, as with ourselves, there is the self-identity of the client (how they identify themselves) and there is also the perceived identity of the client by us as the counsellor.

Let's explore what impact or effect this might have.

Activity: Complete an 'Identity Wheel' for your case study client ([Figure 4](#)). A template of the Identity Wheel is provided in the online Appendix, which you can download and use for this activity. Use the completed Identity Wheel ([Figure 3](#)) as a prompt for the categories of identity characteristics.

Having completed the Identity Wheel for your case study client, reflect on the following questions:

- What parts of your client's identity are visible in the room for you?
- What are some assumptions, stereotypes and biases you have made about this client, based on their visible identity?
- What impact might that have on you working with the client and on the therapeutic relationship?
- What else does the Identity Wheel reveal to you about your client's identity?
- How does the Identity Wheel help you understand your client?
- What are you now aware of about the client and their identity that you were not aware of before?
- What fears do you have in working with this client?
- What do you need to consider in your work with them?
- What do your answers reveal or highlight to you?

You can also use your client's Identity Wheel to see how the wheel gets added to or changed over the process of working together. Do you identify or label the client in a way that is different from how the client self-identifies? If so, why might that be?

Throughout the rest of this chapter we will be looking at some of these identity characteristics in more detail.

Internal world of the client

The client's worldview, lived experiences, relationships, sense of who they are in the world and their meaning-making of all of these are embedded in their identity.

Holding the space and containing the client's material doesn't automatically mean that we are being emotionally available and empathizing with their material, experiences and identity.

To enter the client's world, particularly their internal world of emotions and lived experiences, we are inviting ourselves to enter a different world from our own. It is the equivalent of walking through the wardrobe and into Narnia. We are entering a world with no map, or no reference points (at this stage) and it is for us to sit with, hold, empathize and facilitate the processing of their life in their world. In the client sharing their narrative with us, they are holding up the map, and while the client points out and shares parts of the map with us, we are exploring the map together. We are looking to understand the client's map, lived experiences and worldview in the context of their intersectional identity (part of Component 2 – identity) within the external 'out there' social context (Component 1 – external contexts), while at the same time recognizing that by being in the client's world, we are influencing how the client presents their map, how they feel about us entering their world and the experience of our relationship in their world (part of Components 3, 4 and 5 – power, therapeutic relationship and therapeutic process).

There may be a fear of bringing those experiences back with you through the wardrobe because you can't forget what you've seen or heard. There may be a fear that it may challenge your own sense of self, that what you see in your client's world can challenge or change your own view of your experiences, which impacts on your own map and internal world.

The challenge to working as a counsellor is to build the emotional capacity and courage to enter Narnia (the client's world) and be prepared to sit with the unknown and your own anxiety of sitting and staying there, without wanting to run back through the wardrobe. This comes from moving into a position of openness, curiosity and empathy.

Culture

For an introduction on the topic of culture, see [Chapter 4](#).

Often when we think about a client's culture or 'working with culture' or 'working cross-culturally', we fall into the same trap as 'cultural competence', that being a cognitive-, knowledge-, subject-based understanding of culture. It is something learned through research, or worse by asking your client for explanations or being taught about their 'culture', and then assessing how well you 'know' about a client's culture, rather than their actual experience of their culture and what it means for them (see [Chapter 2](#) on cultural attunement for further explanations on the problem of cultural 'competence').

Instead, we need to move to a position of being culturally attuned towards a client's culture and look to the client's understanding, experience, exploration and reflections on how they view their culture and how it influences, impacts, affects and shows up for them, in their everyday, in their worldview lens and in how they relate to us, the counsellor, in the therapeutic relationship. We are attuning to the client and their cultural context (see [Chapter 2](#) for further details on the principle of cultural attunement).

Part of practising and being culturally attuned is to understand and approach culture as a framework and context for our clients' lived experience as well as it being part of their identity, as culture exists both externally and internally in each person. For example, the collectivist and individualist culture framework and culturally close and culturally distant framework (explored below) can help to support us in being attuned to the client's cultural context. This helps facilitate the process of how the client explores and makes meaning of their lived experiences, relationships and sense of self/identity, which will be present in the work and our therapeutic relationship with the client.

Collectivist and individualist cultures

For an introduction to the topic of collectivist and individualist culture, see [Chapter 4](#).

Collectivist and individualist cultures form an aspect of the cultural framework, context and identity for our clients and so we can explore how this may influence how clients express their concerns, what their expectations, goals and experiences in counselling might be and how they relate to the counselling process and counsellor in the therapeutic relationship.

For the individualist client, where independence and self-sufficiency are valued, and where boundaries are around an individual sense of self, they may be more able to prioritize their personal ethics and comfort, and their individual or own issues that they bring to counselling. They are more likely to prioritize their needs, identify what their goals are in counselling and what they want to individually achieve from counselling by the end of it. This can often be a good, complementary match for Western counselling as its modalities are born out of individualist cultures that encourage self-exploration and self-determination.

Counselling or counsellors may be unfamiliar to a client from a collectivist culture who understands their relational dynamics and sense of self through being part of a group, family and culture. For the collectivist client, the one-on-one therapeutic relationship could be experienced as a very exclusive and intense relationship. The counsellor metaphorically may experience themselves not in an 'individualist' therapeutic relationship with the client but in a 'collectivist' therapeutic relationship with the client, who is connected to the rest of their collective community or family. Clients talk about themselves in the context of their family, and they don't regard themselves as having an individual identity but instead they are wife, husband, mother, father, son, daughter, brother, sister, daughter-in-law, son-in-law and so on. Their sense of self is expressed in relation to others. This can be felt as if there are many people in the room with the client. The client brings into the room the rest of their family who make up their sense of self as a 'we'. When working with these clients, a good question to ask yourself is, 'who is in the room?' Not only will it feel as if there are a lot of people if they are a collectivist 'we' client, but it can also help you to attune to whether your client is individualist or collectivist.

Collectivist cultures and groups are community based, so they often look for advice and practical solutions, and may treat the counsellor as if they were a doctor or faith leader. In looking for solutions, advice or answers, they can approach the counselling in the same way that they may approach a medical appointment. This can look like them sharing with you all their problems (symptoms), for you to listen to and then at the end for you to give them your opinion, advice or solutions, like an 'emotional prescription'. What can often support a collectivist client to engage in counselling is for them to have an explanation of the counselling process, how the space is to be used and what you as the counsellor will facilitate in the space for them to explore their experiences. Sometimes we need to be clear and explicit that we don't offer advice or solutions.

Collectivist cultures lay greater emphasis on norms and authority and are greatly concerned with group loyalty and cohesion. The priority is the family, with a strong emphasis on duty to the family. An individual's responsibility and duty are to the family before the self. Individual desires and needs are sacrificed for the good of the group. Family well-being is fostered by cooperation, mutual dependency, sacrifice, loyalty and conforming to expected roles and boundaries. Loyalty, obedience to parents and conformity to cultural norms and family expectations is required. Social consciousness is related to a high regard for learning, as education leads to success, and success is measured by the ability to take care of the family and to give back to the community. This may impact the result, outcome or goal that the client is looking for in counselling, because are they looking for an outcome or solution as to how they can conform to their group's cultural norms and meet the expectations placed on them?

As the client's understanding of self is as a 'we', this may also impact on their ability to access help, feel empowered during the process and have a sense of achievable change. Accessing counselling may be felt as a failure to live up to their cultural expectations or fulfil their role within their community.

The collectivist nature of the family affects the individual concept of the client as an independent person. As there is no 'I', there is less individual choice, autonomy or independence, as these would be seen as in direct conflict with the client's culture, family relationships and role within family. The client may come to counselling because of this very conflict between their wish for autonomy as an individual 'I' and the pressure or expectation to stay within their collectivist 'we' identity and cultural role. Whatever the issue may be that that client is bringing to counselling, the question to ask is, 'what is a choice for the client? What choices are available to them and what choices are not?' This will help us to identify what level of autonomy the client has and in what areas of their life.

In addition to considering a client's (or your own) collectivist or individualist culture, we also need to consider the historical and generational influence on their culture. For example, second, third or any following generation may have a history or heritage of a collectivist culture but may have adapted to, internalized and experienced an individualistic culture due to migration or a change in their external environment, society and culture. We need to consider if a client holds a historical, generational and personal experience of culture that is of both individualistic and collectivist cultures. We can explore how this is experienced by the client in holding in mind both cultures and the potential impact on their sense of self and identity, while recognizing how it may show up in the therapeutic process, outcomes and relationship.

The following questions can help support you to understand and explore the client's cultural context. Some of the questions are prompts for you to ask yourself to help you reflect on the client's culture. Others are questions to be asked of your client, either during an assessment or sessions, as you deem appropriate for them.

Please note that all the suggested questions listed in the below 'tools' are intended to be asked in a manner which holds these questions lightly and inquisitively rather than as prescriptive and mandatory.

Tool: Culture questions

Identity and family:

- Is the client an 'I' or 'we'? How do they talk about their sense of self? As an individual or in relation to others?
- Have they experienced both individualist and collectivist cultures? Do they hold a combination of both a 'we' and 'I' sense of self depending on their environment and who they are with?
- What is their family tree or relationship structure?
- What is their family's generational culture? Is this as a 'we' or 'I'?
- What is the quality of their relationships? Who is significant for the client?
- Are these family members supportive or unsupportive of the client?
- Who else do they live with? Is there an extended family set-up within the home?
- What are the expectations for living at home and while being at home?
- What are the expectations on the client regarding family and marriage?
- How fixed is the client's understanding, duty and obligation to fulfil their cultural roles and expectations?
- What level of autonomy does the client have? What might be the impact or influence in here and on their expectations of goals and change?
- Who else is metaphorically showing up in the room? Does the client focus on other people and their relationship with those people?
- What is the client's cultural and generational history? Does the client come from, or have they experienced or had a generational experience of historical trauma or oppression?
- What is their political status? Do they identify as a refugee, asylum seeker, immigrant, born from previous generational immigration (historical immigration)?
- How is the issue/presenting problem they are bringing to counselling related to their culture and family?
- Is the issue linked to honour and shame? Is it part of an honour code?

Social:

- What social support does the client have around them?
- Are they from the same or similar cultural identity as the client or culturally distant from the client?
- Does the client have opportunity to meet with people from their same cultural, ethnic or faith identity?

Study/Employment:

- What is the client's current employment/education status?
- Are there culturally, ethnically or faith-close identified employees that the client works or studies with? Does the client feel supported by them?
- Is there any sensitivity to culture or faith demonstrated by their employer/teachers?
- If not employed, are they able to meet with people in their community who are close to them in terms of culture or faith?
- What are the expectations on the client regarding education and work?

Honour and shame

For an introduction to the topic of honour and shame, see [Chapter 4](#).

When we think about honour codes and shame, we can start to see the parallel with clients from collectivist 'we' cultures. This is because honour codes are embedded in collectivist groups and dynamics. As honour is shared among the family it means that the actions and behaviours of one person in that group reflect the entire group. Honour codes can therefore be in direct conflict with the client's individual needs. A lack of awareness of family honour could unintentionally lead to additional conflict by supporting an individualist culture's values and codes of autonomy, independency and self-sufficiency. Counselling must work within the client's collectivist 'we' culture.

When honour codes are broken, the shame of it is held by that individual. When the shame is brought into the counselling room it is often heavy, often difficult to disclose and the counsellor can also be the first or only person to whom the client has spoken about it.

The nature of shame being internally held by the client means that it is often a heavy burden that the client is carrying alone. The fear of sharing the shame in counselling is the assumption, expectation or projection that the counsellor will side with collectivist culture's values and beliefs in upholding the honour and further shame the client. As a counsellor, what is important to understand and demonstrate when working with shame is your understanding of shame within the honour code, your empathy to the shame being internally and individually held by the client, and the ripple effect and impact on the client's collectivist family relationships and dynamics and how they may have changed because of the shame.

Faith, beliefs and spirituality

For an introduction to the topic of faith, beliefs and spirituality, see [Chapter 5](#).

In counselling, our professional frame of reference consists of theory, a framework, the therapeutic frame, and we work within the boundary of guidance, of best practice and of an ethical framework, which includes values, ethics, principles and morals.

When working with clients and needing to consider their faith, beliefs and spirituality, it can seem incredibly overwhelming to feel that you need to know everything about a particular religion or faith. Where do you start in understanding all the beliefs, relationship dynamics, practices and traditions? One way to help us not feel overwhelmed is to recognize the parallels between the ethical framework of counselling and the ethical framework of your client's faith, beliefs or spiritual practice.

One approach on how to enter the frame of reference of your client's faith, belief or spirituality is to identify the boundaries, guidance, values, ethics, principles and morals of their faith. This can be an important part of their assessment process.

The following questions can be included in the assessment to help both you and your client to identify the client's faith, beliefs and spirituality, and their individual relationship with it, and how this may influence or be related to what the client brings to counselling to work on.

- What gives you hope? What keeps you going in life?
- Is there a faith, religion, spiritual practice or belief system that you identify with?
- Do you have any faith, religion, spiritual practice or beliefs which are important to you?
- How does this support you? How is this part of your self-care practice?
- Does your spiritual or faith practice make you feel uneasy about any aspect of this counselling practice or process?
- How does your spirituality affect you? Does it make you feel loved/accepted/belonging or isolated/alone, and so on?
- What support do you get from your faith, religious or spiritual identity community?

The spirituality guided visualization exercise (below), which was also covered in [Chapter 5](#), can be offered to clients, to help them connect to their faith, spirituality or belief system, if appropriate.

- What is the shape and size of it?
- What is its weight?
- What is its colour?
- Does it make a sound or is it silent? If a sound, what sound?
- Does it have a scent, smell or fragrance?
- What are you feeling as you hold the object?
- What do you want to do with the object?

- What does this reveal about your relationship with spirituality?
- What role does it play in supporting your counselling? Or in understanding the issues you wish to bring to counselling?

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What are the barriers or challenges for you in working with your client's faith or spirituality? Does this mean you can't bring it into the room for your clients?

In thinking of your case study client, how have you worked with their faith, beliefs or spirituality? What may have made it easier to name, explore and work with these?

What might be the barriers or challenges to working with your client's faith, beliefs or spirituality? If faith, beliefs and spirituality haven't come up in the work, why might this be?

Based on the above assessment questions and visualization exercise, how might you now use these in working with your clients? What particularly might be helpful to ask your case study client and why?

Ethnicity and race

For an introduction to the topic of ethnicity and race, see [Chapter 6](#).

Reflective exercises

As we have explored the impact of race and ethnicity on a client's lived experience ([Chapters 6–9](#)), why is that impact important to know in counselling?

What might be the impact of a client's ethnicity or racialized identity in counselling and in their therapeutic relationship with you?

With two identities present in the room, both the counsellor's and client's ethnicity and racialized identity are present and having an impact. What will need to be considered is how both the counsellor and client experience and feel working with one another when they are either from similar or different ethnic or racialized identity backgrounds.

Reflective exercises

When working with a client (or thinking about your case study client) from the same ethnicity or racialized identity as you (i.e. you as a culturally close counsellor), consider these questions:

- How do you feel in working with the client?
- What might be the impact on your work together?
- What might be the impact on your therapeutic relationship?
- Does it create any barriers in the work?
- Does it create any barriers to working together relationally?
- What potential prejudice, oppression or collusion might be present?
- What fears or hopes might you have about working with them?

When working with a client (or thinking about your case study client) from a different ethnicity or racialized identity as you (i.e. you as a culturally distant counsellor), consider these questions:

- How do you feel in working with the client?
- What might be the impact on your work together?
- What might be the impact on your therapeutic relationship?
- Does it create any barriers in the work?
- Does it create any barriers to working together relationally?
- What potential prejudice, oppression or collusion might be present?
- What fears or hopes might you have about working with them?

As with culture, faith or any other identity characteristic, our clients are not here for our learning about the wider context or knowledge on these topics. To see the client as our resource to understanding or learning about that identity characteristic is an unethical use of our power in the counselling relationship. Our aim here is to understand our client's relationship with their identity characteristics and how they experience the world and their lived experiences because of their identity and intersectionality.

How your client might feel in working with you is also important to explore with them.

When you and the client first meet and there is a visible racial, ethnic or cultural difference between you, how this is understood, explored and processed (or not) will impact and influence how the therapeutic relationship and process manifests and unfolds, ultimately what happens between the two of you and if the work is felt to have been therapeutic for the client or not.

The client's culture influences and impacts what their expectations are of counselling and how they might show up and relate to you in the therapeutic relationship. We also need to know the influence of race and ethnicity on the issue or presenting problem that the client brings, how these impact on how the problem is spoken about and presented and why, and how these experiences can be explored between counsellor and client. It may be the counsellor's identity that the client is relating to, and this is why they present or do not present their problem and in a particular way.

Below are some prompt questions to help you consider the impact of ethnicity and race in your therapeutic relationships.

Tool: Ethnic and racialized identity questions

- How does the client identify their ethnicity?
- How does the client identify their racialized identity?
- How does the client feel about working with you, as an [insert your ethnic identity] ethnically similar/distant counsellor?
- How does the client feel about working with you, as a [insert your racialized identity – white /Black/Brown] counsellor?
- What might be the impact on your work together?
- What might be the impact on your therapeutic relationship?
- Does it create any barriers in the work?
- Does it create any barriers to working together relationally?
- Has your client chosen to work with you because of any of your identity characteristics? If so, which one, and why?
- What about your other identity characteristics, which were not chosen; do they create any barriers or challenges for the client?
- If your client was allocated to you, how do they feel about working with you, as an [insert your ethnicity/racialized identity]?
- What barriers or impact does your identity create when they have been allocated to you?
- Do you see the client's ethnicity or racialized identity as a cause or solution to their issues or presenting problem?
- Does the client see their ethnicity or racialized identity as a cause or solution to their issues or presenting problem?
- Is your or your client's identity a barrier to the client talking about their issue or presenting problem?
- Does it feel that the client is making assumptions about you, based on your ethnicity or racialized identity? Is this impacting on the relationship or on how the client is talking about their issue?

Reflective exercise

In reading through the identity questions above, note down any thoughts, reflections or questions that may have come up for you. How might you be able to use these identity questions in your therapeutic or supervision practice?

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Culturally close and culturally distant identities

There are advantages and disadvantages to being culturally close (perceived identity similarities between counsellor and client) and to being culturally distant (perceived identity differences between counsellor and client).

The advantages of being culturally close include:

- Building the therapeutic relationship quicker and feeling closer, as familiarity promotes a feeling of connection.
- The client is able to engage in the process more easily, through a feeling of familiarity and role-modelling by the counsellor.
- The client feels they are ‘being seen’.
- The client feels that they don’t need to explain or teach their counsellor about aspects of their identity or lived experiences.
- The client wants a counsellor who is socially located in a similar position to them ‘out there’ and understands the systemic inequalities experienced.

The disadvantages of being culturally close, which may be the result of cultural misattunement from the counsellor, can include:

- Familiarity leads to the client using the ‘you know’ response, which fills in the gap instead of explaining, and assumes the counsellor knows and understands the client and so they can stop any further exploration of that point. It can also be used as a defence not to have to explain or explore the client’s experience, a defence itself used by either client or counsellor who colludes with the defence and goes along with the ‘you know’ without exploring it.
- Familiarity also happens the other way around, with the counsellor saying, ‘you know’, which assumes the client understands them. This is oppressing the client’s own experiences and removes the client’s ability to say that they don’t know, possibly leaving something unsaid and unexplored. The client is being missed and not seen, and the counsellor is not taking time to explore the client’s individual lived experiences – this is cultural misattunement.
- Clients worry that confidentiality is compromised because they see the counsellor as being from their same community and so fear that ‘news’ of their counselling or problems may get back to

others within their family or community. This may lead to a break in an honour code and shame if this forms part of their cultural context.

- Familiarity creates unintentional bias, assumptions, or projections onto the client, as the counsellor may be using their own frame of reference or worldview to look at the client's material – again a cultural misattunement.
- The client projects onto the counsellor and assumes what they will get from a counsellor who seems similar or familiar to them – ease of understating or an expectation of understanding, or equally a judgement of the client 'not being good enough' or living up to cultural expectations (a parallel of judgement they may face in their community).
- The client feels conflicted, shame and difficulty if their concern falls outside cultural norms /values, and exploring this causes further shame for the client.
- The client feels distant from their culture and ashamed to share this with a counsellor who is perceived to be close or within that culture.
- The client has higher expectations of what they'll get or special treatment (i.e. reduced fees, crossing boundaries into personal space, counsellor is able to also see other family members as clients).
- Power is not explored and oppression not acknowledged, possibly from a collective collusion of avoiding the topic because they 'are the same' and so there is no power differential.
- The client feels that the counsellor has assimilated to the dominant culture (sold out their culture) to become part of the dominant group to access privileges and power. The client is left feeling abandoned, betrayed or rejected in their identity.
- The counsellor is perceived as delivering a Western (non-culturally close) mode of counselling.
- The client is filled with shame due to them struggling. They believe the counsellor is not and so the counsellor is perceived as having successfully navigated the environment and 'system', unlike the client who may feel like a failure in comparison to the counsellor.
- The counsellor is 'stuck' within their own culture and may feel threatened by the client's rejection of their shared culture.

In being culturally close to your clients, it is important you don't focus solely on the closeness just to highlight and use it to show your understanding of the client. It is also important not to ignore any cultural distance between the two of you. You must hold both closeness and distance in the relationship of your two identities. This reflects being culturally attuned to your clients.

The advantages of being culturally distant include:

- The counsellor has an 'outsider' lens or viewpoint, whereas the client sees it from being on the 'inside'.
- The client doesn't want to work with a counsellor from within their culture as they may want a new perspective which is part of another culture.
- The client doesn't feel judged by someone 'inside' their culture, if the client feels they are distanced from their own culture or doesn't live up to cultural norms or expectations.
- The client requests a culturally distant counsellor to be able to work through issues which were caused because of identity differences and distances.
- Cultural distance is recognized by the counsellor and so the counsellor is intentionally and consciously working on really seeing the client, even if they are anxious about it, and able to address the power differentials between them – this is being culturally attuned.

The disadvantages of being culturally distant, which may be the result of cultural misattunement from the counsellor, can include:

- The 'outsider' lens leads to the counsellor using bias, assumptions or staying in their own frame of reference when relating to and working with the client.

- The client projects onto the counsellor and assumes what they will get from a counsellor who is distanced from them (i.e. lack of understanding).
- The client is with a counsellor who is socially located in a different or opposing position to them 'out there' and may not understand the systemic inequalities experienced.
- Systemic inequalities and power differences are re-enacted in the therapeutic relationship, with the client experiencing further oppression and marginalization from the counsellor.
- Building the relationship is slow, creating distance in the therapeutic relationship, as unfamiliarity promotes a feeling disconnection for the counsellor and/or client.
- The client struggles to engage in the process and/or relationship, through a feeling of unfamiliarity with the counsellor.
- The client feels they are not 'being seen'.
- The client feels that they need to explain or teach their counsellor about aspects of their identity or lived experiences and/or the counsellor asks this of the client, reflecting a counsellor who wants to be 'competent' but not attuned.
- The counsellor wants to 'know' about their client but only wants to learn about the culture itself and not the individual client and their experience of it, with the client feeling invisible and dismissed. Again, this reflects a counsellor who wants to learn cultural 'competence' and not be in cultural attunement with the client.
- The counsellor has anxiety about really 'seeing' their client and feels overwhelmed to 'know' and understand everything about the client's identity characteristics.
- The counsellor is not aware of how much they are 'missing' or not seeing about the client.

In being culturally distant to your clients, it is important you don't expect your clients to act as if they are the teacher to you, teaching you what you can very often find out yourself through research. It is important not to 'miss' the client themselves and their understanding and lived experience of their culture and all aspects of their identity. Don't try to create any 'sameness' to be able to bridge the distance and demonstrate your understanding of the client. You must hold both closeness and distance in the relationship of your two identities.

We need to notice the distances between our own and our client's identity, but we also can't let it dominate whereby we miss the points at which we are culturally close, otherwise we end up relating to each other from a place of distance and difference and fail to consider any cultural closeness and what or how that may impact the relationship. We are most susceptible if the distance comes from a visible external identity characteristic and the culturally close identity comes from an invisible internal identity characteristic. The therapeutic relationship then is being driven by outer differences rather than by inner closeness.

The important question here to ask yourself is whether there is cultural closeness and/or cultural distance. Does it create barriers, challenges or difficulties in your therapeutic relationship? In the process? Does it create further distance between the two of you or does it bring you closer? Does it shut down the work or does it enhance the work?

Reflective exercises

You can ask the same of your case study client: is there cultural closeness and/or cultural distance and where? Does it create barriers, challenges or difficulties in your therapeutic relationship? In the process? Does it create further distance between the two of you or does it bring you closer? Does it shut down the work or does it enhance the work?

In reading through the culturally close and culturally distant advantages and disadvantages above, note down any thoughts, reflections or questions that may have come up for you. How might you be able to use these in understanding your therapeutic relationships?



CHAPTER 14

Component 3: Power

In this chapter, we will explore the presence and impact of power within our therapeutic relationships, what to look for, and how to work within the diversity of power, privilege and oppression. For an introduction to the topic and concept of power, see [Chapter 8](#).

Reflective exercises

Where might there be power and privilege in counselling? (See [Chapter 8](#) for ideas.)

How might power and privilege show up in the counselling process or therapeutic relationship? How has it or how might it show up in your therapeutic relationship with your case study client? (See [Chapter 8](#) for ideas.)

Intersectional identity and power

For an introduction to the topic and concepts of identity and intersectionality, see [Chapter 7](#).

In any therapeutic relationship there are two identities present, interacting, responding, reacting and relating to one another – the identity of the client and the identity of the counsellor.

The intersectionality of the two identities, which either shifts their power up or down in relation to the other person, impacts on the therapeutic process and relationship. It's important we understand, explore and reflect on our own and our client's intersectionality, so that we can understand the power and privilege held in the identity of the counsellor, the potential power and privilege held in other identity characteristics of the counsellor plus the potential power and privilege held in the client's identity characteristics. We can then explore how this combination might show up as a power differential and power-oppressive relational dynamic in the therapeutic relationship.

By recognizing our own privileged identities, we can own our awareness to not make assumptions about clients, and not automatically or by default view the client through our own worldview lens. It allows us to hold on to the understanding that each of us is socially located in different social contexts and at different places on systems of oppression.

To recognize the oppressive and systemic inequalities 'out there', we can recognize and name them 'in here' and work with and explore how these external contexts impact our clients. We need to be asking and exploring: how are our clients being impacted by systemic and oppressive practice 'out there'? How do I work to be aware of it not repeating 'in here'? So how do I offer something equal and anti-oppressive 'in here'?

Power in the 'in here'

Power and privilege occur within relationships because in relationships the identity of both people is present. And where identity is present, power and privilege (held in the intersectional identities) are present. Therefore, when working relationally, power is always present in counselling and therapeutic relationships. Power, privilege, oppression, identity and intersectionality are part of understanding our client's lived experience 'out there' and in relationships within the external contexts, and so form part of the internal 'in here' context for the therapeutic relationship.

Reflective exercise

Let's explore power 'in here':

1. Where might there be power in counselling?
2. Where might there be power in your identity as a counsellor?
3. Where might there be power in the client (or your case study client) or in their identity?
4. Why might there be power in counselling (or in your case study client's counselling)?
5. What problems do power differences create (in your therapeutic relationship with your case study client)?
6. What examples of power differences are there in therapeutic relationships (or in your therapeutic relationship with your case study client)?

(See [Chapter 8](#) for ideas.)

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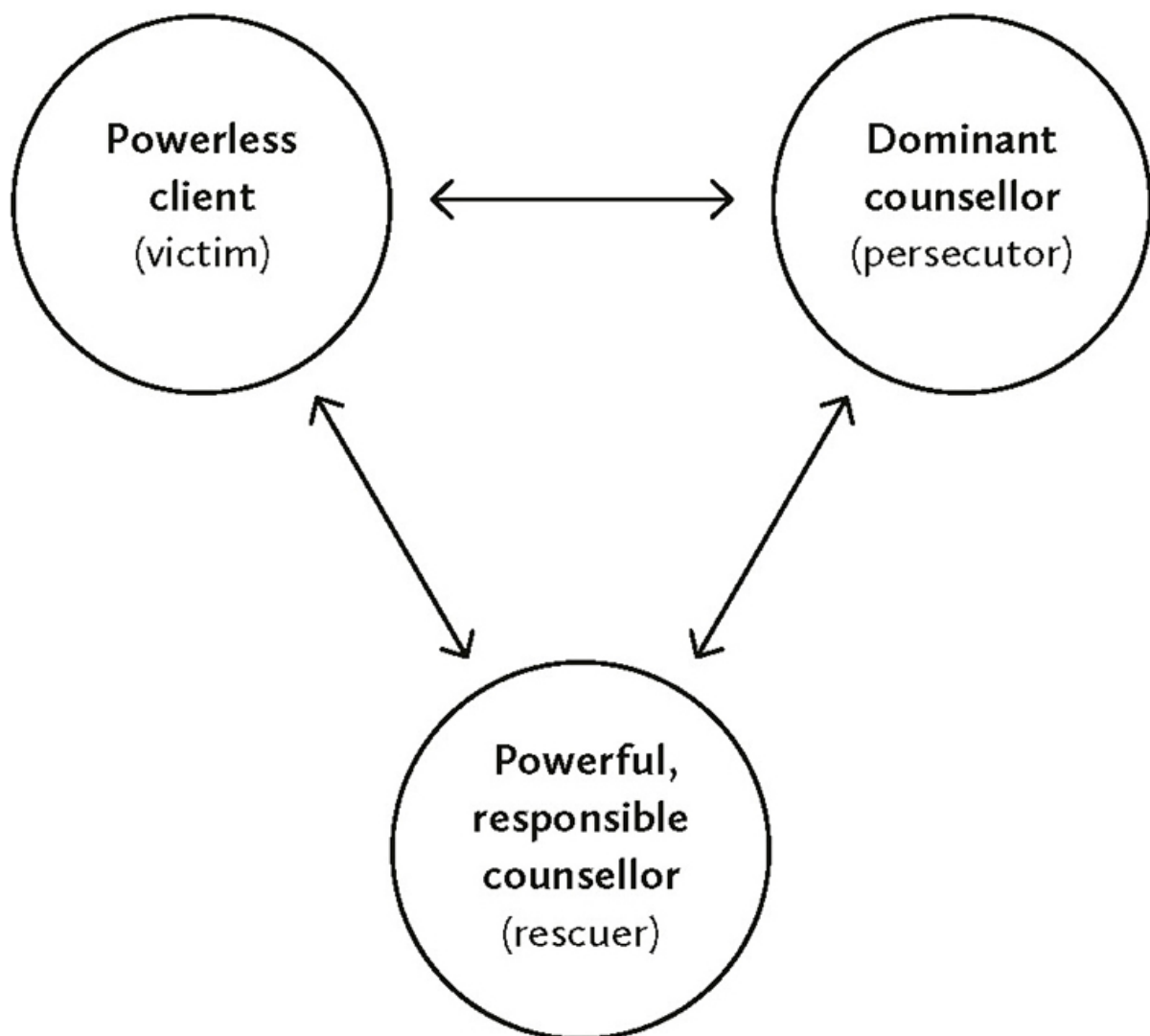
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Power is implicit in any ‘helping’ role, relationship or dynamic. The action of ‘helping’ is a power differential, resulting in the power relational dynamic of ‘powerful counsellor – less powerful/powerless client’. This power is about the power in the role as counsellor. The client, by their very need for help or support, is vulnerable and potentially powerless, which is then reinforced by positioning the client as powerless in relation to the counsellor.

Helping is a power differential that creates a drama triangle. The drama triangle is all about power and who has power in the relational dynamic (Karpman, 1968), which can be adapted and applied to therapeutic relationships. The counsellor (as helper) is often positioned as the rescuer, as this is the position of the ‘powerful responsible’ one to help the ‘victim’ (see [Figure 18](#)).

Figure 18: The drama triangle in therapeutic relationships (image adapted from Karpman, 1968)



Although the counsellor or client can fall into any one of these three positions, many variables and identity characteristics mean that the counsellor will most likely hold the power position of rescuer. However, that doesn't mean that the counsellor will never fall into the victim or persecutor positions. It is about how the counsellor is both aware of their power and how they are using it. For example, the counsellor becomes powerless (victim) if they feel overwhelmed and shuts down. The counsellor

becomes the persecutor (bully/aggressor) if they feel attacked or undermined and so reacts aggressively back to the client (victim). Through intersectional identities, dominant identities can, consciously or unconsciously, seek to oppress, minoritize and 'other' a non-dominant identity client. This drama triangle is a useful framework for understanding if consciously or unconsciously the 'out there' power-oppressive relational dynamics are being played out 'in here'.

There are four types of power (Proctor, 2017) that can be exercised in therapeutic (helping) relationships by counsellors and in supervision relationships by supervisors:

1. **Power-over:** this is using your power over someone to be able to coerce, dominate, oppress and hold an authority over them. In a therapeutic relationship, this may show up as exercising your authority in your counsellor role; this could be to persuade your client to stay in counselling, to persuade or coerce your client to engage in the therapeutic process in a particular way, to dominate the relationship and process with your own agenda, or to work with the ending in a way that suits you. If your client has a non-dominant intersectional identity, they are even more vulnerable for that power over them to be used in a way that is a repeat of the 'out there' marginalized and oppressed relational experience.
2. **Power-from-within:** known as personal power, this is power in your own choices and autonomy as well as the power to resist power over you, which leads to an inner resilience and higher level of self-esteem, self-worth and self-value.
3. **Power-with:** this is the power that resides within relationships between group and community members. The power is in the strength of the group, reflected in the power of connectivity and collaboration. Equality between group members is valued and power-with is only achieved if group members are viewed as equal.
4. **Power-to:** this is the power of an individual to be successful, from a combination of power-from-within and power-with. This is essentially the power held by a person to achieve because of their own personal power and the power of being supported by a community.

In counselling, we are looking to come from a position of power-from-within, while recognizing that we could use our power from a position of power-over to dominate and oppress our clients, but we resist doing so.

Power in therapeutic relationships

There are three (interconnected) aspects of power present in therapeutic relationships (Proctor, 2017).

1. Role power

This is the power assigned and credited to the counsellor because of their authority and professional status.

The power is also given to the counsellor because they are in the position of being the helper and not the helpee. The counsellor also holds power because of their hierarchical position within a profession, which seeks to support and help the client who needs help. The counsellor holds responsibility and authority over the therapeutic process, which reinforces their status of power. This could lead to a client dismissing their own opinion, knowledge or experience in favour of the counsellor's 'so-called' knowledge and expertise, which is perceived and accepted as 'right' by the client. Within the therapeutic process, it is the counsellor who holds the projected image of being the expert, holding and competently using skills, knowledge and experience. Having expertise and experience in dealing with people's distress reinforces the authority and power in the role.

The danger of role power is its potential level and influence of power over the client (as mentioned in the previous section) and power inequality in the therapeutic relationship. This can include the level of influence the counsellor has over the client, which can look like any attempt to control the process and relationship without the client being able to challenge at all, the client feeling powerless to

challenge or disagree with what the counsellor says or being under the influence of the counsellor's view of their narrative or lived experience. This can be felt and described as the counsellor colonizing (taking ownership of) the client's narrative. The counsellor can also exercise their power through controlling the therapeutic frame of starting and ending sessions, establishing the sessions and counselling contract or ending the contract altogether.

The counsellor exercises their power-over not only through what they do but also by what they say. The use of professional language, terminology or jargon, which may be unfamiliar to the client, is a direct reflection of the privilege that the counsellor holds in accessing their professional field and its training and education. If the counsellor is using their professional language, knowing that it is unfamiliar to the client, they are in that moment marginalizing and excluding the client from fully entering the therapeutic process and relationship and engaging in an equal relationship together. Ultimately, if role power is exercised over the client, the client's narrative is invalidated, ignored and dismissed and essentially the client's truth and lived experience are annihilated. This leaves only one truth (the counsellor's) being held as valid in the therapeutic relationship by the counsellor.

It is not a matter of getting rid of the role power, as power is inherent in the role, but rather it is about acknowledging that the role holds power and not exercising that role power over the client.

Reflective exercises

How do you understand your role power? How do your counselling modality and approach deal with your role power?

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How has role power shown up in your case study client work or therapeutic relationship? How might you have unintentionally/intentionally used your role power? How have you attempted to flatten your role power in the therapeutic relationship? What might you need to do to flatten your role power?

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2. Societal power

This is power given to an individual because of a combination of their identity as a professional, their identity characteristics and intersectional identities and where they are socially located on systems of oppression.

The counsellor, in their power and authority as a professional, and supported by a societal, legal and ethical system, is located within a societal and structural context as holding authority. It is as if the counsellor is backed up and supported by the ‘system’.

When the counsellor holds societal power and is there to help and support the client, it reinforces the notion that the client’s distress is located and created within the client and not due to their structural position in society.

When distress is located with the individual and doesn’t take on board the impact of living in and engaging with systemic inequality and oppressions as the cause of mental distress and ill-health, the responsibility to be ‘well’ and ‘healthy’ in the face of systemic inequality and oppression is entirely on the client. It implies that levels of power and powerlessness within people are externally determined and reinforced, yet distress is located with the individual and the responsibility to get better lies with them. Social justice issues and inequalities get ignored and the client is taken out and removed from their external and social contexts. This positions the client in a ‘bubble’ of individualism, holding their own individual responsibility. Yet the cause of individual distress does not sit with the individual but with the external contexts of systemic inequality. The powerlessness and oppression a client experiences in external contexts reinforces their powerlessness in the position of the client in counselling.

So what does it mean for the client to help themselves, if they are told that they hold responsibility for their distress and are also located on a system of oppression and may be too powerless and oppressed to be able to change if they are of a non-dominant identity? Some clients can make changes and alleviate their distress, because they are located at the dominant end of the power spectrum and can utilize structural power based on their individual intersectional identity. Other clients are unable to make any or as many changes to alleviate their distress, purely because they are located at the non-dominant end of the spectrum without any structural power.

This lack of external context results in and promotes individualism within the counselling process (towards agency, autonomy and change), supporting the societal power and status of counsellors (seen as having agency and autonomy), and holding the client responsible for the degree of change and assuming their level of agency and autonomy to be able to change. If the client is not able to change, they are held responsible and blamed for their individual lack of capability to change, rather than acknowledging the external structures and systems around the client, and this keeps them oppressed, small, marginalized and minoritized.

Rather than colluding with an individual internal power (individualism) we must include and accommodate for the influence and impact of structural and systemic external power on the client’s distress, as well as how it is to be alleviated, and the degree of change, agency and autonomy that the client can access because of these external contexts.

Reflective exercises

How do you understand your societal power and what aspects of your identity contribute towards it? How do your counselling modality and approach deal with your societal power? How does your modality view distress in clients? Is there any acknowledgement of the external contexts? How do you or will you work with your societal power in your therapeutic relationships to flatten the power?

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How has societal power shown up in your case study client work or therapeutic relationship? How might you have unintentionally/intentionally used your societal power? What level of societal power does your client have? Have you assumed the level of autonomy your client has? How have you viewed their ability and capacity to change? How have you viewed the cause of their distress, as their responsibility? How might you now include and consider the impact of external contexts on the client's distress and on their ability to change?

3. Historical power

This is a person's individual history plus their power held historically resulting in the historical power they hold currently.

A person's relationship history, and how they have experienced, utilized or been subjected to power in those relationships, will determine their relationship blueprint and how that blueprint gets replayed in current relationships. This may lead to many assumptions being made in the therapeutic relationship about the level of power they hold and how to utilize it, as well as the other person's level of power, with an expectation of how the power relational dynamic will play out and unfold between them, based on their own historical power and relationship blueprint.

By recognizing that your own experience of historical power may influence your expectations of how power will be used and related to 'in here', the challenge is to not automatically make assumptions or expectations about the level of power the other person has or how much power you hold and how you will utilize it.

We cannot assume either the level of power or level of oppression that the client experiences, nor can we assume that the therapeutic relationship is automatically an equal one. We need to recognize that both the clients and our own levels of power and experiences of power or powerlessness will be reflected in how each person relates to and manages the power in the therapeutic relationship. What type of power and power dynamic is showing up in the therapeutic relationship? Is it power over the client in a power-oppressive relational dynamic? Or can either one or both hold their own personal power (power-from-within)?

Naming the role power that the counsellor holds supports an open dialogue with the client about how a power relational dynamic may manifest ‘in here’ in the therapeutic relationship, and creates a gateway to exploring the client’s external ‘out there’ experiences of systemic inequality and systems of oppression.

Reflective exercises

How do you understand your historical power and relationship blueprint and what aspects of your history contribute towards it? How does your historical power influence how you see power being used in your therapeutic relationships? How do you or will you work with your historical power in your therapeutic relationships to flatten the power?

How has historical power shown up in your case study client work or therapeutic relationship? How might you have unintentionally/intentionally used your historical power relationship blueprint? How do you expect your client to use their power? How does your client’s historical power show up? What is their historical power relationship blueprint – how do they expect you to use your power, and how do they expect or use their power? In what ways does historical power get used ‘in here’?

Power and privilege in the counsellor

Reflective exercises

Where might there be privilege in the counsellor? (See [Chapter 8](#) for ideas.)

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Where do you hold power and privilege in your identity and role as the counsellor? (See [Chapter 8](#) for ideas.)

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We discussed in the previous section the role power which the counsellor holds and the position of influence, authority and status that it places them in, within the therapeutic relationship. There is the potential for the counsellor to use their power as power over the client or take up the powerful, rescuer position, positioning the client as the ‘victim’ (in the drama triangle, [Figure 18](#)).

Role power is also reflected in the privileges (advantages and benefits) that the counsellor has because of the dominant and powerful role they hold.

Tool: A counsellor’s privileges

- Being familiar with and having responsibility and experience to facilitate the counselling.
- Being familiar with and having knowledge and experience of the counselling culture.
- Being familiar with and having knowledge and experience of the counselling process.
- Being familiar with and having knowledge and experience of therapeutic relationships.
- Being familiar with and having knowledge and experience of counselling (as a counsellor or as a counsellor and client).
- Being familiar with and having knowledge and experience of the emergent process.
- Being in control of the counselling and inviting the client into the process and relationship, which you are in control of, facilitating and are familiar with and have knowledge and experience of.

- Having the ability to influence the client.
- Having the ability to comment on the client's narrative, give your perspective or view.
- Being familiar with and having knowledge and experience of how to manage and process the ending.
- Being familiar with and having knowledge and experience of how to conduct assessments and the assessment process.
- Knowing about the client but holding the boundary of self-disclosure and the choice of what to self-disclose.
- Automatically being given credibility in your role, as an effective and helpful professional.
- Being familiar with and having knowledge and experience of professional language.
- Your words and interventions holding weight, value and influence with the client.
- Holding the client's information and narrative, knowing about the client.
- Holding legal, ethical and safeguarding responsibilities, which can include breaking confidentiality with the client and speaking with a third party if necessary.
- Holding the boundaries and therapeutic frame (time, location, fees).
- Being paid by the client.

Reflective exercises

What are your thoughts, reflections and responses to the list of counsellor's privileges? Are some easier or more comfortable to acknowledge and accept as experiencing?

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What other privileges can you think of and add to this list?

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A counsellor's power and privilege can show up via microaggressions aimed at the client because of the power-oppression relational dynamic being replayed. (For more information on microaggressions, see [Chapter 9](#).)

Microaggression can show up in counselling or the therapeutic relationship, for example as:

- the counsellor feeling negative towards the client (due to the client's identity) so the counsellor may refuse or avoid working with the client or with a particular client group because of their shared identity characteristic, which the counsellor is uncomfortable with or biased, prejudiced, rejecting or devaluing of, which can lead to marginalizing and excluding the client from accessing counselling
- the counsellor, while in therapeutic relationship with the client, routinely dismissing, oppressing, insulting, disrespecting or invalidating the client
- the counsellor, feeling challenged to hold 'two truths', invalidating, minimizing, dismissing or reinterpreting the client's narrative or lived experience to fit with their own worldview.

Power and privilege in identity of person as counsellor

While the counsellor holds power and privilege through their role power as a counsellor, they can also hold additional power and privilege in their intersectional identities. (For more information about intersectional identities, see [Chapter 7](#).)

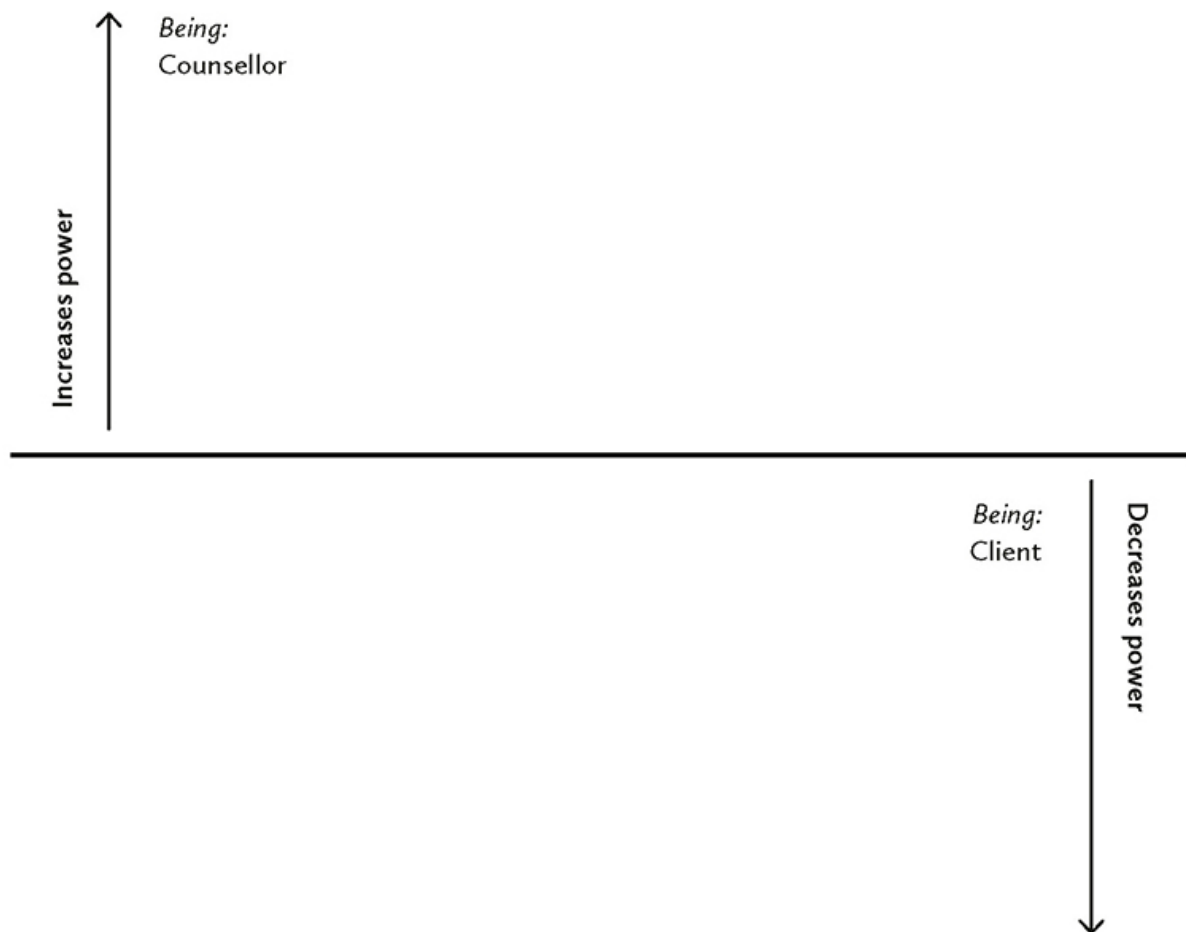
Applicable to therapeutic relationships, we need to know what our intersectional identities are, as many factors of our identity mean we move up and down that spectrum of power-oppression accordingly and this will impact on how the client perceives and relates to us. Our ethnicity, gender, age, ability/disability and other visible identity characteristics hold greater weight to how much we move up or down that spectrum.

These are important factors to consider when in a therapeutic relationship and welcoming in clients with their diversity and range of intersectional identities. In the therapeutic relationship itself, the two identities are both influential in the impact of the work and how the relationship itself and the process unfold and are experienced.

Identity characteristics which shift power up include professional status as a counsellor, being racialized as white, being from an upper or middle-class background and being English-speaking, as these are dominant identity groups and will raise power and privilege in therapeutic relationships. What else would you add?

Identity characteristics which shift power down include being ethnically minoritized, being racialized as Black or Brown, being from a working-class background and English-speaking but not as a first language, as these are non-dominant identity groups that will lower power and privilege in therapeutic relationships, while holding and maintaining power through role power as a counsellor. If you were not the counsellor, but the client with this intersectional identity, it would 'complement' and further shift your power down.

Figure 19: Scales of Power in Identity Characteristics in Counselling



Activity: Which of your identity characteristics would you add to either arrow (see [Figure 19](#))? A template of the Scales of Power in Identity Characteristics in Counselling tool is also included in the online Appendix.

Reflective exercises

What aspects of your identity increase or decrease your power and status?

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If you are from a dominant identity group, what position of dominance or privileges might you be consciously or unconsciously holding? How might that show up in the work? How has this shown up in your work and relationship with your case study client?

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If you are from a non-dominant identity group, what position of oppression or disadvantage might you be consciously or unconsciously holding? How might that show up in the work? How has this shown up in your work and relationship with your case study client?

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What influence or impact do you think your perceived identity by clients has on your work and therapeutic relationships? How has this shown up in your work and relationship with your case study client?

Our identity is not only disclosed through visible identity characteristics, but we also self-disclose through our communication style, through our dress, through our body language and through any visible symbols, signs or identifiers of an aspect of our internal (invisible) identity characteristic. What is being disclosed will influence your relationship and potentially exert power over the client.

Reflective exercise

What might your dress sense, appearance, accent or any other identifiers of your internal identity disclose about you to your client? What impact or influence does this have on your clients and relationship? How does this impact the power relational dynamic? What position are you placing yourself in? What position are you placing the client in, in relation to you? How has this shown up in your work and relationship with your case study client?

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Credibility

Our perceived identity as the counsellor by the client will influence how they relate to us and engage in the process, and this is true of the level and type of credibility the client gives us. There are two types of credibility: ascribed credibility and achieved credibility. The type and level of credibility the client assigns to you is based on your perceived intersectional identity.

Ascribed credibility refers to the credibility automatically given to you because of your identity characteristics signalling either a dominant social or cultural value, which the other person sees as a positive value to have. Ascribed credibility is a form of professional privilege. For example, white-racialized men (two dominant social identities) are automatically ascribed credibility (status, recognition, competency) in their job because of the status, power and privilege given to their dominant identity characteristics. A counsellor is automatically assigned ascribed credibility (status, recognition and competency) in their job because the role is valued by the client. The client automatically believes that a person in the role of counsellor is credible. The job title brings its own privilege via the credibility it is ascribed. In counselling itself, ascribed credibility can support a client to build a rapport and trusting therapeutic relationship quicker if they believe that the counsellor is credible in their job (Eleftheriadou, 1994).

Achieved credibility refers to credibility attained through achievements. This can include the more traditional achievements through qualifications, promotions and awards. Achieved credibility can also be awarded through the perceived competence of skills, experience and knowledge, demonstrated in the process and therapeutic relationship, as perceived by the client. Our achieved credibility gets raised or lowered based on the client's assessment of our competence of skills, experience and knowledge (i.e. how good a job we are perceived to be doing).

Privilege is through ascribed credibility (instead of achieved credibility). Privilege is not needing to prove your expertise, skills, knowledge or experience. You have ascribed credibility based on your identity, whereas some of us must prove ourselves through attained credibility via qualifications, awards and status.

Reflective exercises

Are you assigned ascribed credibility or achieved credibility? What aspects of your identity reflect achieved credibility and ascribed credibility?

Have you felt the need to achieve (work for and prove) your credibility? If so, which aspect of your intersectional identity is that due to?

What influence or impact do you think your ascribed or achieved credibility has on your work and therapeutic relationships?

How does your case study client assign you ascribed or achieved credibility? What aspects of your identity is this based on? What impact does your credibility have on the work and relationship? Did you need to demonstrate your credibility to your client? And if so, why?

Power and privilege in identity of person as client

When a counsellor holds multiple identities of minoritization, the therapeutic relationship can be challenged through a power-oppression dynamic. The client, in identifying a minoritized identity characteristic in the counsellor, for which the client holds a dominant identity in relation to it, may support a power relational dynamic in which the client moves into the dominant position and relocates the counsellor to a marginalized position in relation to them.

Instead of the counsellor using power over the client, the client uses their power (from a dominant identity characteristic) for power over the counsellor, to see them as inferior, 'less than' and 'not good enough' because of the counsellor's non-dominant identity. The client devalues, dismisses, rejects, avoids or minimizes the counselling process, the counselling space or the therapeutic relationship. It could be communicated through the client feeling that the counsellor may be lacking in some way – in understanding of them, in professional experience, in life experience, in relatability, in cultural closeness or in credibility (see previous section on credibility).

Reflective exercises

Thinking of your case study client, what does the Identity Wheel reveal about their social location, place on the power-oppression spectrum, their intersectionality and intersectional identities?

Where might there be privilege in the identity of the client? Where might the client hold a dominant identity over you? How might the client want to use their power over you?

How might or does their privilege show up in your relationship? How do you experience being oppressed by your client?

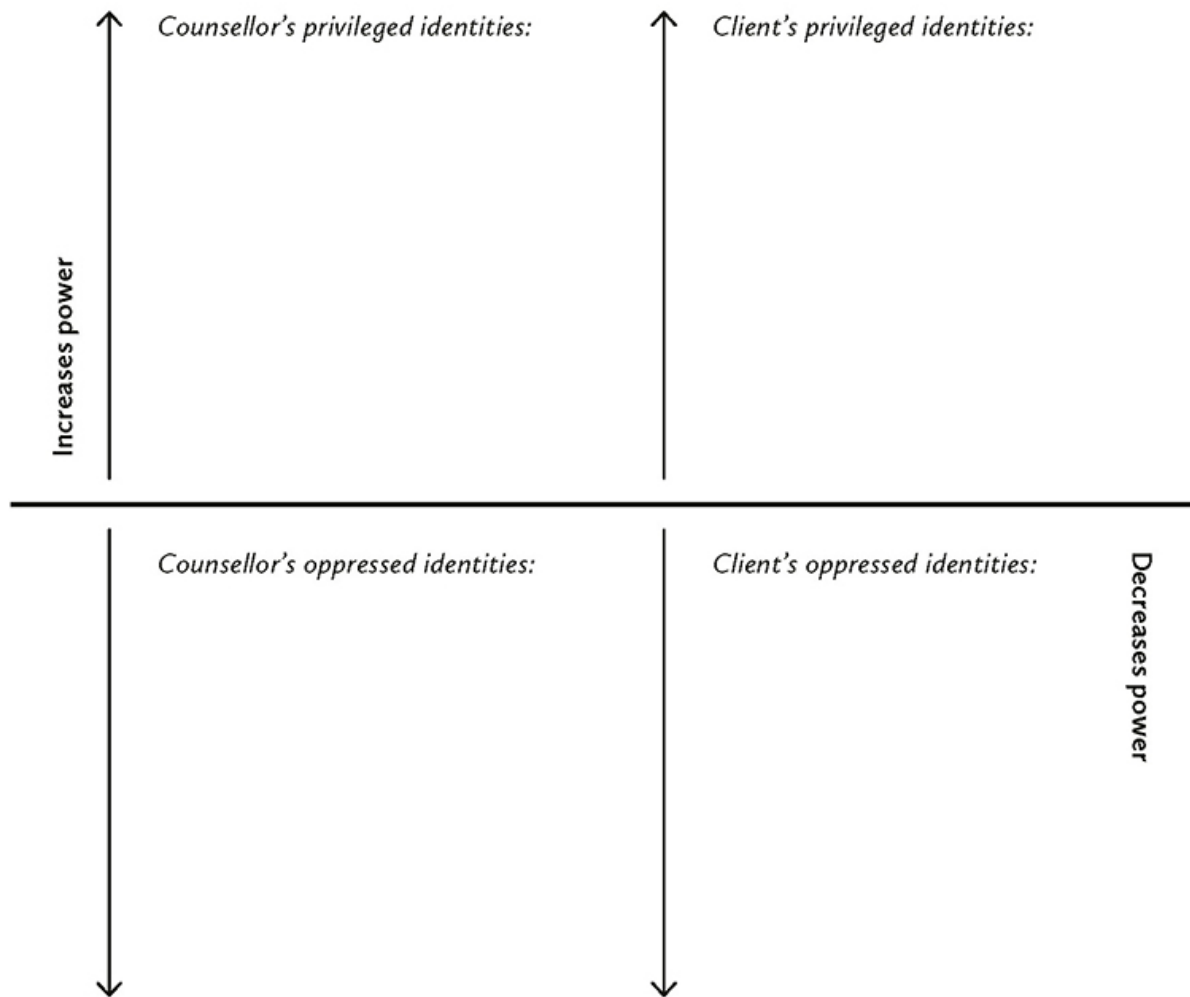


Two intersectional identities in therapeutic relationship

In exploring the intersectionality, power, privilege and oppression in the identity of both the counsellor and the client, when we look at both in relationship, it supports us to understand which privileged and marginalized identities are present in the room and therapeutic relationship. It is important to stress that within these two intersectional identities, both privileged and oppressed identity characteristics can be present in the counsellor and in the client. In exploring your and your client's intersectional identity, it is important to identify the privileged and oppressed identities, without colluding to prioritize or highlight oppressed and disadvantaged identity characteristics, or leaving privileged identity characteristics unnamed, pushed into the background, hidden or invisible.

Activity: Using the Scales of Relational Power tool below ([Figure 20](#)), identify and fill in the arrows with which privileged and oppressed identity characteristics you and your client hold. You can think of your case study client for this exercise. A template of this tool is also included in the online Appendix.

Figure 20: Scales of Relational Power tool (template)



Reflective exercise

Having filled this out, what does it reveal to you about the two intersectional identities? Does one hold more power and privilege than the other? How might power-over be used to marginalize the non-dominant identity of the other person? Who is using their power-over? What impact might this have on your therapeutic process and relationship? What do you now need to consider or take notice of in working with your client, or with any client?

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Rebalancing power ‘in here’

We need to promote and support the therapeutic process, relationship and space to offer anti-oppressive practice, whereby the power is equalized and flattened between counsellor and client. We need a hierarchy-free and privilege-free process and relationships to support the power-from-within, power-with and power-to for our clients.

To address and rebalance power we need to:

- recognize that the client is responsible, capable, has agency (autonomy) and is in need of help at the same time, which are not mutually exclusive to one another
- focus on the client and being alongside them (as if a passenger in the car) rather than in the power-over position of expert
- create a positive, supportive therapeutic relationship and working alliance, in which the client can build trust with the counsellor and process, and view the work as credible, and themselves as able to do the work
- be aware of the language we use as the counsellor and avoid using jargon
- be aware of language used by client, and, if there is language of ‘oppression’ in the client’s narrative (i.e. powerlessness, struggle, discrimination), explore their experiences of relational oppression ‘out there’ and bring those external contexts more explicitly into the work ‘in here’
- work with and explore the client’s external context experiences of systemic inequality and oppression. The Power Threat Meaning Framework (Johnstone & Boyle, 2018) offers us exploratory questions (see [Figure 14](#)), which we can ask our client to help us identify their experiences and relationship with power
- examine the therapeutic process and relational dynamic for signs of power and oppression being re-enacted from either the counsellor or client.

Reflective exercise

Reflecting on your case study client, how might you rebalance the power differential in your therapeutic relationship? What aspect of power, privilege or oppression might you need to pay particular attention to?

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CHAPTER 15

Component 4: Therapeutic Relationship

In this chapter, we will explore the therapeutic relationship and how to build, work with and understand the relationship, while identifying what to consider about the relationship when working within the diversity of structural contexts, identity and power.

Safe spaces

For an introduction to the topic of safe spaces and belonging, see [Chapter 11](#).

In that earlier chapter, you were invited to complete a ‘Street Map’ exercise and explore what it revealed about your identity, your intersectionality and your lived experience. I invited you to think about whether you experienced the ‘out there’ space as safe or unsafe and if you felt you belonged in those spaces or not. In reflecting on how you experience spaces ‘out there’, let’s move our focus to how you and your clients may experience spaces in counselling.

Reflective exercises

As the counsellor, does the ‘in here’ space feel safe to you, and do you feel that you belong in it?

How and why does ‘in here’ feel safe or unsafe to you? Why do you feel that you belong or don’t belong in it?

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How might your experience of ‘in here’ help you to understand if your client feels safe ‘in here’? What might your client need from you and from the ‘in here’ space to feel safe and that they belong ‘in here’?

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If the ‘out there’ space feels unsafe for clients then by default it is highly likely that the ‘in here’ space will also feel unsafe for clients, because it is contained within the ‘out there’ space. If the world ‘out there’ is untrustworthy, then ‘in here’ is also untrustworthy.

The counsellor needs to create trust with the client for the client to feel safe ‘in here’ and with the counsellor. As counsellors, we have responsibility to create safe spaces for clients, but it is entirely up to the client if it feels safe for them. If it doesn’t feel safe for the client, we need to be humble and culturally attuned to understand why this is and what we need or can do to support them to feel safe. We cannot make the client feel safe. We cannot assume or expect the client to feel safe. We may not be able to create a safe space for the client to feel safe. It is not a definite or given that a client will feel safe. Especially if there are power differentials, the client may feel dismissed, not seen, as if they won’t be understood, that they can’t trust the counsellor and therefore feel unsafe. The space ‘in here’ is relational, it’s evolving and fluid, it needs tending to; it is not something that gets created at the start and forgotten about, pushed into the background. It is not a given that if it is built as safe it will remain safe. It needs tending to because it is part of the relationship between you and your client.

We need to take responsibility for what we can do in sessions to create safety, not just for the space itself but how we show up relationally and the process we are facilitating. For there to be a safe space, the needs of the client must be met in the space and through the therapeutic relationship and it must be a space where the process of exploration can happen and the client can engage in it.

We are creating a space that the client feels they can step into. Therefore, does it feel like a safe space? A client can enter the space, but this doesn’t automatically mean that it feels safe for them. Don’t assume that consent to entering the space indicates they are feeling safe in it. The ‘safety questions’ tool (below) offers a range of questions to help you explore how the space is being created, what is needed in the space for it to be safe for the client and how we are relating to and utilizing the space, which potentially can lead to the client feeling unsafe in the space and relationship. These questions are a tool which you can use in your process reflections, as well as adapting them as part of your assessment process and dialogue with clients in building your working alliance and therapeutic relationship. Of course, these questions can also be used to monitor the ongoing therapeutic space and relationship, to ensure that safety is being maintained and that the space is being reviewed, so as counsellors we don’t get complacent about the space and its safety for clients, which could be experienced as an oppressive and power-over behaviour by counsellors against the clients.

Tool: Safety questions

- Without safety, what are the consequences?
- To create a safe space and make the space feel safe for the client, what does the client need from me?
- What does the client need from themselves?
- What needs are to be seen and met in the client?
- What aspects of my identity need to be met and acknowledged?
- Does the space become a space for the client to step into and bring themselves?
- Has the space been filled up or does it feel full up?
- How do we fill up the space intentionally/unintentionally? How are we oppressing the client by not having the space to feel safe in or to feel they can speak?
- Am I doing all the talking? Am I interrupting or dominating the conversation?

- Am I not holding silences or breaking silences?
- Am I creating my own agenda, leading the client, choosing what to focus on, not giving the client autonomy to use the space in the way they need to?
- Am I pushing the client too quickly or too deeply? Am I skimming over their material? Am I not staying with feelings? Am I not working at depth? Am I dismissing narrative or feelings or experiences? What am I doing with the client's content (narrative, feelings, experiences)?
- Have I created a space for the client to step into?
- Am I introducing a topic for discussion and asking the client into that space to think about it? When I see they are uncomfortable with the topic, but I am not, am I forcing that on to the client oppressively?
- What might be the client's experiences of entering spaces 'out there'?
- Have they experienced safe spaces? What has been their past experiences of safe spaces? Are they familiar or comfortable with safe spaces?
- How might their 'out there' or past experiences of safe spaces get repeated 'in here'? How might the client relate to me 'in here'? What might the client expect from me 'in here'?

There is a link between belonging and safe spaces. Being in a space doesn't automatically make you feel safe and therefore you don't automatically feel that you belong in that space, are welcomed there, seen as an equal or that you are being included. How do we create safety, if we don't know what safety means to our clients or what helps them to feel safe? How will we know what the elements are that make up the client feeling safe 'in here' with us? The 'belonging questions' tool (below) offers several questions to help you explore and reflect on how and if the client feels they belong in the space 'in here'.

Tool: Belonging questions

- Does the client feel a sense of belonging to the space? To the therapeutic relationship?
- Does this depend on the identity of the counsellor?
- Does the client want to be matched with a culturally close or culturally distant counsellor to feel a sense of safety and belonging?
- If the client feels safe and has a sense of belonging 'in here', how does that relate to and reveal their history of where they have felt safe and had a sense of belonging 'out there' or in their past?

Reflective exercise

In exploring your experiences of safe space, what relevance, impact or insight does this give you in your work with clients? What has made a space feel safe for you? What was present or absent? How do you know you feel safe and/or have a sense of belonging in a space?

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For a client, feeling safe is a fundamental factor in what might make them start, access or leave counselling. Their sense of containment in counselling and their experience of a space which feels accepting, non-judgemental and where they can bring all parts of their identity and lived experience play a big part in supporting the client to feel safe.

Using your client case study, what has been your experience of creating a safe space for them? How have you supported your client to feel safe? Or has that been difficult? If so, why? Why might the client be feeling unsafe in the space and/or relationship? How might their experience of feeling safe or unsafe be linked to your two identities? Does the client feel they belong in the space with you and why? What is present or absent for the client to feel that they either belong or don't belong in the space?

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Barriers to counselling

Identity and particularly the identity characteristics of culture, ethnicity and faith can create many barriers to counselling. They can include:

- A culture where mental health and mental health issues are not spoken about.
- A family or community culture where they keep issues within the family, don't take issues seriously and feel they can deal with it within the family, leaving a person possibly feeling isolated and unable to access help.
- A cultural honour code where seeking help from the outside is taboo and there is a fear that it may affect the family's reputation and result in shame on the person and family.
- A cultural-based shame or embarrassment of family or the community in finding out the person did access help or support outside the family or community (possibly an honour code itself being broken).

- In a collectivist ‘we’ culture, the fear of lack of privacy and confidentiality and the fear of the family or community finding out, which could be from a fear of being seen to enter or exit the counselling building. This may lead to the client being stopped from attending sessions and forced to end the therapy.
- In the collectivist ‘we’ culture, the fear of doing something without permission and without the authority of elders or parents, which is in line with their lack of choice and autonomy.
- A cultural belief in not recognizing a concern as a mental health issue. What might be defined as ‘mental health’ in one country may not be so in another; for example, hearing voices in some cultures is seen as being blessed and you are revered for it.
- A cultural belief that any mental health struggle or difficulty is a sign of lack of faith or weak faith and reflects the religiosity of a person.
- A cultural belief that the expression of distress is through the body rather than as psychological distress (somatization), and it is socially and culturally accepted to express physical distress and have it treated medically.
- The cultural differences between emotional expressiveness; in some cultures to express emotions is acceptable, whereas other cultures are not so open to expressing certain feelings.
- The cultural stigma and taboo of mental health.
- Feeling judged by attending counselling and/or by the counsellor.
- The fear of treatment and what to expect in counselling, so a person stays away and doesn’t access support.
- The ethical and racial fear of racism or discrimination.

Reflective exercises

Have you experienced any of these barriers yourself? What are your thoughts and reflections about the barriers clients face?

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Thinking of your case study client, what might be the barriers they experience in accessing therapy with you? What barriers might they be jumping over to attend sessions with you?

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Impact on the therapeutic relationship

As mentioned, the starting point is to acknowledge that both your identity and the client's identity are fully present in the room (the 'two identities' principle). You need to create safety while acknowledging where and why there might be barriers, why the client may find it difficult to trust you or feel safe, and what stops them from bringing their full self and real lived experiences into the room and relationship with you.

What can support the client to engage in counselling is to build a therapeutic relationship that is invitational for the client to enter the relationship, while also being educational about counselling. An explanation and exploration of what the counselling process is can often alleviate a client's fears of what they will be 'doing' 'in here', especially if they are new to counselling and don't know what to expect from the process or relationship.

Working relationally means the counsellor 'sits beside' the client and not 'over' them from a position of expert, power, analysis, interpretation and meaning-making for the client. Instead we are facilitating a process for the client to explore and come to an understanding of their own experiences, for them to find the meaning and allow for meaning-making to happen.

We need to be understanding of our identity and how it relates to the client's, and recognize what power differentials there may be. How might the client be experiencing you? How might they be experiencing the process? Is it something familiar to them or not? Does it create feelings of unsafety because it's unfamiliar?

We need to explore the client's feelings towards being in a therapeutic relationship with a culturally, ethnically, racially or faith-distant counsellor. We need to be able to engage and be open to facilitating, exploring and hearing from the client how they feel towards us as the counsellor. Can we bear to sit with the expectations and assumptions clients are making about us and the work we are offering them to engage in with us?

This will help to build the trust in the relationship as well as the understanding of two identities, two truths and two lived experiences 'in here' and that it is two 'full' people in the room, in relationship with one another. We can't 'park' to one side any aspect of our identity; it all has meaning, impact and influence on what is happening 'in here', in the relationship and in the process.

Ultimately are we helping our clients to show up as their true, authentic selves and support the building of a therapeutic relationship with our authentic self? And do we have the courage to acknowledge all that comes with two diverse identities in relationship with one another? Are we facilitating a process in which the client can safely engage, and allowing for the emergence of understanding through the process and therapeutic relationship itself?

Clients in therapeutic relationship

Clients may come to counselling with an idea, projection or assumption of the perceived identity of the counsellor and of the counselling relationship.

The role of counsellor is often culturally based, as discussed in [Chapter 13](#), and so the therapeutic relationship is often approached through the client's cultural identity and lens of engaging in relationships 'out there'.

Collectivist-identity clients in relationship with culturally close counsellors may ask personal questions, such as asking the counsellor about their relationship and family status or about the counsellor's ethnicity or heritage. When we think of collectivist clients understanding their own self or identity as a 'we', in asking personal questions, the client is trying to identify you as a 'we', how you

are linked and related to your family and community, how you are socially located within your identity and are part of a collectivist community. These questions are a way of clients being able to locate you in the relational and collectivist structure of their identity, working out how they add you into their 'we' structure and network of people and relationships.

Culturally distant, non-dominant and marginalized clients, in therapeutic relationship with a dominant identity counsellor, will bring into the therapeutic relationships (consciously or unconsciously) their lifetime of prejudices, oppression, marginalization and minoritization experiences, based on the power differential 'in here' in the therapeutic relationship mirroring their 'out there' lived experiences of power differential relationships. Why would the client expect anything different 'in here' when they start counselling and building a relationship?

The client's expectations, assumptions or projections may include:

- Not feeling safe or not feeling they belong in the counselling relationship, process or space.
- Feeling anger, shame or distrust because they don't feel safe or as if they belong 'in here'.
- The counsellor dismissing, devaluing or minimizing the client's lived experiences or feelings, especially of experiences of racism, prejudice, stereotyping and oppression.
- The counsellor denying the client's experiences or feelings in a way that suppresses the client, and disbelieving their narrative: 'It couldn't have happened like that; it couldn't have been that bad'. This is a form of gaslighting the client.
- Seeing the counsellor as belonging to the dominant identity group and therefore part of the systemic and structural problem, as well as positioning the counsellor as someone who holds the same prejudiced or biased views.
- Holding the counsellor in a superior position, placing them on a pedestal or seeing them as the expert or authority figure 'in here'.
- Seeing the counsellor in this superior position and therefore taking on board the counsellor's worldview or lens of how they see, understand and make sense of their own experience, and disregarding their own feelings, meaning, understanding or lens of how they originally saw it for themselves.
- Feeling inferior, powerless and unable to stand up to the counsellor. This could include not being able to disagree with the counsellor, not being able to make requests, such as changing the day or time of the session, or not being able to end the counselling and struggling to vocalize this.
- Feeling powerless to end the counselling prematurely and waiting for either the counsellor to end it or the counselling contract to come to an end. In a premature ending, the client can feel rejected or abandoned, which could repeat their 'out there' experiences in relationships or may reflect their experiences of ending relationships with those who are from the dominant identity group.

Reflective exercises

Thinking of your case study client, how might you understand how the client experiences the process and relationship? How might the client be experiencing you in the therapeutic relationship? What expectations and assumptions does the client have about you? What are these based on? Are they based on any aspect of your identity?

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How have you experienced the therapeutic relationship? How have you experienced working relationally with the client? How might this be influenced by your two identities in relationship with each other?

How did you experience the ending or how might you experience the ending with the client? How have you been challenged by the client in your boundaries or therapeutic frame? How did you deal with it?

What we can do to help build the therapeutic relationship and engage in an effective process:

- Recognize the relationship of two people (the intersectionality and identity of two people) and its impact on the therapeutic relationship, as we've discussed already and in the other chapters.
- Be a learner and apply cultural attunement. Always be curious about your client and invite them to tell you more about their lived experiences and their relationship with all the parts of their identity.
- Monitor both of your communication styles. Clients may not open and divulge family problems, which may be due to culture, honour codes and shame, or feeling unsafe or as if they do not belong 'in here'. They may not respond openly to direct questions. They may be reluctant to

express negative or what they perceive to be bad or negative thoughts and feelings (as a reflection of their ‘we’ culture and loyalty to their family). Therefore, it is important that we do not interpret lack of direct disclosure or feelings as resistance or defensiveness. We need to take the time with clients to build up a safe space, where the client feels safe and that they belong in it.

- Don’t rush at the beginning. When doing an assessment, take your time to build up trust first before asking questions about what may seem like a sensitive topic for your client, especially as it may be a topic or behaviour that conflicts with their culture, heritage or faith, such as drinking alcohol or sexual or intimate relations, or a shame-based topic such as abuse. Questions asked too quickly may directly affect the client’s loyalty or duty to family honour and personal shame. They may feel they are betraying their family in disclosing this. Enquire gently, be patient, do not expect or demand answers.

Reflective exercise

Thinking of your case study client, what might you now do differently or keep the same, to build a therapeutic relationship with them? What are you now aware of in your therapeutic relationship, or an aspect of it that was impacting or influencing your relationship that you were not aware of before?

CHAPTER 16

Component 5: Therapeutic Process

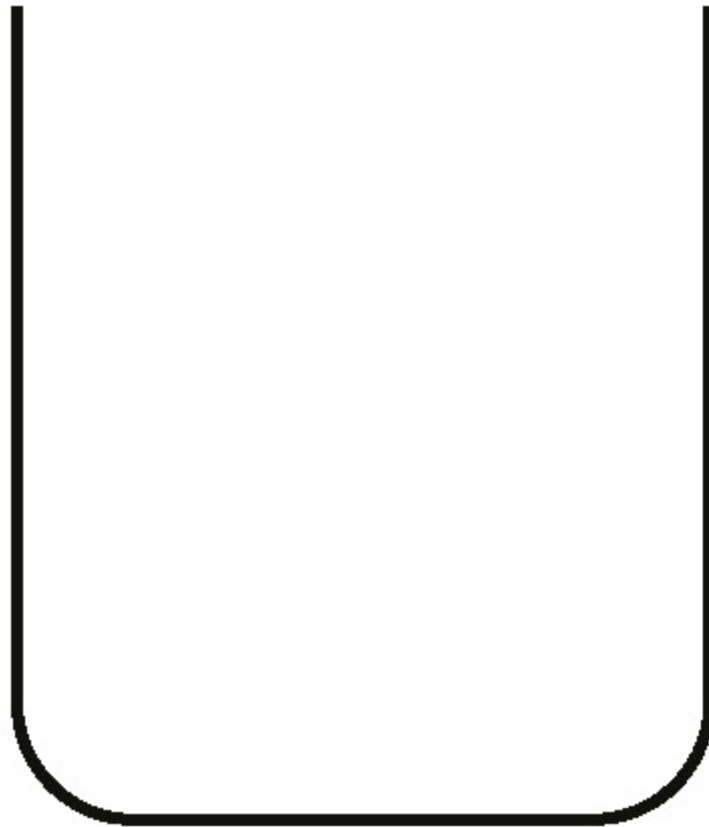
In this chapter, we will explore the therapeutic process, how it unfolds and what we need to consider when working within the diversity of structural contexts, identity, power and relationship.

Emergent and directive processes

Activity: In thinking about emergent and directive processes, before we start, I would like to invite you to take part in a process exercise. In the box below I would like you to draw a container. I've provided an example of a drawing of a container (see [Figure 21](#)).

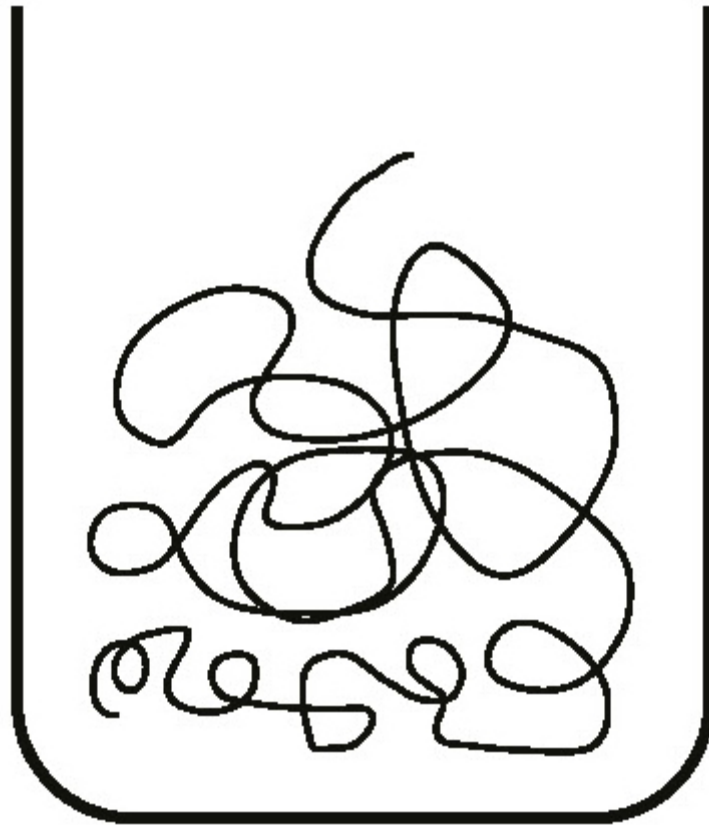


Figure 21: Container example



Now in your container I would like you to draw a big scribble. Here's an example of mine below (see [Figure 22](#))!

Figure 22: Big scribble exercise



That scribble is known as an emergent process – a process that unfolds and emerges in time, live, and as you are doing it. There is not a set route or predetermined end point. We arrive at the end point because of the emergent process and the end point emerges as we continue the process. We tend to use an emergent process in counselling, as this type of process is all about the experience of doing it (talking) and what emerges from doing it (insight, awareness) for the client. It is not about what it looks like.

Some modalities may use a directive process, in which the outcome, route and process is known. There is a set route and predetermined end point to reach. In an emergent process, the outcome, route and end point are unknown to you and the client. It is important to recognize the difference between emergent and directive processes.

Dependent on the counselling modality, the process can either be emergent or directive, but is most often an emergent one. Talking therapy (as an emergent process) is a Western cultural norm. The emergent process and directive process are cultural elements of counselling. If we see the emergent process as a form of play, which is cultural in its content, then experiencing play as an emergent process may not be familiar to everyone, as play as an emergent process may not be part of everyone's culture, upbringing or lived experience. Some clients may not be used to playing at all. The play 'switch' inside them either never got turned on or was quickly switched off because culturally play was not prioritized. This may be due to lots of reasons, including the culture instead prioritizing or focusing on education, seeing play as a waste of time or being in a family, community or cultural context where they were 'surviving' and couldn't 'indulge' in play. They didn't have the 'luxury' for play, parents were working all hours and there was limited access to resources. This may reflect a non-dominant, minoritized community without access to the privilege of play.

So in counselling, for clients who are unfamiliar with an emergent process, talking therapy can become a vast, unsafe, overwhelming and unknown experience or expectation for them. This can show up as being unable to be spontaneous or in the moment they may freeze, be unable to participate, or feel unsure of what to do.

However, there may be clients who have experienced play but only as a directive and end product or outcome-orientated process. In counselling, this will show up in how the client approaches talking therapy with the same expectation of the process being directive, such as identifying the known end

point and the process of how to get there and looking to the counsellor to guide them easily and effectively to that end point and outcome.

Reflective exercises

Take a moment to reflect on the ‘big scribble’ exercise, how did it feel for you to engage in an emergent process activity? Did it feel safe for you to do it? Were you hesitant or anxious about how it might turn out, look like or if you had ‘done it right’?

If you asked your case study client to do this activity, how might they engage in it? Might it feel safe or unsafe to not know the outcome or not be directed in how the scribble was to be scribbled or what it needed to look like at the end?

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An emergent process might create barriers to the work, but rather than it being interpreted as a defence against the presenting problem or issue itself, it could be seen as a defence against how the client feels ‘in here’.

Reflective exercises

What is your experience of play growing up? How do you feel when asked to engage in an emergent process or activity? Do you experience any resistance to engaging in the process?

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How might clients feel if they have not experienced emergent play? What barriers might an emergent (unknown) process create for clients?

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Using your case study client, how have they experienced the counselling emergent process 'in here' with you?

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Counselling culture

Counselling has its own culture, built from values, ethics, beliefs, expectations of behaviour and engagement in the process and a worldview lens of how it relates to, engages with and sees the world. This is reflected through the different modality practices, the therapeutic relationships and the set-up, creation and facilitation of the counselling process.

As with any culture, those who are familiar with it understand its embedded approach of how to engage in that cultural process. When the process is situated within a counselling culture, there needs to be an understanding that not all clients will be aware or familiar with the culture or process, and some education may need to be offered to them about what counselling is at the initial or assessment stages. Often an explanation of your approach plus the need for the client to experience it in action is required.

Reflective exercise

What is your counselling culture? What are the cultural rules, beliefs, expectations and systems in your clinical practice? Would it be familiar or applicable across all cultures? Does it take cultural differences into consideration? If so, how? If not, how/what does it not take into consideration?

Tool: Counselling culture questions for counsellor to consider

- Can any of the process or culture be explained beforehand in your contract, assessment or first session? If so, what will need to be explained?
- How familiar is the client with your counselling culture and process?
- How does the client's level of familiarity or lack of familiarity impact on them being able to access and engage in the process? How might it show up in the work, in the process, in their level of engagement and in the therapeutic relationship?
- What impact will this have on the therapeutic relationship? How might a client's lack of familiarity reflect a power differential relational dynamic between the counsellor and client?
- The emergent or directive process of counselling may be more widely accessible to dominant or privileged identities and may feel inaccessible or unsafe for non-dominant minoritized identities. How might a client's lack of familiarity be a repeated experience of the client feeling marginalized, minoritized or on the outside or unable to access a service?
- If there is a lack of familiarity, what barriers does this create for the client? How easy is it for the client to jump those barriers?
- If there is a lack of familiarity, what fears or anxieties may this create for the client? How might you alleviate those fears or anxieties?

The ‘counselling culture questions’ tool (above) lists a range of questions to support you to consider and understand how your clients may be experiencing the counselling process and its emergent process and their relationship to the emergent process. These questions can be used in your reflections about your clients or can be thought about as you undertake your assessment or initial sessions with the client, to help you identify how they relate to the emergent process.

If your counselling approach, modality or practice is an emergent or directive process, does this get explained to your client? This can often support the client to avoid being a compliant or 'good client' or questioning if they are doing the right thing or have the right answer. It can also stop them feeling anxious about what is expected of them 'in here'.

Reflective exercises

What assumptions or expectations are you making of your clients? What might you be assuming about their readiness to engage in the emergent or directive process? Or their experience or familiarity of engaging in the process of play? What about their experience or ability to be spontaneous in the emergent process? Or their experience of feeling safe to play in the emergent process and be spontaneous?

[illegible]

What have you now realized that is part of your counselling culture that you were not aware of previously? What assumptions have you made about your counselling modality? Or about your client's knowledge and understanding of counselling and the counselling process/relationship?

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What aspects of the counselling culture and process do you now need to add into your assessment process, contract or first session? What does the client need to explicitly know about the counselling culture that will make it easier for them to engage in the process and not feel marginalized or oppressed?

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Key aspects of the counselling culture may include the following, which are adaptable for each therapeutic modality and their own counselling culture:

- Focusing on change in the client through a therapeutic process.
- Engaging in a therapeutic relationship.
- Attending regular (usually weekly) sessions.
- Committing to a time-specified (short-term or long-term) process.
- Signing a counselling contract.
- Working within the therapeutic frame, which may feel more rigid in its set day, time and fee for sessions.
- Identifying therapeutic goals.
- Valuing insight, self-awareness and personal growth.
- Engaging in an emergent or directive process, dependent on the therapeutic modality.
- Creating a space for meaning-making through a process instead of being given advice, solutions or 'quick fixes'.

Reflective exercises

How might you further refine these aspects to define and explain your counselling modality and culture?

Thinking of your case study client, in what ways were they unfamiliar with the counselling culture and process? What aspects of the counselling culture did you need to explain to your client? What aspects were they familiar/unfamiliar with? Did any of the counselling cultural aspects that you needed to explain or found that the client already knew surprise you?

Identifying as the client, what would have been or what would be helpful to have explained to you about the counselling culture? If you are of a dominant majority or non-dominant marginalized identity, how might your identity impact on your ability to engage in the process or be familiar with the process? What would you need to have in place or explained to you to feel safe and that you understood what was expected of you in the process? How might you apply this to your practice, for your dominant and non-dominant identity clients?

Impacts on the therapeutic process

A client's identity, intersectionality and lived experiences will have an impact and influence over their engagement, expectations and assumptions across a range of factors that are part of the counselling process. I explore each factor in the process, in turn below, with prompt questions to help you reflect on how these may show up in your therapeutic process and relationships.

Therapeutic culture

Setting up and explaining the therapeutic culture helps to acclimatize clients to an unfamiliar culture and process. If the client is not culturally acclimatized, they may leave or end the counselling quickly or abruptly.

The cultural elements of the therapeutic relationship, and its boundaries, alongside the boundaries, timings, setting, therapeutic frame, context and location of counselling, may be unfamiliar to the client. These need to be made explicit for the client, so that you can offer an anti-oppressive working alliance and therapeutic relationship that focuses on the shared meaning and understanding of the counselling culture.

Role of counselling

Clients will be bringing their own expectations, assumptions and beliefs about the counselling process, the counsellor's role and responsibilities, and their goals or expected outcomes from counselling into the work from the start. The purpose of the work being done 'in here', the setting of an agenda, how you work and all elements of the contract (time, frequency of sessions, location, fee payments) need to be made explicit to clients at the very start.

Therapeutic goals

Therapeutic goals, as part of the counselling process, are a cultural aspect and may be unfamiliar to clients. Even if the goals themselves are identified at the start, the route to achieving them may be via the emergent process of reflection, insight and gaining self-awareness or via the directive process of solution-focused or cognitive techniques. The client may assume that the process to achieve their goals is via a directive process or that they don't want to work on any internal change but are focused on the external applicable solutions. Both the goals and the process of achieving their goals need to be explored in the early stage of enquiry, assessment and the first session.

The process of identifying the goals themselves also needs to be considered. The client may want to focus on one presenting problem or goal, even though there may be concerns which the counsellor is aware of that could be worked through. The autonomy and choice of the client to set the agenda and choose the issues to focus on or the goals they are working towards need to be honoured for the client not to be oppressed in the therapeutic process.

Reflection

Reflection as part of the internal emergent process in counselling may not be familiar to clients or may not be accessible for clients to utilize. The idea that the emergent process is an emotional process and works at emotional and relational depth, and is not a cognitive, intellectual or academic process, may be new to clients. It may be their first experience of engaging in an emotional and reflective process in counselling and if they find it difficult, they may reject or leave the counselling itself or request for a more directive or solution-oriented process.

Internal and external change

Internal changes are the shifts happening in the client's internal world, such as changes to their feelings, thoughts, understanding of their lived experiences, identity or the development of greater meaning-making in themselves. External changes are the shifts happening in the client's external 'out there' world, in their relationships, circumstances and experiences.

How does the client know that change has occurred? What is seen as change? Will a client have changed but not see it or not view it as change? Does the change feel small, therefore it doesn't look big or significant enough for them to see it as a big change? Are they dismissing changes that have happened internally or externally? What does a client see as a change that counts? Acknowledging that both internal and external change are important to identify, we can use reviews regularly to reflect on and support the client to identify and explore what they have noticed about themselves and what has changed for them since they started counselling.

Marginalized and minoritized clients

Marginalized and minoritized clients need particular focus on their external environment. Being located at the non-dominant oppressed end of the power relational dynamic has a particular impact on the client's sense of self and well-being as it leads to feelings of alienation.

How we work in exploring this experience of alienation with the client is to identify and understand:

- what is happening in the client's external world and relationships
- what is impacting on their internal world and mental health (is there an external cause to their distress?)
- the reality of making internal or external change
- what external changes can be made, only if they are within the client's control, ability, capacity and responsibility
- what internal changes can be made, only if they are within the client's control, ability, capacity and responsibility
- the client's external reality and its contributions to their internal world
- the internal and external causes of distress
- the client's current coping mechanisms (internally and externally)
- the client's experience of racial trauma and racial stress and explore how this may manifest for them
- holding the client's experience of alienation as their truth.

Endings

Endings, if viewed through an anti-oppressive lens, can be recognized and identified as the potential utilization of power (of the dominant counsellor) oppressing the non-dominant client. If there is a cultural distance between the counsellor and client, or the dominant counsellor, non-dominant client dynamic, the ending can be experienced by the client as the counsellor rejecting, abandoning and dismissing them. Who does the ending is utilizing their power, which is then interpreted, felt and experienced by the other based on their relational experiences 'out there' with dominant identities.

If the counsellor terminates counselling early (i.e. a premature ending), this may reinforce the client's feelings of not being good enough, failing the counselling itself, blaming themselves for it not working or not being understood by the counsellor, blaming themselves for the rejection or being dismissed based on their identity or an identity characteristic such as ethnicity or racialized identity. It is experienced as a repetition of how they are treated by professionals and services in this country, being minoritized, being dismissed or feeling unimportant and uncared for.

If the counsellor is introducing the ending, why end now? Has the goal been achieved? Do they feel they have reached their limit? Has a change occurred? Or instead, is it about ending due to feelings of helplessness or inadequacy from the counsellor, which are creating a power relational dynamic in which

they are feeling powerless? Does the counsellor feel oppressed, shut down, marginalized, minimized or dismissed, and so needs to end the sessions?

Or perhaps the counsellor is doing the opposite and extending the contract, because they hold a power over the client, and can exploit the client for more hours and money? Is the counsellor 'hanging on' to clients because the client hasn't changed according to the counsellor's own agenda or expectations? What are these based on? The counsellor's own frame of reference, identity, worldview lens or culture? Is this also a power move over the client? Because the counsellor can, do they hold on to the client?

The experience of how the ending process is managed by the counsellor, whether that is a premature, sudden or expected ending, influences how the client will view the time spent together and the work done. Does the ending 'undo' the work of the counselling itself? Does the client feel betrayed, rejected or dismissed by the counsellor in the ending and so in return rejects or dismisses any work or progress achieved? Is this a way for the client to regain a level of power after being oppressed and marginalized by the oppressive counsellor?

The skill of working with endings in an anti-oppressive way is to acknowledge that the ending 'in here' may trigger feelings of and reactions to the client's experience of losses 'out there' or in their past experiences. Due to the external context for the client, does the client experience barriers, exclusions and rejections 'out there'? Where else have they felt excluded, dismissed or rejected? And how does the ending and loss of the therapeutic relationship and 'in here' mirror their experience? How will their experience and feelings of ending 'in here' help them to make meaning of their experiences and feelings of endings and losses 'out there'?

We need to acknowledge that the ending 'in here' may be the loss of a safe space for the client and when the client has experienced very few safe spaces 'out there', this loss is especially significant. This needs to be acknowledged and explored with the client, as the loss of a safe space and a safe person will have such an impact on them. It offers an opportunity for the client to explore their experience of a safe space and relationship, within the context and comparison of their 'out there' experiences and relationships.

Online counselling

There is a difference between face-to-face and online counselling in terms of establishing the therapeutic frame, boundaries, confidentiality and privacy. In face-to-face counselling, 100 per cent of the responsibility of establishing and maintaining the therapeutic frame, boundaries, privacy and confidentiality is held by the counsellor. In online counselling, we are handing the client their half of the responsibility for their privacy, boundaries, confidentiality and creation of the frame. What are the ethical issues for this? Can the client hold this responsibility? Are they aware and is it made explicit that they hold this responsibility or expectation? Where is this made clear in the contract?

Clients need to create their side of the therapeutic frame in their 'out there' space, which relocates the counselling from a separate space and entity when face to face and instead they must create the 'space' within their 'out there' space. The counselling moves from 'in here' to 'out there' and gets immersed or emerged into their 'out there' space, with the boundaries and frame possibly losing their clarity, firmness or robustness.

The challenge for collectivist-culture clients is to create a frame in their 'out there' space where they may already experience a lack of boundaries and privacy. When internally they may not have established boundaries in relationships, because of their collectivist sense of self as 'we', then establishing an external space 'out there' and creating a boundaried and private space for counselling becomes incredibly difficult. When it comes to contracting, how do we contract for online work? What do we need to consider when contracting with individualist and collectivist clients?

Reflective exercises

Thinking of your case study client, how does your client experience the process? What factors might you need to consider about the process when working with your client? What aspects of the process are more challenging for the client to use? What might you need to now include or add to the process in working with your client?

How has your client understood and approached the role of counselling? How has the client identified the goals and agenda for counselling? How might these reflect the client's identity?

How do you know that change has occurred for the client? How does the client know that change has occurred?

How might the client be experiencing alienation? What might you need to consider in how you work with the ending with your client?

What might you need to additionally consider if working online with your client? If they are a collectivist culture client, what else might you need to consider if working online?

Based on all your case study client reflections, how might you now work with the client? What would you do the same? What would you do differently? What would you need to add in or consider to be able to offer your client an anti-oppressive therapeutic process and relationship?

Part 3: Reflections

What are your thoughts, feelings and reflections on learning about the application of the Working within Diversity model in therapeutic practice?

In what ways does the application of the Working within Diversity model support or challenge how you currently approach your clinical practice?

What comes to mind when you think about what you need to change, do differently or think about differently in your therapeutic practice?

What might be some actions you can take moving forward, to be able to implement any aspect of the Working within Diversity model in your therapeutic practice?

