

(Re)placing multiculturalism in counselling and psychotherapy

ROY MOODLEY

Ontario Institute for Studies in Education, University of Toronto, 252 Bloor Street West,
Toronto, Ontario, M5S 1V6, Canada; email: roymoodley@oise.utoronto.ca

ABSTRACT *Since multiculturalism is not fully theorised it has created much confusion in counselling and psychotherapy. It has been criticised for ignoring questions of power relations, and for emphasising the cultural differences of ethnic minority groups rather than focus on their similar predicaments of racism, sexism, misogyny, homophobia and economic oppression. Furthermore, it has not provided clinically useful information within which therapists can conduct assessments and diagnosis, understand clients' subjective distress and cure seeking expectations. This paper explores this issue by highlighting the magical (non)sense of multiculturalism and its racialised forms, and argues that multiculturalism is untenable if it restricts itself to a few marginalised ethno-cultural client groups, rejects gays and lesbians, patronises indigenous forms of healing, and maintains a fixed racialised 'black-white' paradigm of practice. It suggests that a point of departure for multiculturalism from an ethno-culturalism-centred philosophy to one that is pluralistic and reflexive of the needs of all clients (irrespective of ethnicised, racialised, gendered, and sexualised subjective identities) is critical if it is to be useful psychologically. To arrive at this critical juncture, multiculturalism would need to be (re)placed, not disavowed but re-centred in the practice of counselling and psychotherapy to embrace diversity and difference across and beyond the current categories that constitute itself. Replacing multiculturalism in a 'third space', an 'in-between space'—a critical multicultural space—where dominant hegemonic cultural meanings could be reinscribed and where racism, sexism, misogyny, homophobia and other 'representations of patriarchal terror' could be critically interrogated to empower marginalised voices. The paper explores three strategies for creating a 'third space' in multicultural counselling and psychotherapy: the inclusion of white people as clients; the converging of race, gender, sexual orientation, class and disability issues; and the integration of indigenous and traditional healing practices. Bringing it all together under the umbrella of diversity or critical multiculturalism will ensure an ethical and clinical practice commensurate with our current understanding of the complexity and sophistication within which clients construct their subjectivity.*

Introduction

Counselling and psychotherapy conducted in a multicultural society [1], like contemporary Britain, has clearly allowed for 'psychotherapeutic pluralism' (Samuels, 1993), even amongst the 400 plus varieties (Garfield & Bergin, 1994), of 'irreconcilable psychotherapies' (Feltham, 1997). Within these contested, complex

and sometimes confusing counselling approaches and psychotherapies, many may not be relevant to black and ethnic minority clients needs (Laungani, 1999; Leach, 1997). For example, Laungani (1999) argues that client-centred therapy is not appropriate for meeting ethnic minority clients' mental health needs, suggesting instead a culture-centred approach (see also Fanon, 1952 [2]; Ivey *et al.*, 2002 [3]). On the other hand, Barbara Brodley says, 'In contrast to the other therapies, CC Therapy is inherently multicultural in the best sense ... when practiced by an experienced therapist, is simply free of the defect of generalising about individuals on the basis of their race or culture' (Brodley, 2004, p. 47). A similar argument is made by Wilkins (2003) who notes that client-centred therapy 'when properly conducted is "culture free"' (p. 59). Dalal (2006), however, takes the opposite view, asserting that 'the culture-free position is not only untenable, it is in fact completely culture bound. What is actually taking place is that a particular model of the psyche with its versions of health and illness, although contingent, is taken to be normative, universal and then applied to all peoples and contexts' (p. 39). The question, it seems, is not whether Euro-American counselling and psychotherapy approaches are relevant for diaspora and immigrant communities in the West, or whether black and ethnic minority communities are appropriate for this particular 'talking cure' whatever the approach. The issue however is much more fundamental and begs the question: is the basis of conceptualising and theorising ethnic minority life experiences sufficiently sophisticated to inform Western counselling and psychotherapy approaches with a 'good enough' baseline to practice? Critical multiculturalism or critical race theory or even a liberal humanist diversity perspective seems to indicate that this is not so.

How is this possible given that counselling scholars and practitioners have been engaging with cultural issues since the 1960s? The paucity of multicultural practitioners, researchers and clients has been one of the limitations. The few dedicated scholars have been preoccupied with establishing a strong critique of the Eurocentric approach, constructing racial identity theories and developing cultural competencies, which to a large extent have not been clinically useful. Even the production of a compendium of multicultural counselling approaches, namely, cross-cultural, intercultural, transcultural, and many others, have not changed the theory or practice in any significant way. Indeed, not much has been added to our clinical understanding so that we may be able to disentangle and engage with some of the complex issues that confront ethnic minority clients, namely, racism, sexism, power differentials, and identity politics. It seems that multiculturalism has failed to articulate an approach that seems consistent with the aspirations of oppressed and minoritised clients, as well as the objectives of therapy.

In other words, it has been unable to:

- a. critically examine racism, sexism, misogyny, homophobia and economic oppression (Moodley, 2003),
- b. provide clinically useful information within which therapists understand clients' subjective distress and their cure seeking expectations (Littlewood, 1992; Moodley, 2000; Moodley & West, 2005),

- c. understand individual cultural healing contexts (Bhugra & Bhui, 1998),
- d. examine fully client–therapist differences (Bimrose & Bayne, 1995; Sue & Sue, 1990), and
- e. consider the socio-cultural processes relating to the client–therapist alliance (Kareem, 1992).

Therefore, multiculturalism in counselling and psychotherapy has not been very helpful in providing researchers, counsellors, psychotherapists and psychoanalytic commentators with creative ideas to develop counselling and psychotherapy for culturally diverse groups.

In this paper, I want to explore what may have caused this potential failure, ask questions about the relevance of multiculturalism to counselling and psychotherapy, and suggest the possibility of replacing multiculturalism in therapy. This discussion attempts to relocate ideas of cultural identity which is often narrowly focussed on the single paradigm of non-European ethnicities to one of multiple identities arising from the ‘politics of identity’ in the construction of the subject. Engaging with the post-structuralist idea of multiple identities of race, gender, sexual orientation, class and disability will provide a comprehensive analysis of a client’s narrative in therapy. Through a critical examination of the definitions, conceptualisations and mythologies of multiculturalism and through an exposure of its magical (non)sense (in contemporary counselling and psychotherapy), we can begin to ask questions about its relevance to healing across cultures. For example, can multiculturalism that is often politically powerless, gender and sexually biased and socially neutral give rise to an epistemology within which therapy can articulate a meaningful analysis of many of the traumatic experiences that clients face on a day to day level, such as racism, sexism, misogyny, homophobia and economic oppression?

This paper argues that multiculturalism is problematised since it restricts itself to a few marginalised ethno-cultural client groups, rejects gays and lesbians, patronises indigenous forms of healing, and maintains a fixed racialised ‘black–white’ paradigm of practice. It suggests that a point of departure for multiculturalism from an ethno-culturalism-centred philosophy to one that is more open and reflexive to the needs of all clients irrespective of ethnicised, racialised, gendered and sexualised forms that define a client’s subjectivity. To be relevant and to justify its existence in a society that is multicultural, multiethnic, multifait and multi-sexual, multicultural counselling and psychotherapy would need to make three significant changes. First, it is critical to include white people as clients and not just as therapists and researchers. Second, it would need to incorporate the notion of socio-cultural diversity as part of its discourse, i.e. to be inclusive of gender, sexual orientation, class, disability, age and religion; and to focus on their intersections and convergences in clinical practice. Third, it would need to integrate indigenous and traditional healing practices in appropriate and meaningful ways to meet clients’ holistic health needs. For these changes to take place, a space must be created outside the known spaces of what constitutes multiculturalism. A space that includes, intersects and integrates the diversity of identities—a ‘third space’—to engage with clients’ ‘interiority [psychic life] and exteriority [socio-cultural experience]’ (Walcott,

2006). This kind of space can be found in the notion of 'hybridity' discussed by Homi Bhabha (1994), and the 'diaspora space' explored by Avtar Brah (1996). These ideas are discussed later. But first, let us consider how multicultural counsellors can and do become encapsulated in their practice of therapy.

The multiculturally encapsulated counsellors

Wrenn (1962) coined the term 'the culturally encapsulated counsellor' to critique a universalistic approach to counselling. The 1960s also gave rise to the idea that the client's culture should be at the centre of therapy (see Vontress, 1969). Since then we have seen multicultural counselling and psychotherapy develop in different ways: with its emphasis on culture (Pedersen, 1991; Vontress, 1979), race and culture (Carter, 1995; Lago, 2006; Lago & Thompson, 1996; Moodley & Palmer, 2006), multicultural counselling competencies [4] (Arredondo *et al.*, 1996; Pope-Davis & Coleman, 1997; Sue *et al.*, 1982, 1992; Sue & Sue, 1990), and racial identity theories (Cross, 1971; Cross *et al.*, 1991; Helms, 1984, 1986, 1990). The primary focus on racial identity and cultural competencies has developed and opened up the field to much research and 'brought the status of multicultural counseling to a new plateau of sophistication' (Ponterotto *et al.*, 2000, p. 654). Robinson (2005) discusses the research of an increasing number of scholars who are conducting empirical studies on multicultural counselling competencies. In a recent article in the *Journal of Mental Health Counseling*, Vontress and Jackson (2004) argued that the development of the multicultural counselling competencies may go a long way toward finding the best way to merge therapeutically culture and counselling but is problematised by restricting its focus on the four major minority groups in North America (i.e. Native American, African American, Asian American and Latino). The critique on the exclusive focus of these four groups has widened the debate beyond the question of the other ethnicities and the new immigrants and has brought to consciousness inequalities amongst the other stigmatised identities, namely, sexual orientation, disability and class (see Moodley & Lubin, in press).

No doubt the innovative developments in multicultural counselling and psychotherapy have been critical to increasing ethnic minority participation and providing therapists with clinical authority and expertise. Compared to the 1960s, multicultural counselling can be seen to be radical in its approach but has also led to a narrowing of the practice—fixing race and culture as independent and objective variables and in the process reifying these problematic concepts, thus resulting in the (multi) culturally encapsulated counsellor. Consequently, researchers and practitioners have not theorised some critical foundations of thinking about the subject, in terms of multicultural childhood development, bicultural resilience, and conceptualisations of a multicultural self. Moreover, while it attributes individual psychopathology to the external environment, it has failed to offer a clinically useful analysis of a cultural psychopathology. Furthermore, and one that has significance to all client groups, is the fact that all ethnic European cultures are homogenised into a singular category 'white', thus fixing and reducing European diversity into a racialised conceptualisation and shifts the concept of multiculturalism to the

periphery of the European imagination. The lack of imagination and the restricted and limited way in which multiculturalism itself has been understood and theorised has added to the difficulty. As Willett says, 'multiculturalism has not yet been fully theorized . . . the lack of a unifying theory stems from the fact that multiculturalism as a political, social, and cultural movement has aimed to respect a multiplicity of diverging perspectives outside of dominant traditions' (Willett, 1998, p. 1). Rather than making it reflexive and open to convergences and overlaps, it has in its respect for a multiplicity of differences offered *no* critique on the dominant hegemonic practices that control and dominate the language and discourse of multiculturalism, thus allowing it to be ideologically constituted (Bulmer & Solomos, 1996).

In counselling and psychotherapy, multicultural is often narrowly defined as 'multiethnic' (Pedersen & Ivey, 1994), leading to much confusion in the practice of counselling (Sue, 1997) where the same set of multicultural competencies tend to be used on clients regardless of their cultural or ethnic characteristics (Helms & Richardson, 1997). The solution to this problem is the development of a radical critical theory of multiculturalism in counselling and psychotherapy. In working towards this process we would first need to understand the magical (non)sense of multiculturalism.

The magical (non)sense of multiculturalism

Multiculturalism is a multiple articulation of a number of varied, contradictory and contested ideas and explanations for complex human behaviours, functions, rituals and ceremonies. Therefore, any attempt to homogenise it into a singularly defined concept can only create confusion and consequently reinforce the stereotypes that a critical focus on multiculturalism hopes to avoid in the first place. Almost everybody uses the word multiculturalism but very few people actually know what is meant by it. Inherent within the term—multiculturalism—is the possibility of multiple definitions across and within cultures, histories and socio-political movements and moments. In the US, there is talk of integration, a melting pot philosophy [5], but mixed primarily in different coloured (stereotyped) pots—a black and a white one, sometimes as brown, yellow, olive and red ones too. The Canadians talk about a mosaic society where multiculturalism is enshrined as part of the constitution, essentially making the state govern culture. The critiques argue that this is problematic since in a liberal society where even the state and church have been separated, multiculturalism is doomed to failure (see Kymlicka, 1998). Britain, on the other hand, seems to be offering the 'salad bowl' scenario where everybody appears to practice an ethnicity, culture and religion free of state intervention; living side-by-side without major conflict and maintaining a sense of racial/ethnic group identity. This version too seems to have failed to provide a framework for dealing with structural issues, such as social justice issues, economic equity and access to cultural resources.

Multiculturalism, which is often understood as a post-structuralist vision of a pluralistic and humanistic society, has clearly failed to change the dominant culture ideologies and many of its hegemonic practices. Contemporary multiculturalism

appears to focus on cross-cultural knowledge, respect for other cultures and religions, and the acquisition of cross-cultural skills and competencies, without asking questions about power relations and equity, and the harmonising of material and cultural resources. Constructing differences at such a surface level, or even as a matter of celebration, prevents the focus on structural inequalities (Chantler, 2005) that create 'inner city Hamlets' with high levels of illiteracy and unemployment. In these places and spaces communities experience themselves as disempowered, ghettoised and alienated. Multiculturalism that creates this kind of situation 'is a disavowed, inverted, "self-referential form of racism, a racism with a distance"—it "respects" the Other's identity, conceiving the Other as a self-enclosed "authentic"; community towards which he, the multiculturalists, maintains a distance rendered possible by his privileged universal position' (Zizek, 1997, p. 22).

In its current form the liberal and humanistic version of multiculturalism seems to have allowed many questionable practices in taking place, for example, clitoridectomy. In *Is Multiculturalism Bad for Women?*, Susan Okin (1999) discusses this issue, and makes a distinction between male and female circumcision arguing that clitoridectomy is about men's 'self-interest', 'controlling women', and 'regulating women's sexuality' (pp. 124–125). However, to those who promote multiculturalism such practices are seen as part of a culture sensitive philosophy, ignoring questions of power relations and human rights issues. Multiculturalism interpreted in this way is divisive because it uncritically emphasises the differential aspects of the cultures of ethnic minority groups, rather than focus on their similar predicaments of racism, subordination and economic exploitation (Yuval-Davis, 1999). In other words, multiculturalism seems to underestimate those social forces that distinguish between domination, coercion and subordination, which are easily disguised behind the labels of culture and ethnicity (Apitzsch, 1993). It is those social forces, underpinned by cultural imperialism, racism, sexism, homophobia, hegemonic masculinities [6] and other similar projections, that individually and collectively interact to produce an environment where ethnic minorities are denied and condemned to the margins of society; metaphorically sent outside the city of mainstream culture, yet, remaining physically in the inner cities (Moodley & Palmer, 2006). This act(ion) of being sent outside the city walls seems reminiscent of similar experiences of marginalised communities in earlier times. In *Madness and Civilization* Foucault (1961 [1967]) notes that 'at the end of the Middle Ages leprosy disappeared from the Western world ... In the margins of the community, at the gates of the city, there stretched wastelands ... the leper vanished ... (but) structures remained. Often in the same places, the formulas of exclusion would be repeated ... - with an altogether new meaning in a very different culture' (p. 3), to become, in Kristeva's (1982) words, 'an abject' that is displaced, discarded and removed to the margins.

As abjects, minority communities find themselves displaced and subjugated; away from the centre; at the margins; feeling disenchanting, fragmented and alienated with European multiculturalism and its illusionary offers of cultural and economic equity. The consequences of not belonging creates a deep sense of alienation, resulting in projections and introjections of the self through imagined and fantasised

notions of culture, religion and identity. Contemporary multiculturalism seems to offer no safety net to the unseen and pervasive forces of existential anxieties and dissolution of the self. For many 'things fall apart, the centre never holds' [7]; multiculturalism instead of providing a holding function becomes a container of oppression. Many, then, turn inwards and seek refuge in internalised racist attributes experiencing intense psychopathology. Many psychosomatise their dissonances, while others destructively project on to the Other. In its extreme form it gives rise to culturalism essentialism, religious fundamentalism and the institution of terror through violence, such as the subway and bus 'terrorist' attacks in London on 7 July and 21 July 2005. These events have brought to our consciousness the problematic nature of multiculturalism, identity and questions of belonging. No doubt British multiculturalism is once again in the docks, and just as in the past many questions are being asked when race and ethnic conflicts occur, but each time the ability to sum up a defence gets weaker and weaker.

It seems that throughout its history multiculturalism has failed to offer a sustained critique on dominant cultural hegemony, racism, sexism, homophobia, and economic oppression. It has also failed to critique those ethnic minority cultural processes that are themselves hegemonic and oppressive, such as culturalism and fundamentalism, within which some minority groups feel cultural superiority under the legitimacy of a moral or religious ideology. In effect this kind of multiculturalism attempts to seduce society with a particular brand of magic and illusion creating world views based on pervasive socio-political ideologies, and the misinterpretations and misrepresentations of religion, culture and history. These are the ones that gave rise in the 1980s to both *The Satanic Verses* (Rushdie, 1988) and the subsequent rise of a particular cultural and religious fundamentalism that followed its publication [8]. However, irrespective of a melting pot, mosaic, or salad bowl version of multiculturalism, if it is not based on firm principles of human rights, cultural rights and respect for individual rights it will become a destructive force leading to genocides, such as the Holocaust and ethnic cleansing that Europe recently experienced.

Whether related or not, the July 2005 events in London will also bring to our consciousness the racist and other discriminatory practices that may still be prevalent in our social and health care institutions, as well as in our mental health theory, research and practice. Race and racism in the therapy room will always be present as long as they are part of contemporary society (Liggan & Kay, 2006). In attempting to address this problematic a critique of multiculturalism is not sufficient enough, but a replacing of it beyond the current categories that constitute itself is paramount, for instance, exploring the possibilities of a 'third space'.

Relocating multiculturalism within a 'third space'

Replacing multicultural has always been part of British culture, in one way or another. For example, in the 1980s multicultural education was critiqued and was to some extent replaced by anti-racist education; the motivation for this change seems to have arisen out of crises of race relations at the time [9]. Mental health

organisations too made similar responses, e.g. BACP formed RACE [10]. However, very little effort was made in the theory and the research of multiculturalism to identify the social and political inequalities that established the relationships between the dominant culture and the ethnic minority groups. Consequently, in the 1990s, a critique of multiculturalism began to emerge using a post-colonial, feminist and Marxist critique to address the inequalities in education, social and health care. These took the form of a critical multiculturalism approach or an anti-racist programme through specifically located and time-limited actions, such as equal opportunities, political correctness, positive discrimination, affirmative actions and other such projects (Moodley, 1999a). This kind of multiculturalism also critically examines traditional multicultural policies for expressing ethnic minority life experiences too simplistically or for not articulating a radical approach to cultural imperialism, racism, sexism and economic oppression (Moodley, 1999b). In other words, it 'is outward looking, organized to challenge the cultural prejudices of the dominant social class, intent on uncovering the vulnerable underbelly of the hegemonic discourse' (Kuper, 1999, p. 232).

Those that critique the multicultural movement would argue that for most part, many of the programmes that follow multicultural social disturbances tend to be too little, too late. However, acknowledging racism is the first step in replacing multiculturalism. As bell hooks' says,

'In contemporary society, white and black people alike believe that racism no longer exists. This erasure, however mythic, diffuses the representation of whiteness as terror in the black imagination . . . The eagerness with which contemporary society does away with racism, replacing this recognition with evocations of pluralism and diversity masks reality, is a response to the terror. It has also become a way to perpetuate the terror by providing a cover, a hiding place' (hooks, 1992, p. 176).

That hiding place perhaps is multiculturalism, within which institutional racialised practices tend to be hidden. For example, in health care ethnic minorities, particularly black people are still over-represented as patients under the Mental Health Act. The disproportionate numbers of African-Caribbean people who are diagnosed as schizophrenic demonstrates this. Although the critique on racism in psychiatry has been well debated and documented (see, for example, Fernando, 1988; Littlewood & Lipsedge, 1982; Sashidharan, 1990; Sashidharan & Francis, 1993) [11], change has always been superficial and artificial for many client groups in therapy. The focus on institutional racism as the primary cause of the discrimination is problematised for a number of reasons, not least amongst them is the lack of sophisticated models to facilitate a complex understanding of multiculturalism. If multiculturalism is 'characterized as the outcome of both the post-colonial and post-civil rights moments and conditions . . . [then it] has to be understood as at least one element of a response to the new crisis conditions of racial minority or subaltern self-assertiveness in metropolitan spaces' (Walcott, 2006, p. 27). If the result is a multiculturalism that is aesthetically and phenomenologically based, within which

race, gender and class power differentials and sexual pluralities can be both positively contested and critically accommodated, then such a multiculturalism is ideally constructing a 'third space'; a relocation in which the margins become the centre and where the subject can be free of her/his own origins and myths.

There are many places and spaces for this relocation of multiculturalism. For example, Brah's (1996) notion of 'diaspora space' and Bhabha's (1994) concept of 'hybridity' are critical junctures for a critique of current multiculturalism, resisting the dominance of monocultural hegemony and the production of multiple cultural meanings. Brah's (1996) 'diaspora space' is a conceptual grid that enables 'the intersectionality of diaspora, border, and dis/location as a point of confluence of economic, political, cultural, and psychic processes. It is where multiple subject positions are juxtaposed, contested, proclaimed or disavowed' (p. 208), since they 'are figured in non-reductive relationality' (p. 248). A similar dialectic takes place in Bhabha's (1994) concept of 'hybridity' (or 'liminality' or 'in-betweenness') as a place of intersections of cultural pluralism that 'challenges our sense of the historical identity of culture as a homogenizing, unifying force, authenticated by the originary Past' (p. 37). As a 'third space' it ensures 'that the meaning and symbols of culture have no primordial unity or fixity; that even the same signs can be appropriated, translated, rehistoricized and read anew' (p. 37). According to Yuval-Davis (1999), Bhabha's notion of 'hybridity' is a critical process to situate in a multicultural society.

Creating a 'third space' in counselling and psychotherapy, as an in-between space—a place of intersections, interconnections and cultural interpretations—where dominant hegemonic cultural meanings could be interrogated and reinscribed to empower marginalised voices, is both ethically and clinically necessary. The 'third space'—an intersubjective space—is not only a place where projections of otherness are negated and where fragmented and unwanted objects are contained and reintegrated, but it also provides for the 'discourse of universalism', within which local experiences and their particular meanings are part of the same space. These specificities and cultural differences are neither simply oppositional in contesting the mainstream for inclusion but are distinct articulations produced in order to empower and enable social action for the expression of freedom, democracy and individuality (West, 1990). As Bhabha notes of those who have been fragmented, displaced and suffered subjugation, domination, diaspora, displacement—they would need 'to think outside ... from the affective experience of social marginality ... [to] conceive of a political strategy of empowerment and articulation ... outside the liberatory rhetoric of idealism' (Bhabha, 1992, p. 56). As abjects, from the places of exclusion, minoritised groups are easily seduced by the magical (non)sense of multiculturalism with its illusions and delusions, and seductive possibilities of cultural and racial equity. Within a 'third space' the multicultural magic and its mythology of culture and ethnic authenticity can be resignified to represent the client's 'interiority' and 'exteriority' through a plurality of multiple dynamic subject positions (gender, race, class, sexual orientations, disability, religion and age), and its integration through overlaps, intersections and convergences.

Integrating multiple cultures in therapy

As far as the talking therapies are concerned, minority mental health concerns appear to be absent, invisible or marginalised with black and ethnic minorities still under-represented: as clients, as counsellors and psychotherapists, as clinical supervisors, as researchers and scholars, and as trainers of counsellors and psychotherapists (Moodley, 1998b). This neglect of minority groups, says Littlewood, 'is a particularly British phenomenon' in comparison with the United States where the issues of culture and ethnicity are given much more prominence in the theory and practice of mental health care (Littlewood, 1992, p. 5). Littlewood suggests that since Britain does not see itself as a country of immigrants, unlike the United States, many practitioners may not feel the need to make race, culture and ethnicity a critical factor in mental health treatment. In relation to psychotherapeutic treatments, this is a paradox, since many of the early founders of the British psychoanalysis and psychotherapy tradition were themselves immigrant Jews. He notes that the 'theoretical centre of psychoanalysis in Britain was effectively the creation of immigrants from Central Europe; many of the classic papers were based on intercultural cases, for example, Freud's "Wolf-Man"' (p. 7). Furthermore, Littlewood contends that in an atmosphere of anti-Semitism, British psychotherapy found it convenient 'to ignore the social contexts in favour of intrapsychic factors', justifying the process as universal and scientific 'rather than as a culturally "Jewish" therapy' (p. 8). It seems that this process has remained basically fixed at this point of entry with the other immigrants, such as African, Asian, Caribbean, Chinese and other ethnic minority groups that have come to Britain since the Second World War. Counselling and psychotherapy it seems have been developing in ways that preserve a particular British historical and cultural origin which could be seen as engaging in a specific culturally 'discriminating' practice of multiculturalism.

This particular post-WWII form of multiculturalism in Britain may be the cause of the confusion in counselling and psychotherapy, since it is constituted through the problematic concepts of race, culture and ethnicity which are positioned as static, thus reducing any definition of multiculturalism to its lowest common denominator. If we accept Willett's thesis, discussed earlier, that multiculturalism as a political, social, and cultural movement has aimed to respect a multiplicity of diverging perspectives outside of dominant traditions, and that these divergent subject positions do not easily accommodate the traditional genre of the philosophical treatise penned by some single great mind (Willett, 1998), it follows that multicultural counselling and psychotherapy will find itself caught between the notion of multiplicity of a number of culturally divergent groups and the idea of a single great mind. In following the psychotherapeutic tradition of a 'single great mind' such as Freud, Jung, Klein, Rogers, Adler, Pearls, Ellis, Beck and many others, multicultural counselling and psychotherapy has yet to find its own 'single mind' to achieve some certainty of practice. D'Ardenne and Mahtani (1989) stress that multicultural or transcultural work offers a perspective on therapy rather than a particular school of thought. On the other hand, many practitioners note that multicultural counselling is the fourth force in counselling after humanistic counselling (Pedersen, 1991). Yet,

the Association of Multicultural Counseling and Development defines multicultural to mean race, culture and ethnicity (Ivey *et al.*, 2002).

Can these wide and varied definitions which are often conflicting be consistent with the idea of multicultural ways of meaning-making or are they reflective of the magical (non)sense of multiculturalism? In whatever way contemporary multicultural counselling is defined, it has however come a long way from its earliest ideologically generated practices—immigration, migration, culture shock, knowledge of the myths of cultural neurosis—to a point where it must seriously consider the socio-cultural, religious, sexual and geopolitical experiences as an essential part of the client's inner world. In other words, therapy would need to investigate gender and power relations, social and economic inequalities, social justice issues and be inclusive of other diversity issues, such as sexual orientation, disability and class. In this way it will interrogate hegemonic discourses of race, culture and ethnicity which privileges ethno-cultural forms and racialised constructions of clients. Critiquing and developing multicultural counselling and psychotherapy would also mean including white people as clients, so that a space could be found for clients who experience racism—but experience themselves as 'white', for example, Jews, Bosnian Moslems, Albanians, Kosovans. When this happens marginalised groups, such as LGBTQ (lesbian, gay, bisexual, transgendered, queer), deaf and other disabled clients, those who hold different and divergent religious beliefs, indigenous communities, the elderly and those who are often outside the mainstream of society—the homeless, prisoners, and the 'mentally insane'—will be provided with a 'good enough holding environment' within which they could be acknowledged and celebrated for who they are and what they want to be, and not because they may hold (full-time, part-time, or transient) membership of one or more racial, gendered or sexual group.

To facilitate this process three significant changes would need to take place: (1) the inclusion of white clients in multicultural counselling and psychotherapy, (2) the need to converge gender, class, sexual orientation and disability into multicultural counselling theory and practice, and (3) the integration of traditional and cultural healing practices into therapy generally but particularly into multicultural counselling and psychotherapy.

Inclusion of white clients in multicultural counselling and psychotherapy

Apart from a few authors (for example, Arredondo, 1994; Lago & Thompson, 1996; Sashidharan, 1986) who comment on the issue of white clients and multicultural counselling, there appears to be very little discussion of this issue in counselling and psychotherapy. For example, Sashidharan (1986) notes that intercultural or transcultural therapy establishes a definition that excludes white people from the process as clients by constructing the skin colour of the participants as the chief characteristics in therapy. Besides reinforcing pseudo-scientific racist notions and maintaining a colonial relationship as healer and expert of the other, it also has serious consequences for the employment of ethnic minority counsellors. Patricia Arredondo (1994) [12] points out that if multicultural counselling fails to include

white people as clients and communicate the understanding that everyone is a cultural being it will eventually be relegated to the margins.

The inclusion of white people as clients will challenge the very nature of multiculturalism by bringing to consciousness the varied and numerous European (white) ethnicities and cultures, making them and even the category 'white' itself visible in the therapy process. In this respect the current practice of multicultural counselling and psychotherapy erases whiteness, reifies blackness, homogenises minority groups, and offers a segregated, almost apartheid-like view of the world. Furthermore, this way of constructing multicultural counselling has created an illusionary single white racial identity and in the process denying the reality of numerous Western ethnicities. Although whiteness has been subjected to rearticulation and resignification through its short life, it is only in the 20th century that European ethnicities and cultures were homogenised into a single, fixed, political category 'white' (Bonnett, 1999, p. 202) [13]. Throughout the 1990s there has been a call for 'colouring in the white', particularly in women's studies, for example, Helen (Charles) (1992) in 'Whiteness—the relevance of politically colouring the "Non"', argues for a 'coming out as white' so that "white women" can get to grips with their own racial and cultural identities . . . [and become] visible to themselves as well as in relation to other ("white") women' (pp. 33–34). While the need to make the category 'white' visible is an important element in the development of a new multiculturalism, reifying 'whiteness' can also be problematic. According to Sara Ahmed (2004), the 'declarations of whiteness' and 'the rainbow' view of multiculturalism suggests that 'the transformation of whiteness into a colour can work to conceal the power and privilege of whiteness' (p. 10).

In the context of a critical analysis of whiteness multicultural counselling and psychotherapy must endeavour to not only extend an invitation to share narratives of being Jewish, Irish and Italian but will also make place for the cultural and ethnic histories of the Welsh, the Scottish and even localised Englishness, for example, Yorkshire. Moreover, the inclusion of whites as clients in multicultural therapy would provide an appropriate approach including support structures and expertise to the recent European immigrants to the UK. As Littlewood (1992) referring to this situation says,

'The psychological adjustment of European as opposed to non-European migrants and their children has not been the subject of such medical interest and that in itself is perhaps a matter of concern. Racism based on "colour" may be less evident here, but we are still working with communities which have experienced dislocation, adjustment to a new physical and psychological environment and often to a new language and new values' (Littlewood, 1992, p. 4).

If white immigrants are part of the multicultural therapy process, then why is it not possible for all white people to be part of the multicultural process? If this happens then the vestiges and appendages of colonial power dynamics will be interrogated in all counselling and psychotherapy approaches. The power relations that are

embedded in therapy will be critically examined, and if we add the other multiple identities, such as the LBGTQ, the disabled and the elderly, then whiteness, blackness, and even multicultural itself will be deconstructed and laid bare politically and clinically.

In accepting all possible variations on the theme of multiplicity of cultures, the multiple identities of the individual client and its complex interweaving of the 'self' through the transference/countertransference process will provide a rich climate for healing, since an 'individual *simultaneously* inhabits not just one but a great range and variety of contesting and overlapping cultural frames—each with their demands and claims on the individual . . . the facts of the boundaries of where one culture begins and another ends being so very fluid' (Dalal, 2006, p. 40). This fluidity not only presents the individual with overlaps between and amongst the multiple ethnic cultures, but also offers convergences across gender, class, sexual orientation and disability, as a 'third space', making it possible to reframe multicultural counselling as a process for all.

Converging race, gender, class, sexual orientation and disability

There has been much research supporting the need to integrate, intersect and converge gender (Reid, 2002; Williams, 2006), class (Holmes, 2006; Kearney, 2003), sexual orientation (Garnets, 2002; Greene, 2006; Pope, 1995), and disability (Olkin, 2002) into multicultural counselling and psychotherapy. However, very little is said about converging all these various multiple cultural identities. Also, there appears to be very little or no research that investigates how therapists would clinically engage all the stigmatised identities that a single client may bring to therapy (Moodley, 2003). Sue *et al.* (1999) report on a major discussion held at the National Multicultural Conference and Summit held in 1999 in California, USA, concerning the inclusion of marginalised groups other than race and ethnic groups as part of multicultural counselling. The following conclusion was reached: 'that the term multiculturalism must include the broad range of significant differences (race, gender, sexual orientation, ability and disability, religion, class, etc) . . . otherwise groups feel excluded from the multicultural debate, find themselves in opposition to one another, and engage in a "who's more oppressed" game' (Sue *et al.*, 1999, p. 1062).

If the 'big 5' stigmatised identities (race, gender, class, sexual orientation, disability) or the 'big 7' stigmatised identities (to include religion and age) are not seen as fixed, trans-historical or essentialistic but flexible and multiple in the way they influence an individual's identity, and if this is generally accepted by most counsellors and psychotherapists, then: why is multicultural counselling and psychotherapy not embracing this philosophy of multiplicity of identities in its theory and practice? Are counselling approaches inherently a deterrent to the question of inclusion?

In multicultural counselling and psychotherapy, the therapist would engage in meaning-making of the client's narrative, using his or her particular approach to guide this process. He or she would be open to all the possibilities of meanings and shifts of meanings in the intersubjective process with the clients. For example, if the

client is gay, black, middle class and middle age, and shares this consciously or unconsciously in therapy, then a critical and imaginative therapist would want to understand the dynamics of these multiple identities and their intersections in the client's representations of 'psychological distress' (see Moodley, 2003). However, to be 'present' with such a client and at the same time still be available to the multiple identities requires therapists to be knowledgeable about the histories, struggles and victories of all these multiple identities. Clearly, it is impossible to know and to have all the knowledge/s about what constitutes race, culture and ethnicity let alone if a patient is also gay or/and disabled. It may be impossible for any one psychotherapist to be fully acquainted with the changing, flexible and dynamic world views of all these multicultural identities. In fact, in some circumstances not knowing can be a positive thing. According to Casement (1985), an adequate state of not-knowing is important to maintain, if a therapist is to remain open to fresh understanding. Casement also suggests that analytic theories are necessary to offer a clear framework in which the therapist can work and in which psychoanalytic interpretation is not to become a matter of inspired guesswork. Therefore, knowing how ethnic minority patients (re)present their distress becomes important for psychotherapists so that they can 'moderate the helplessness of not knowing' (Casement, 1985, p. 4).

The awareness of knowing how the 'Other' represents and presents 'psychological distress' can also offer the therapist a false sense of security about his or her skills and competencies in treating minoritised clients. As Helms points out, 'It is by no means clear that the same competencies required to deliver effective services to clients for whom racial group membership is central are equally appropriate for clients for whom Other social identities (for example, gender, age, or religion) are more central' (Helms, 1994, p. 163; see also Pope-Davis & Liu, 1998). Clearly, Helms highlights the dangers of an intersectional analysis within which the specificities of race, gender, ethnicity and sexual orientation can be lost in its attempt to synthesise differences. This situation to some degree was experienced by the women's movement claiming a universal theory but ultimately being critiqued by the black, lesbian, disabled and working class women for not taking account of particular contexts and oppressions.

The challenge for multicultural counselling and psychotherapy is to engage specificities within a universal framework. In other words, accommodate each of these multiple identities of race, gender, class, sexual orientation, disability, religion and age, while at the same time recognise that the client is also and always (in therapy) a conflation of all these identities. Kareem (1992) puts it this way: 'Intercultural therapy was developed from certain core ideas . . . intrinsic differences between individual human beings, either in their biology, their personality or both, and that both interpsychic and intrapsychic events profoundly affect an individual's psyche and develop as part of their unconscious life' (p. 19). Performing therapy in this way would also mean that the paradoxes and contradictions inherent in the construction of multiple identities are not interpreted as the 'psychological problem', but are seen as a resilient part of the self. Reading the client's narrative in this way will allow, for example, a client who is deaf to also demonstrate black, gay and middle-aged identities at the same time. The acceptance of this process is consistent

with the idea that our work with clients is 'not just "therapy", but a self-reflexive practice which examines its own prejudices, ideology and will to power, which is aware of the ironies and contradictions in its own formation, and which is prepared to challenge them' (Littlewood & Lipsedge, 1982, p. 310). Consequently, counsellors would be more open to accept new and innovative practices, such as indigenous and traditional healing methods.

Integrating traditional and cultural healing practices

In the last decade, research exploring the integration of traditional healing in the West has been gaining currency, particularly in counselling, therapy and mental health care (Lago, 2006; Lago & Thompson, 1996; Moodley & West, 2005). Many people from the West and also those from the diaspora communities in North America and Europe actively seek alternative treatments, such as acupuncture, herbalism, yogic meditation, Ayurveda, and others. These developments must be seen alongside the emerging interest of indigenous and traditional healing practices amongst the North American Aboriginal communities (McCormick, 1997; Poonwassie & Charter, 2001). In turn these studies are informed by multiple research endeavours undertaken by cultural ethnographers and anthropologists, such as Kleinman (1980) and Csordas (1994).

New immigrant communities in the West have brought with them health care practices and cultural ways of healing that appeal to both the first and second generations. Hilton *et al.* (2001), in researching South Asian women's use of traditional healing practices, found that they used a wide variety of traditional healing practices, such as homeopathy, naturopathy, babajis (wise men), pundits and granthis (holy men) and jyotshis (fortune tellers or astrologers). While many members of the immigrant communities consult traditional healers mainly from their own community, others search out healers from other ethnic groups, who happen to live amongst them, such as Hougans (from Haiti), Hakims (from Pakistan), Obeah men and women (from the Caribbean), Shamans (from Asia and Africa), and voodoo doctors (from Latin America). A comparative study on alternative healers indicates that middle class North Americans practice beliefs and techniques which include naturopathy, the occult, Christian Science, psychic and faith healing and the new age therapies (Heber *et al.*, 1989). More recent research by Poulin and West (2005) suggests that close to half of the North American population are using complementary and alternative medicine, such as meditation, spiritual healing, network chiropractics and craniosacral therapy, shiatsu, Reiki, therapeutic touch and energy healing (see Kessler *et al.*, 2001). Although the 'diversity of alternative medicine and spiritual healing methods are usually associated with neo-religious cults or charismatic religious movements' many people in the West are still seeking traditional healing (Field, 1990, p. 275).

Counsellors across all the therapeutic approaches are becoming interested in religion, spirituality and its healing potential (see Fukuyama & Sevig, 1999). Despite the significance of religion in the lives of most people, it has been overlooked in multicultural and diversity counselling and psychotherapy (Yarhouse & Fisher,

2002); but this attitude is changing rapidly (see Moodley & West, 2005). It seems that therapists are interested in how religious beliefs about health and illness contribute to the ways in which clients represent and present their 'psychological distress', and how these beliefs determine cure seeking. Interest in this area has also offered the opportunity for therapists to explore the integration or convergence of traditional and cultural healing practices in therapy (see Moodley & West, 2005). Since there are no clear theoretical models of multicultural counselling and psychotherapy to substitute for cultural and traditional healing approaches clients will invariably seek the support of traditional healers, where therapy moves to another site, in another ritual, and where a different set of metaphors are released and set free (Moodley, 1998a). The seductiveness of retreating to another psychic place must also be cautioned; as West (2004) says, 'It is important that we do not get caught up in the various shamanic healing rituals however engaging. For there is a Western seeking after extreme experiences and quick fixes, which gives shamanism an attractiveness and a glamour. This ignores the cultural context within which the shaman works' (p. 61). Indeed, sometimes within these cultural settings one could find some very dubious and dangerous practices (see Rack, 1982). Although these methods have been available historically, the practice of indigenous therapies in the 'inner city hamlets' of Britain remains outside the safeguards of the National Health Service. Therefore, the authenticity and reliability of some traditional practitioners are left open to question. For example, Bhargavi Davar (1999) critiques Indian traditional and cultural healing as a masculinist hegemonic discourse arguing that 'indigenous healing ... and "treatments" too are gendered and patriarchal as the Western systems' (p. 131). Clearly, more research needs to be done in this area if its inclusion is to be effective and credible. A failure to comprehend the role of traditional healing may lead to a narrowness in understanding of race, culture, ethnicity and psychopathology in clinical settings (Moodley & West, 2005).

Conclusion

The question of appropriateness—what works for whom and under what conditions—has been a preoccupation for counselling and psychotherapy researchers and scholars in the last decade. As a reflexive process counselling and psychotherapy has been accommodating change since its earliest beginnings. Clients are not understood or interpreted exclusively within the oedipal relationship or any other Freudian slip, nor are they exclusively sensed as discursive practices of the post-modern subject. Even the bland psychoanalytic cults and its members are not contained by the grand objects of infantile sexuality, the collective unconscious or the archetypes. Multicultural counselling and psychotherapy has also been part of this transformation; where the focus has shifted from an emphasis on culture shock, immigration and acculturation to culture sensitive therapy, cultural competencies and racial identity theories. While the 1990s appeared to be a time for the critique of multicultural counselling and psychotherapy, it was also a time when gender and sexual orientation issues came out of the multicultural closet, although at times not more than just a peep into the diaries of gay and lesbian ethnographies. In the early

2000s, religion and age issues tended to make a rhetorical appearance, but of late they are also gaining in their spiritual significance.

Clearly all these shifts and movements within multicultural counselling and psychotherapy are pointing to the fact that there is a crisis in both multicultural counselling and psychotherapy as well as in its theoretical base, multiculturalism. Thus, this paper has made a call to the counselling psychology profession to consider replacing multiculturalism with a new critical multiculturalism that will inform the theory and clinical practice of therapy with minoritised groups. As part of this transformation, this paper has suggested that the inclusion of white people as clients; the convergence of race, gender, sexual orientation, class and disability; and the inclusion of traditional healing practices would change the discourse of psychology and take multicultural counselling and psychotherapy into the 21st century.

Notes

- [1] Also includes multiethnic, multiracial, multi-religious, multilingual, multi-class, multi-disability, multi-sexually oriented.
- [2] Frantz Fanon believed that only a psychoanalytic interpretation of the black problem could lay bare the anomalies that are responsible for the structure of the complex (Fanon, 1952, p. 10).
- [3] Ivey *et al.* (2002) discuss a similar argument by Clemmont Vontress, regarded as one of the 'founding fathers' of multicultural counselling (when interviewed by Courtland Lee in 1994). He says, '... during my years at Crispus Attucks High School as director of counseling, I learned from counseling students that the (client centered) approach wouldn't work for them' (p. 254).
- [4] The Association for Multicultural Counseling and Development (AMCD) in 1991 approved 31 multicultural counselling competencies as the basis of good practice (see AMCD's website at www.amcd-aca.org for details of the 31 competencies).
- [5] Avtar Brah refers to the USA as an 'Unmelting pot' place, where the discourse of multiculturalism is singularly contradictory (Brah, 1996, p. 227).
- [6] Connell defines hegemonic masculinities as 'the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women' (Connell, 1995, p. 77).
- [7] Expression popularised by Chinua Achebe (1958) in his novel *Things Fall Apart*; line taken from the poem 'The second coming' by W. B. Yeats (1921).
- [8] Tariq Modood offers an interesting discussion on this issue in his paper 'British Asian Muslims and the Rushdie affair' (Modood, 1992).
- [9] Some would argue that the 'black uprisings' of the late 1970s and early 1980s in places like Brixton, St. Paul's, Chapeltown, and many other inner city districts resulted in this policy. The Rampton (1984), Swann (1985), Eggleston (1986) and Scarman (1986) reports followed; finally, resulting in Margaret Thatcher's government resourcing through Section 11 funding, black and ethnic minority access to education and training, as well as to university education (see Moodley, 1995). The state provides the resources for development of multiculturalism according to own rules, and thereby seeks to control black and ethnic minority development.
- [10] For example, the British Association for Counselling and Psychotherapy (BACP) formed RACE (Race Awareness in Counselling Education) which remained active for about 20 years.
- [11] Sashidharan says, 'Any black person being admitted to a mental hospital in England for the first time has a one-in-two chance of being diagnosed as schizophrenic although a native-born, white person receives a similar diagnosis in only one-in-six or seven admissions' (Sashidharan, 1990, p. 8). While Littlewood acknowledges, 'To be black in Britain today is to be exposed to a variety of adverse stimuli that can add up to a quite serious hazard to mental health', the problem may be due

in part to the 'overtly racist politics where these exist' and to 'certain specific patterns of psychiatric intervention' (Littlewood, 1992, p. 3; see also Burke, 1986; Fanon, 1952; Lewis *et al.*, 1990).

- [12] Patricia Arredondo is the 2005–2006 president of the ACA (American Counseling Association).
- [13] Bonnett (1999) in exploring the historical geographies of whiteness argues that white identification has been shifting—he refers to David Roediger's historical studies—in 1992 and 1994—that explains how Jews, Irish, Italian immigrants in the US were initially not deemed to be white.

References

- ACHEBE, C. (1958). *Things Fall Apart*. Oxford: Heinemann.
- AHMED, S. (2004). Declarations of whiteness: the non-performativity of anti-racism. *Borderlands (ejournal)*, 3(2), 1–16.
- APITZSCH, U. (1993). Gramsci and the current debate on multicultural education. *Studies in the Education of Adults*, 25, 136–145.
- ARREDONDO, P. (1994). Multicultural training: a response. *The Counseling Psychologist*, 22, 304–314.
- ARREDONDO, P., TOPOREK, R., BROWN, S.P., JONES, J., LOCKE, D.C., SANCHEZ, J. *et al.* (1996). Operationalization of the multicultural competencies. *Journal of Multicultural Counseling & Development*, 24, 42–78.
- BHABHA, H. (1992). Postcolonial authority and postcolonial guilt. In: GROSSBERG, L., NELSON, C. & TREICHER, P. (Eds), *Cultural Studies* (pp. 56–66). London: Routledge.
- BHABHA, H. (1994). *The Location of Culture*. London: Routledge.
- BHUGRA, D. & BHUI, K. (1998). Psychotherapy for ethnic minorities: issues, context and practice. *British Journal of Psychotherapy*, 14, 310–326.
- BIMROSE, J. & BAYNE, R. (1995). A multicultural framework in counsellor training: a preliminary evaluation. *British Journal of Guidance and Counselling*, 23, 259–265.
- BONNETT, A. (1999). Constructions of whiteness in European and American anti-racism. In: TORRES, R.D., MIRON, L.F. & INDA, J.X. (Eds), *Race, Identity and Citizenship: a Reader* (pp. 200–218). London: Blackwell.
- BRAH, A. (1996). *Cartographies of Diaspora*. London: Routledge.
- BRODLEY, B. (2004). '2004 postscript' to 'uncharacteristic directiveness'. In: MOODLEY, R., LAGO, C. & TALAHITE, A. (Eds), *Carl Rogers Counsels a Black Client: Race and Culture in Person-Centred Counselling*. Ross-on-Wye: PCCS Books.
- BULMER, M. & SOLOMOS, J. (1996). Introduction: race, ethnicity and the curriculum. *Ethnic and Racial Studies*, 19, 777–788.
- BURKE, A.W. (1986). Racism, prejudice and mental health. In: COX, J.L. (Ed.), *Transcultural Psychiatry* (pp. 139–157). London: Croom Hill.
- CARTER, R. (1995). *The Influence of Race and Racial Identity in Psychotherapy*. New York: Wiley.
- CASEMENT, P. (1985). *On Learning from the Patient*. London: Tavistock.
- CHANTLER, K. (2005). From disconnection to connection: 'race', gender and the politics of therapy. *British Journal of Guidance & Counselling*, 33(2), 239–256.
- (CHARLES), H. (1992). Whiteness—the relevance of politically colouring the 'non'. In H. HINDS, A. PHOENIX & J. STACEY (Eds), *Working Out: New Directions for Women's Studies*. London: Falmer Press.
- CONNELL, R. (1995). *Masculinities*. Oxford: Polity/Blackwell.
- CROSS, W.E. (1971). Towards a psychology of liberation: the Negro-to-black conversion experience. *Black World*, 20, 13–27.
- CROSS, W.E., PARHAM, T.A. & HELMS, J.E. (1991). The stages of black identity development: Nigrescence models. In: JONES, R.L. (Ed.), *Black Psychology* (3rd ed) (pp. 319–338). Los Angeles: Cobb & Henry.
- CSORDAS, T. (1994). *The Sacred Self: a Cultural Phenomenology of Charismatic Healing*. Berkeley: University of California Press.
- DALAL, F. (2006). Culturalism in multicultural psychotherapy. In: MOODLEY, R. & PALMER, S. (Eds), *Race, Culture and Psychotherapy*. London: Routledge.

- D'ARDENNE, P. & MAHTANI, A. (1989). *Transcultural Counselling in Action*. London: Sage.
- DAVAR, B.V. (1999). *Mental Health of Indian Women: a Feminist Agenda*. New Delhi: Sage.
- EGGLESTON, J. (1986). *Education for Some: a Report on the Educational and Vocational Experiences of Young Black People, Runnymede Research Report*. London: The Runnymede Trust.
- FANON, F. (1952). *Black Skins, White Masks*, C.L. Markmann (Trans.) New York: Grove Press.
- FELTHAM, C. (1997). Challenging the core theoretical model. *Journal of the British Association for Counselling*, 8, 121–125.
- FERNANDO, S. (1988). *Race and Culture in Psychiatry*. Kent: Croom Helm.
- FIELD, N. (1990). Healing, exorcism and object relations theory. *British Journal of Psychotherapy*, 6, 274–284.
- FOUCAULT, M. (1961 [1967]). *Madness and Civilization*. London: Routledge.
- FUKUYAMA, M.A. & SEVIG, T.D. (1999). *Integrating Spirituality into Multicultural Counseling*. Thousand Oaks, CA: Sage.
- GARFIELD, S.L. & BERGIN, A.E. (1994). Introduction and historical overview. In: BERGIN, A.E. & GARFIELD, S.L. (Eds), *Handbook of Psychotherapy and Behavior Change* (pp. 3–18). Chichester: Wiley.
- GARNETS, L.D. (2002). Sexual orientations in perspective. *Cultural Diversity & Ethnic Minority Psychology*, 8(2), 115–129.
- GREENE, B. (2006). African-American lesbians and gay men in psychodynamic psychotherapies? In: MOODLEY, R. & PALMER, S. (Eds), *Race, Culture and Psychotherapy: Critical Perspectives in Multicultural Practice* (pp. 163–176). London: Routledge.
- HEBER, A.S., FLEISHER, W.P., ROSS, C.A. & STANWICK, R.S. (1989). Dissociation in alternative healers and traditional therapists: a comparative study. *American Journal of Psychotherapy*, 43, 562–574.
- HELMS, J.E. (1984). Towards an explanation of the influence of race in the counseling process: a black–white model. *Counseling Psychologist*, 12, 153–165.
- HELMS, J.E. (1986). Expanding racial identity theory to cover counseling process. *Journal of Counseling Psychology*, 33, 62–64.
- HELMS, J.E. (Ed.). (1990). *Black and White Racial Identity: Theory, Research and Practice*. Westport, CT: Greenwood Press.
- HELMS, J.E. (1994). How multiculturalism obscures racial factors in the therapy process: comment on Ridley *et al.* (1994), Sadowsky *et al.* (1994), Ottavi *et al.* (1994) & Thompson *et al.* (1994). *Journal of Counseling Psychology*, 41, 162–165.
- HELMS, J.E. & RICHARDSON, T.Q. (1997). How ‘multiculturalism’ obscures race and culture as differential aspects of counseling competency. In: POPE-DAVIS, D.B. & COLEMAN, H.L.K. (Eds), *Multicultural Counseling Competencies* (pp. 60–79). Thousand Oaks, CA: Sage.
- HILTON, A., GREWAL, S., POPATIA, N., BOTTORFF, J., JOHNSON, J., CLARKE, H. *et al.* (2001). The Desi ways: traditional health practices of South Asian women in Canada. *Health Care for Women International*, 22, 553–567.
- HOLMES, D.E. (2006). Success neurosis: what race and social class have to do with it. In: MOODLEY, R. & PALMER, S. (Eds), *Race, Culture and Psychotherapy: Critical Perspectives in Multicultural Practice* (pp. 189–199). London: Routledge.
- HOOKS, B. (1992). *Black Looks: Race and Representation*. Boston, MA.: South End Press.
- IVEY, L.E., D'ANDRES, M., IVEY, M.B. & SIMEK-MORGAN, L. (2002). *Theories of Counseling and Psychotherapy: a Multicultural Perspective* (5th ed). Boston: Allyn & Bacon.
- KAREEM, J. (1992). The Nafsiyat intercultural therapy centre: ideas and experience in intercultural therapy. In: KAREEM, J. & LITTLEWOOD, R. (Eds), *Intercultural Therapy: Themes, Interpretations and Practice* (pp. 14–37). Oxford: Blackwell.
- KEARNEY, A. (2003). *Counselling, Class and Politics: Undeclared Influences in Therapy*. Ross-on-Wye: PCCS Books.
- KESSLER, R.C., DAVIS, R.B., FOSTER, D.F., VAN ROMPAY, M.I., WALTERS, E.E., WILKEY, S.A. *et al.* (2001). Long-term trends in the use of complementary and alternative medical therapies in the United States. *Annals of Internal Medicine*, 135, 262–268.

- KLEINMAN, A. (1980). *Patients and Healers in the Context of Culture: an Exploration of the Borderland between Anthropology, Healing and Psychiatry*. Berkeley: University of California Press.
- KRISTEVA, J. (1982). *Powers of Horror, L. Roudiez (Trans.)*. New York: Columbia University Press.
- KUPER, A. (1999). *Culture*. Cambridge, MA: Harvard University Press.
- KYMLICKA, W. (1998). *Finding our Way: Rethinking Ethnocultural Relations in Canada*. Toronto: Oxford University Press.
- LAGO, C. (2006). *Race, Culture and Counselling: the Ongoing Challenge* (2nd ed). Berkshire: Open University Press.
- LAGO, C. & THOMPSON, J. (1996). *Race, Culture and Counselling*. Buckingham: Open University Press.
- LAUNGANI, P. (1999). Client centred or culture centred counselling? In: PALMER, S. & LAUNGANI, P. (Eds), *Counselling in a Multicultural Society* (pp. 133–152). London: Sage.
- LEACH, M.M. (1997). Training global psychologists: an introduction. *International Journal of Intercultural Relations*, 2, 161–174.
- LEWIS, G., CROFT-JEFFREYS, C. & DAVID, A. (1990). Are British psychiatrists racists? *British Journal of Psychiatry*, 157, 410–415.
- LIGGAN, D.Y. & KAY, J. (2006). Race in the room: issues in the dynamic psychotherapy of African-Americans. In: MOODLEY, R. & PALMER, S. (Eds), *Race, Culture and Psychotherapy: Critical Perspectives in Multicultural Practice* (pp. 100–115). London: Routledge.
- LITTLEWOOD, R. (1992). Towards an intercultural therapy. In: KAREEM, J. & LITTLEWOOD, R. (Eds), *Intercultural Therapy* (pp. 3–13). Oxford: Blackwell.
- LITTLEWOOD, R. & LIPSEGE, M. (1982). *Aliens and Alienists: Ethnic Minorities and Psychiatry*. London: Routledge.
- MCCORMICK, R. (1997). Healing through interdependence: the role of connecting in First Nation healing practices. *Canadian Journal of Counselling*, 31, 172–184.
- MODOOD, T. (1992). British Asian Moslems and the Rushdie affairs. In: DONALD, J. & RATTANI, A. (Eds), *Race, Culture and Difference*. London: Sage.
- MOODLEY, R. (1995). *Education for Transformation*. Leeds: Thomas Danby.
- MOODLEY, R. (1998a). Cultural returns to the subject: traditional healing in counselling and therapy. Changes. *International Journal of Psychology and Psychotherapy*, 16, 45–56.
- MOODLEY, R. (1998b). 'I say what I like': frank talk(ing) in counselling and psychotherapy. *British Journal of Guidance and Counselling*, 26, 495–508.
- MOODLEY, R. (1999a). Challenges and transformation: counselling in a multi-cultural context. *International Journal for the Advancement of Counselling*, 21, 139–152.
- MOODLEY, R. (1999b). Psychotherapy with ethnic minorities: a critical review. Changes. *International Journal of Psychology and Psychotherapy*, 17, 109–125.
- MOODLEY, R. (2000). Representation of subjective distress in black and ethnic minority patients: constructing a research agenda. *Counselling Psychology Quarterly*, 13, 159–174.
- MOODLEY, R. (2003). Double, triple multiple jeopardy. In: LAGO, C. & SMITH, B. (Eds), *Anti-discriminatory Counselling Practice*. London: Sage.
- MOODLEY, R. & LUBIN, D. (in press). Developing your career to working with multicultural and diversity clients. In S. PALMER & R. BOR (Eds), *The Practitioner's Handbook*. London: Sage.
- MOODLEY, R. & PALMER, S. (Eds). (2006). *Race, Culture and Psychotherapy: Critical Perspectives in Multicultural Practice*. London: Routledge.
- MOODLEY, R. & WEST, W. (Eds). (2005). *Integrating Traditional Healing Practices Into Counseling and Psychotherapy*. Thousand Oaks, CA: Sage.
- OKIN, S.M. (1999). Is multiculturalism bad for women? In: OKIN, S.M. (Ed.), *Is Multiculturalism Bad for Women?* (pp. 9–24). Princeton, NJ: Princeton University Press.
- OLKIN, R. (2002). Could you hold the door for me? Including disability in diversity. *Cultural Diversity & Ethnic Minority Psychology*, 8(2), 130–137.
- PEDERSEN, P. (1991). Multiculturalism as a fourth force in counselling. *Journal of Counseling and Development*, 70, 4–250.
- PEDERSEN, P. & IVEY, A.E. (1994). *Culture-Centred Counseling and Interviewing Skills*. Westpoint, CT: Greenwood/Praeger.

- PONTEROTTO, J.G., FUERTES, J.N. & CHEN, E.C. (2000). Models of multicultural counseling. In: BROWN, S.D. & LENT, R.W. (Eds), *Handbook of Counseling Psychology* (3rd ed) (pp. 639–669). New York: John Wiley.
- POONWASSIE, A. & CHARTER, A. (2001). An Aboriginal worldview of helping: empowering approaches. *Canadian Journal of Counselling*, 56(1), 63–74.
- POPE, M. (1995). The 'salad bowl' is big enough for us all: an argument for the inclusion of lesbians and gay men in any definition of multiculturalism. *Journal of Counseling and Development*, 73, 301–304.
- POPE-DAVIS, D.B. & COLEMAN, H.L.K. (Eds). (1997). *Multicultural Counseling Competencies: Assessment, Education and Training, and Supervision*. Thousands Oaks, CA: Sage.
- POPE-DAVIS, D.B. & LIU, W.M. (1998). The social construction of race: implications for counseling psychology. *Counselling Psychology Quarterly*, 11, 151–161.
- POULIN, A.P. & WEST, W. (2005). Holistic healing, paradigm shift, and the new age. In: MOODLEY, R. & WEST, W. (Eds), *Integrating Traditional Healing Practices into Counseling and Psychotherapy*. Thousand Oaks, CA: Sage.
- RACK, P. (1982). *Race, Culture and Mental Disorder*. London: Tavistock.
- RAMPTON, A. (1984). *Committee of Inquiry into the Education of Children from Ethnic Minority Groups, West Indian Children in our Schools, Cmnd 8273*. London: HMSO.
- REID, P.T. (2002). Multicultural psychology: bringing together gender and ethnicity. *Cultural Diversity & Ethnic Minority Psychology*, 8(2), 103–114.
- ROBINSON, T.L. (2005). *The Convergence of Race, Ethnicity, and Gender: Multiple Identities in Counseling* (2nd ed). NJ: Pearson, Merrill Prentice Hall.
- RUSHDIE, S. (1988). *The Satanic Verses*. London: Viking.
- SAMUELS, A. (1993). *The Political Psyche*. London: Routledge.
- SASHIDHARAN, S.P. (1986). Ideology and politics in transcultural psychiatry. In: COX, J.L. (Ed.), *Transcultural Psychiatry* (pp. 158–178). London: Croom Helm.
- SASHIDHARAN, S.P. (1990). Race and psychiatry. *Medical World*, 3, 8–12.
- SASHIDHARAN, S.P. & FRANCIS, E. (1993). Epidemiology, ethnicity and schizophrenia. In: AHMAD, W.I.U. (Ed.), *'Race' and Health in Contemporary Britain* (pp. 96–113). Buckingham: Open University Press.
- SCARMAN, LORD (1986). *The Brixton Disorders 10–12 April 1981*. London: HMSO. Reissued as the Scarman Report. Harmondsworth: Penguin Books.
- SUE, D. (1997). Multicultural training. *International Journal of Intercultural Relations*, 21, 175–193.
- SUE, D.W. & SUE, D. (1990). *Counseling the Culturally Different: Theory and Practice*. New York: Wiley.
- SUE, D.W., BERNIER, J.E., DARAN, A., FEINBERG, L., PEDERSEN, P., SMITH, C.T. *et al.* (1982). Cross-cultural counseling competencies. *Counseling Psychologist*, 19, 45–52.
- SUE, D.W., ARREDONDO, P. & MCDAVIS, R.J. (1992). Multicultural counseling competencies and standards: a call to the profession. *Journal of Counseling and Development*, 70, 477–486.
- SUE, D.W., BINGHAM, R.P., PORCHE-BURKE, L. & VASQUEZ, M. (1999). The diversification of psychology: a multicultural revolution. *American Psychologist*, 54(12), 1061–1069.
- SWANN, LORD, M.M. (1985). *Education for All the Report of the Committee of Enquiry into the Education of Children from Ethnic Minority Groups, Cmnd. 9453*. London: HMSO.
- VONTRESS, C.E. (1969). Cultural differences: implications for counseling. *Journal of Negro Education*, 38, 266–275.
- VONTRESS, C.E. (1979). Cross-cultural counseling: an existential approach. *Personnel and Guidance Journal*, 58, 117–122.
- VONTRESS, C.E. & JACKSON, M.L. (2004). Reactions to the multicultural counseling competencies debate. *Journal of Mental Health Counseling*, 26, 74–80.
- WALCOTT, R. (2006). Multiculturally crazy: diagnosis in black. In: MOODLEY, R. & PALMER, S. (Eds), *Race, Culture and Psychotherapy: Critical Perspectives in Multicultural Practice* (pp. 27–35). London: Routledge.
- WEST, C. (1990). New cultural politics of difference. *October*, 53, 93–108.
- WILKINS, P. (2003). *Person-Centred Therapy in Focus*. London: Sage.

- WEST, W. (2000). *Psychotherapy and Spirituality: Crossing the Line between Therapy and Religion*. London: Sage.
- WEST, W. (2004). *Spiritual Issues in Therapy: Relating Experience to Practice*. Basingstoke: Palgrave Macmillan.
- WILLETT, C. (1998). *Theorizing Multiculturalism*. Malden: Blackwell.
- WILLIAMS, C.B. (2006). Multiple stigmas in psychotherapy with African-American women: Afrocentric, feminist and womanist perspectives. In: MOODLEY, R. & PALMER, S. (Eds), *Race, Culture and Psychotherapy: Critical Perspectives in Multicultural Practice* (pp. 177–188). London: Routledge.
- WRENN, C.G. (1962). The culturally encapsulated counselor. *Harvard Educational Review*, 32, 444–449.
- YARHOUSE, M.A. & FISHER, W. (2002). Levels of training to address religion in clinical practice. *Psychotherapy Theory/Research/Practice/Training*, 39, 171–176.
- YEATS, W.B. (1921). The second coming. In *Michael Robartes and the Dancer*. New York: Macmillan.
- YUVAL-DAVIS, N. (1999). Ethnicity, gender relations and multiculturalism. In: TORRES, R.D., MIRON, L.F. & INDA, J.X. (Eds), *Race, Identity and Citizenship: a Reader* (pp. 112–125). London: Blackwell.
- ZIZEK, S. (1997). Multiculturalism or the cultural logic of multinational capitalism. *New Left Review*, 225, 28–51.

Copyright of British Journal of Guidance & Counselling is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.