DIFFERENT STORIES :
MULTICULTURAL ISSUES IN THE TRAINING OF CLINICAL PSYCHOLOGISTS

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ABSTRACT

Despite an ever-growing body of international literature on multicultural counselling or psychotherapy, comparatively little has been written on multicultural counselling in South Africa, or the need to train South African clinical psychologists to work in a multicultural milieu. My own experience of the training course in clinical psychology at the University of Cape Town was that there had been very little formal or informal discussion of multicultural issues in counselling. Considering South Africa's multi-cultural population, I wondered whether we had been sufficiently equipped to work with a culturally, racially and socio-economically diverse clientele.

Seventeen clinical psychology interns at the University of Cape Town were interviewed to find out their perceptions of this aspect of the course. A qualitative, ethno-methodological approach to the study was taken. A semi-structured interview schedule was used so that the interns' responses could be explored further. Analysis of the data was guided by social constructionist and discourse theory.

The interns felt that it had been difficult to talk about multicultural issues during the training. Their reasons for this are discussed in the light of a politically motivated preference for talk about similarities rather than differences between people. Recommendations are made for an awareness component in the training to increase sensitivity among interns to their own biases and prejudices, and to their cultural heritage; and for a multicultural perspective to all training in counselling and psychotherapy.

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CHAPTER 1

INTRODUCTION

This chapter looks at the rationale for and aim of this dissertation, the context in which the study takes place, an explanation of some of the terms used, and the arrangement of the dissertation.

Rationale and aim

This study focuses on the perceptions that some intern clinical psychologists have of certain aspects of their training at the University of Cape Town's Child Guidance Clinic (CGC) and in the hospital system. In particular, it looks at whether they feel that they have been sufficiently equipped during their training to work therapeutically with a culturally, racially and socio-economically diverse clientele.

Over the last decade, there has been a growing body of literature on multicultural counselling or psychotherapy, which also stresses the importance of training mental health practioners to work in a multicultural setting (d'Ardenne & Mahtani, 1989; Evans, 1985; Lee & Richardson, 1991; Lefley & Pedersen (Eds.), 1986; Pedersen (Ed.), 1987; Pedersen, 1988; Pedersen, Draguns, Lonner, & Trimble (Eds.), 1989; Sue & Sue, 1990). Much of it has been written within the context of the multicultural societies of North America and England and often refers specifically to the blacks and ethnic minorities living in those countries.

South Africa can be considered a multicultural country, yet there has been comparatively little written on multicultural counselling in South Africa or the need to train South African mental health practioners to work in a multicultural milieu. My own experience of the training course for clinical psychologists at the CGC was not only that the subject was not broached explicitly by training staff, but also that there was little space in class or in case conferences for specific talk on working multiculturally. Considering that the CGC prides itself on being a leader in South Africa in the area of consultation and training (University of Cape Town, 1994), and that interns are encouraged to do a community placement in their second year, I began to wonder to what extent our training had really equipped us to work with clients whose different cultural, religious or racial backgrounds were generally not acknowledged to be of importance in therapeutic practice.

This dissertation therefore, is an attempt to explore further with fellow interns what Pedersen (1991) has called the multicultural perspective in counselling. Specifically, my aim has been to find out how the interns understand culture and multicultural counselling, what their experiences have been of multicultural counselling during their two-year internship, to what extent they are aware, in their clinical practice, of their own biases or prejudices, or their own cultural heritage, whether they think that their training has been adequate in equipping them to work multiculturally, and what ideas they may have for the apparent silencing of multicultural talk, especially at the clinic. It should be made clear that my concern is only with the training undertaken during the years 1992-1994. Whether multicultural issues were freely discussed prior to this, or are being discussed currently is beyond the scope of this study.

Context

As already stated, the study focuses on intern clinical psychologists at the University of Cape Town. UCT is a liberal humanist institution, in the sense that it would defend the moral, political, and legal rights of each individual, while at the same time disregarding individual differences (such as social or cultural) which may appear to be divisive (Goldberg, 1993). It is committed to academic freedom, the rejection of racism and racial segregation, and to maintaining "a strong tradition of non-discrimination with regard to race, and with regard to religion or gender" (University of Cape Town, 1995a, p.5). The CGC, where the interns spend their first year of internship, is attached to the university's psychology department and upholds the same liberal principles.

The CGC's clientele has come increasingly from disadvantaged communities (i.e. black communities, because of South African politics). In 1992 and 1993 - two of the years covered in this dissertation - the majority of clients seen by the interns were black, whereas the majority of interns were white. It should be noted that at the time of writing (1995), for the first time, 50% of the interns at the CGC are black. However, the majority of the teaching staff at the clinic remain white.

The hospitals in which the interns do their second year of internship are fully integrated racially. Here too, the patients have become more representative of South African society as a whole.

Politically, South Africa has seen many changes over the last five years. The greatest of course was in April 1994, with the election of a new, democratic and non-racial government. As the interviews for

this dissertation took place before and after the election, it was impossible for the event and its consequences for South Africa not to enter into the discussions.

Terminology

The areas of multicultural research and counselling are associated with confusing and sometimes contradictory terminology. Explanation of certain terms that are used is thus required.

Multicultural: *cross-cultural, intercultural, transcultural,* or *multicultural* seem to be used interchangeably in the literature on multicultural counselling. Pedersen (1988) explains his preference for *multicultural* because it implies a co-equal status rather than comparing one group of people with another. Comparisons often lead to one group being thought of as better than another. In this dissertation, *multicultural* is the chosen term and is used throughout when referring to counselling.

Counselling: here too in the literature, *counselling* is often used interchangeably with *psychotherapy*, or just *therapy*. While acknowledging that counselling is usually considered short-term and problem-centered and psychotherapy long(er)-term and generally psychodynamic in orientation, I have chosen to use *counselling* throughout. This avoids the unwieldy counselling/psychotherapy coupling, and is also in keeping with the broad definition of counselling as encompassing "any and all professional techniques and activities that are undertaken to resolve human problems" (Draguns, 1989, p.4). As such, counselling ranges from guidance counselling at one end of the continuum to psychotherapy at the other.

"Race", "racial" categories: I accept in principle UCT's definition of race as "primarily a social construct in which individuals are classified into groups ('races') on the grounds of perceived heritable physical differences" (University of Cape Town, 1995b, p.71). Accepting race as a social construct implies that there is a "reality" in which race does not exist. In pursuit of this reality, one strives for non-racialism. However, another reality in South Africa has been the racial categorisation of people into African, Coloured, Indian and White groups. Whether we accept it or not, race is one of our identities as South Africans, affecting us socially and psychologically. The above four

categories are therefore used where necessary. The term *black* is used when all the groups except whites are referred to. Race has been written with inverted commas to indicate that it is a questionable term, but, following American Psychological Association publication guidelines, only when the term is first introduced in each chapter.

Finally, for **she** and **her**, read also **he** and **him**, where gender is non-specific. This is an attempt to balance centuries of male-dominated language rather than an imposition of a new generic form of pronoun.

Arrangement

Chapter Two of this dissertation reviews the literature on multicultural counselling and training, both from an international and South African perspective. Included here are some of the differing understandings of concepts such as *culture, race*, and *ethnicity*. Chapter Three looks at methodology. There is a brief discussion of social constructionism as a theoretical basis for interpreting the interviews. Also included in this chapter is a short section on discourse theory, as Parker's (1992) criteria for the identification of discourses became a useful guide to understanding the interns' discussions. Chapter Four analyses and discusses aspects of the interviews in some detail, and Chapter Five gives the conclusion and recommendations.

CHAPTER 2

LITERATURE REVIEW

A great deal has been written about culture, largely from an anthropological, but also from a political or psychological/psychiatric perspective. Within psychology and psychiatry there is a range of topics, dealing for example with the relationships between culture and behaviour, personality, or mental health and illness. My interest is in the relationship between culture and counselling, and this literature review is thus limited to the subject of multicultural counselling.

Even within the field of multicultural counselling, the review of the literature will of necessity be selective. It is also inevitable, given that this is a minor dissertation, that complex issues will appear to be dealt with somewhat superficially. Areas covered either Inform the questions asked in the interviews, or relate to the interns' talk on the subject. Research on counsellor and client variables in multicultural counselling - whether clients prefer counsellors of the same culture/race for example - is not covered. Comprehensive reviews can be found in d'Ardenne and Mahtani, 1989; Kareem and Littlewood (Eds.), 1992; Pedersen (Ed.), 1987; Pedersen et al., 1989.

This review looks first at culture, "race", and ethnicity, in an attempt to unravel some of their tangled meanings. They are contentious concepts, particularly in South Africa. Some of the North American and British literature on multicultural counselling is then reviewed, with a look at how culture can affect the counsellor and the counselling relationship. This is followed by a review of South African literature on the subject. Issues in the training of counsellors for multicultural counselling are examined in the next section. One of the areas that most writers acknowledge needs to be tackled in the training of counsellors is that of awareness of one's own biases and prejudices. With this in mind, there is a brief concluding section on racism.

Culture, race, ethnicity

Culture is one of those concepts that has "fuzzy boundaries" (Draguns, 1989, p.3). It is very complex, and would take more space than is available here to explore fully. Most people understand intuitively what it means, especially for themselves, and will define it descriptively and historically by listing aspects of their lives and activities that they think are part of their cultural heritage (Berry, Poortinga, Segall, & Dasen, 1992). Examples of this would be language, belief systems, art, customs. Understood in this way, culture would refer to a "shared way of life of a group of people" (Berry et al., 1992, p.165). This implies that there are different groups of people who would therefore share different ways of life (different cultures).

Anthropologists like Kroeber (as discussed in Berry et al., 1992) argue that culture is superorganic. Individuals come and go, but cultures and their institutions remain relatively stable and unchanged. This argument underpinned apartheid ideology in its appeal to the idea that cultures are static and fixed, and allowed the previous government to legislate for the separate development of different races/cultures. It is this idea that cultures are static and fixed that the writers in Boonzaaier and Sharp (Eds.) (1988) object to. Cultures are being constantly dynamically re-created by each new generation (Littlewood, 1992), whether by coming into contact with a dominant culture, as in Britain, or having a dominant culture imposed on it as in this country.

Race is another contentious term. As already stated in Chapter One, race is a social construction, "an ideological process" (Foster, 1991, p.203) used to classify people into groups. The history of this classification of humankind into races on the grounds of genetically-coded characteristics such as skin colour goes back to the eighteenth century when Linnaeus divided *homo sapiens* into six categories. Later, these races were commonly conceptualised as hierarchical, with whites at the top and blacks at the bottom (Fernando, 1991). Social Darwinism, a socio-political application of the theory of evolution which became popular in England and America in the late-nineteenth century, claimed inherited privilege for the upper and middle classes (Nederveen Pieterse, 1992). All this gave the expanding European colonialism of the time the "superiority complex

[which] was a political and psychological necessity to enable a tiny minority of foreigners to control the local majority" (Nederveen Pieterse, 1992, p.88). The use of race as a scientific and biological term has now been discredited (Ponterotto & Pedersen, 1993). Genetic variation within races is far greater than between them (Berry et al., 1992; Fernando, 1991; Ponterotto & Pedersen, 1993). However, the supposed racial, cultural and intellectual superiority of white colonialsm persists. It was this "race paradigm" that "formed the basis of and the justification for the political structures that emerged in South Africa" (Boonzaaier, 1988, p.64).

The distinction between the term culture and that of race is often blurred in the literature. Some writers acknowledge it, as do d'Ardenne and Mahtani (1989, p.5) who say that their use of the terms race and culture will overlap, because "the traditional distinction between 'race' (nature) and 'culture' (nurture) cannot be made". Dawes and Davids (1983, p.8) admit to using "the euphemism of 'culture' in place of the more evocative term 'race'". Other writers, such as Fernando (1991), comment on the confusion between culture and race in more detail.

Fernando (1991) feels that this confusion is partly because of the lack of precision in defining culture. Sharp (1988b) and Thornton (1988), both writing within the South African context, suggest that this lack of precision, not only with culture, but with many of the other terms most of us take for granted as "real", such as race, ethnicity, and community, stem from their origin as socially constructed concepts. These "are real only to the extent that they are the product of a particular world-view" (Sharp, 1988a, p.1). They cannot be boxed in neat, absolute definitions, despite the previous South African government's attempts to the contrary.

A problem with using culture and race synonymously is that culture takes on the negative connotations of race, with the result that people whose cultural backgrounds differ from the dominant culture are seen as inferior. So even though there was a shift from racial to cultural rhetoric in South Africa in the early 1960s (Boonzaaier, 1988), discrimination and oppression of "other" cultures/races continued. To the extent that

cultural rather than racial differences continue to be discussed in the "new" non-racial and multicultural South Africa, it will be important to keep in mind Europe's new racism, seen as "primarily a form of 'cultural racism'; a 'differentialist racism', in which cultural difference replaces the earlier and now scientifically discredited biological theorizations" (Rattansi, 1994, p.55).

Ethnicity is another term that is often used interchangeably with culture and race (Helms, 1994; Ponterotto & Pedersen, 1993). It is usually seen as the "shared sociocultural heritage" (Pedersen, 1988, p.viii) of a group of people that gives them a sense of identity. As with the use of race and culture, ethnicity has been seen as problematic in South Africa (Sharp, 1988b), where to discuss it "was somehow to legitimate its existence, and thus to legitimate apartheid" (McAllister & Sharp, 1993, p.7). However, as these two authors also acknowledge, "the tide has turned" (p.7), and there is renewed academic debate, as witnessed in Indicator SA (1993) and a recent book by Bekker (1993). In this book, Bekker reviews contemporary and South African works on ethnicity, looks at why most South African scholars avoided studying the subject in the late-apartheid era and discusses the need, in the changing South Africa of the nineties, "to address ethnicity in its many forms so as to understand better the complexities of contemporary South African society" (p.104).

One last comment about culture needs to be made. Some writers have commented on the attempt to widen the concept of culture to include any difference between one group of people and another (d'Ardenne & Mahtani, 1989; Pedersen, 1988). Pedersen (1991, p.7) defines culture broadly to include "demographic variables (e.g., age, sex, place of residence), status variables (e.g., social, educational, economic), and affiliations (formal and informal), as well as ethnographic variables such as nationality, ethnicity, language and religion". The effect of this broadened concept on multicultural counselling is discussed in the next section.

Multicultural counselling

Over the last ten years or so, there has been an increase in the number of international

publications on multicultural counselling (Acosta, Yamamoto, & Evans, 1982; d'Ardenne & Mahtani, 1989; Kareem & Littlewood (Eds.), 1992; Lee & Richardson (Eds.), 1991; Markowitz, 1994; Pedersen (Ed.), 1987; Pedersen, 1991; Pedersen et al, 1989; Sue & Sue, 1990). One reason for this is that cross-cultural psychology has shown how culture impacts on all aspects of behaviour and experience (Draguns, 1988). Another reason for the increased attention to multiculturalism in the USA can be found in the civil rights movement of the 1960s and 1970s (Helms, 1994). Since this time, minority group authors have often voiced the theme that counselling has "failed to fulfil its promises to the culturally different" (Sue & Sue, 1990, p.5).

Littlewood (1992) discusses the growing dissatisfaction among therapists in Britain with the way blacks and ethnic minority groups are discriminated against in the mental health services. Whereas therapeutic failures are often seen in terms of cultural differences between counsellor and client by writers such as Draguns (1989), Littlewood (1992) argues that these difficulties are compounded by the racial and economic oppression black and ethnic minority clients suffer.

Littlewood (1992, p.11) defines intercultural therapy - his term for multicultural counselling - as "effective therapeutic intervention and facilitation by a member of one ethnic group in the decisions, choices and subjectivities of a client of another". His use of the term ethnic group is in line with his and his co-editor Kareem's focus on blacks and ethnic minority groups when talking about muticultural counselling.

Acosta et al. (1982) are concerned with providing effective psychotherapy for low-income and minority patients, whose problems need to be understood in terms of their sociocultural and ethnic backgrounds. For them, this means being aware of the patients' "ethnicity, social class, race, religion, and age, and how these factors influence both patients' psychological state and their degree of comfort in relating to the therapist" (p.2).

As discussed in the previous section, culture is often commonly used to refer to any

difference between one group and another, or one person and another, and in fact, "the term covers a very wide range of issues to do with the way people live" (d'Ardenne & Mahtani, 1989, p.4). So for someone like Pedersen (1988, p.viii), multicultural counselling "is a situation in which two or more persons with different ways of perceiving their social environment are brought together in a helping relationship". In this sense all counselling becomes multicultural.

> If we consider age, life-style, socio-economic status, and sex-role differences in addition to ethnic and nationality differences, it is quickly apparent that there is a multicultural dimension in every counseling relationship. (Pedersen, 1988, p.167)

Wohl (1989, p.82) takes it further. Therapy can be seen as multicultural, even when counsellor and client appear to come from the same cultural background.

> Each of us creates an idiosyncratic interpretation of culture, a private unique understanding of the apparently common culture. For this reason each of us is culturally different from anyone else in our own culture.

Lee (1991) however, feels that the term multicultural counselling is becoming too inclusive and in danger of losing its meaning. Writing in the American context, he focusses on race and ethnicity, and in particular, those ethnic groups who do not trace their origins to Europe.

The "culturally encapsulated counsellor"

This term, first coined by Wrenn (1962), recurs in the literature on multicultural counselling. It refers to counsellors who "disregard cultural variation in favour of applying some mistaken universal notion of technique-orientated truth" (Hickson & Christie, 1989, p.163). Such counsellors are unaware that their own psychological mindedness and understanding of counselling is culture-bound. As Wohl (1989, p.81) says, all psychotherapy is cultural, in the sense that each psychotherapy "is a reflection of the culture that produces it".

Various authors emphasise that psychotherapy as practised in the west has its roots in white European culture (Sue & Sue, 1990; Draguns, 1989; Pedersen, 1988; Pedersen,

Fukuyama, & Heath, 1989; Fernando, 1991) and that assumptions are made that Euroamerican values such as individualism, self-actualisation and insight are valid for everyone. Sue and Sue (1990) discuss some culture-bound values of western counselling. Western counselling is individual-centred; it emphasises verbal, emotional and behavioural expressiveness; it assumes that clients who obtain insight into themselves will be better adjusted; and it requires clients to be able to talk openly about intimate aspects of their life. These are not necessarily valued as highly by clients whose culture is not Western. For example, such clients may not value insight highly and may not appear to work well within an insight-oriented therapy. However, Sue and Sue (1990, p.38) make the point that "a person who does not value insight is not necessarily one who is incapable of insight". Pedersen, Fukuyama, & Heath (1989, p.34) describe Hsu's theory of psychosocial homeostasis within the Chinese context as emphasising "the individual in context and the relationship between persons as more important than individual success". Draguns (1989) comments that self-actualisation may be an important and worthy goal in counselling, but it is not a universal one.

Sue and Sue (1990) also talk about class-bound values of counselling. One in particular is the middle-class counsellor's concern with time. Weekly, 50 minute appointments, made over several months, are not always consistent with the needs of many lower-class clients who want immediate solutions in their attempt to survive on a day-to-day basis. Many lower-class people, after much exposure to public agencies, operate on "minority standard time" (Schindler-Rainman, in Sue & Sue, 1990, p.45). This is a tendency to have a low regard for punctuality, because poor people have learnt that endless waits are associated with medical clinics and other government agencies. In this context, punctuality can be a waste of time.

Language variables - the use of standard English and the emphasis on verbal communication - are also discussed by Sue and Sue (1990) as something that the culturally encapsulated counsellor could take for granted. Communicating in standard English can discriminate against those from a lower-class or bilingual background. Sue and Sue talk about ghetto language, where nonstandard English is the norm and more

reliance is placed on nonverbal cues. Bilingual clients, speaking English as their second language, may be unable to express the complexity of their thoughts and feelings. Marcos and Alpert (1976) report that some aspects of the client's emotional experience may not be available to treatment if the client cannot speak her mother tongue in therapy.

Working through an interpreter in a counselling situation is often perceived as very unsatisfactory by counsellors. Wood (1993), in a review of the literature on the use of interpreters in medical consultations, found reports of high levels of satisfaction when professional interpreters were used. However, frequent problems were associated with the use of casual interpreters, such as family members. In the South African literature, he found that the importance of the interpreter role was seldom emphasised, and it was rare to find specially trained interpreters.

Muller (1994) attempted to understand the meaning behind an apparently "poor" interpretation in her analysis of a diagnostic interview between a psychiatrist and a Xhosa-speaking patient, in which a Xhosa-speaking psychiatric nurse did the interpreting. Many of the difficulties related to working through an interpreter are clearly demonstrated. These include interpreting "errors" such as omissions, additions, condensations and substitutions made to the clinician's questions and the patient's answers, and issues of power between clinician and interpreter.

Multicultural counselling in the South African context

Considering the multiculturalism of South Africa, it is interesting that the subject of multicultural counselling in this country has not been addressed as explicitly as in the literature already reviewed. The reasons are complex. Multicultural counselling focuses to a large extent on differences between counsellor and client. In South Africa, differences between people have been legislated and entrenched (Kottler, 1990; Swartz, 1989). Examining cultural differences can appear to reproduce and reinforce "Apartheid's obsession with difference" (Freeman, 1991, p.145). The danger is of reifying culture as unchanging and sacrosanct, which obscures issues of class and

power (Seedat & Nell, 1990). One of the effects of this has been to concentrate on the similarities among people, which Kottler (1990, p.27) identifies as "the dominant anti-apartheid discourse", and which leaves the "differences" discourse in "an awkward space".

Swartz (1986, 1987, 1989) has reviewed in some detail the South African transcultural psychiatric literature of the 1970s and 1980s, in which he also looks at multicultural aspects of psychotherapy and counselling. Specific literature on multicultural counselling in South Africa appears to be relatively sparse. Dawes and Davids (1983) discuss some of the problem areas in cross-cultural counselling in a country where race is such an overdetermined issue. Kruger (1980) uses a case study to highlight a problem of cross-cultural contact between a white therapist and black client. Bührmann (1977) looks at the problems of language, culture and psychiatric assessment for a western-trained psychiatrist dealing with Xhosa patients. Her cross-cultural application of analytic psychology is looked at critically by Roper (1992), who feels that she does not pay sufficient attention to sociopolitical and economic issues.

The issue of the western cultural roots of psychology and psychotherapy as we know and practice them, and whether they are suitable for culturally different groups of people, has tended to be discussed and argued in the more general debate on the relevance of psychology in South Africa (Anonymous, 1986; Biesheuvel, 1987,1991; Bodibe, 1993; Dawes, 1985,1986; Holdstock, 1981; Mauer, 1987; Nell, 1990; Perkel, 1988; Rock, 1994; Turton, 1986).

More recently, Bodibe (1993) has argued that western viewpoints on the need or otherwise of an indigenous psychology for South Africa have been dominant and well articulated. It is time for African psychologists "to tell their side of the story too" in furthering the quest for a relevant psychology, as there is a definite place for an indigenous psychology in "fostering better perceptions and understandings among psychologists in a pluralistic society such as our own" (Bodibe, 1993, p.53).

For Nell (1990, p.138), the fragmenting of the world into "first world" and "third world", and the need therefore for indigenous psychologies, is damaging to psychology, which he sees as "single and universal". Seedat and Nell (1990) point out that it is not useful to claim that psychologists are part of the first world (middle-class, amongst other things) and their clientele are from the third world (the poor and oppressed). It could result in psychologists withdrawing from these "third worlders" because "the need to fulfil physical wants is seen as incompatible with simultaneous higher level needs for affective gratification and personal fulfilment" (Seedat & Nell, 1990, p.142). It is the opinion of these two authors that seeking for a psychology that is relevant for the culturally different sounds too supportive of the policy of separate development.

Gobodo (1990) by contrast, feels strongly the need to recognise cultural diversity in psychotherapeutic practice and so adapt therapeutic interventions where necessary. She argues that failure to recognise cultural differences in South Africa reflects a cultural assumption of the dominant minority that their psychology is suitable for everyone. No matter how educated and "westernised" Africans may claim to be, "we will still be regulated, in part, by the ethos of our original culture" (Gobodo, 1990, p.96). Nevertheless, she does not claim that culture is unchanging, nor does she ignore the oppressive structures that have so confounded issues of culture, race and class in South Africa.

Training for multicultural counselling

While much of the literature on multicultural counselling describes how counsellors can become culturally skilled by discussing the features which make counselling across cultures efficient (d'Ardenne & Mahtani, 1989; Sue & Sue, 1990), some literature focuses specifically on the training of multicultural counsellors (Abel, Metraux, & Roll, 1987; Evans, 1985; Lefley & Pedersen (Eds.), 1986; Pedersen (Ed.), 1987; Pedersen, 1988). This literature addresses the pluralism of American society and is concerned with American training needs. However, some of the issues raised are general and have been discussed or referred to by South African writers in terms of their relevance to the training of

South African psychologists (Hickson & Christie, 1989; Kriegler, 1993; Seedat & Nell, 1990).

Aspects of training that are considered important for all multicultural counselling are identified by Pedersen and Lefley (1986, p.5):

> Adequately trained mental health professionals will have an awareness of their own cultural biases, knowledge about the research literature relating culture to mental health, and skills to implement the insights resulting from knowledge and awareness in a culturally appropriate format.

Pedersen (1986) discusses these three facets (awareness, knowledge and skills) in more detail, identifying various criteria for competency in each. For example, awareness criteria include the counsellor's sensitivity to her own cultural heritage, awareness of her biases and values and how they may affect the client, and comfort with differences that exist beteen counsellor and client in terms of race and beliefs. Knowledge competencies include an understanding of the sociopolitical system and its effect on different people, and specific knowledge and information about the particular group the counsellor is working with. Skill competencies involve largely the ability of the counsellor to send and receive verbal and nonverbal messages accurately and appropriately.

The need for awareness has lead to the development of training models for increasing sensitivity in counsellors to multicultural issues. For example, Pedersen (1986, 1988) discusses the Triad Model, in which a trainee counsellor from one culture is matched with a coached team of "client" and "anticounsellor" of another culture. The anticounsellor serves to point out the negative aspects of the counselling from the client's cultural viewpoint.

Another method for increasing multicultural awareness is Sue and Sue's (1990) Cultural/Racial Identity Development Model which defines the stages that oppressed people experience in their identity formation. Sue and Sue also discuss white identity development models and the stages that are experienced by whites as they become

aware of their own racism and seek to develop a nonracist identity.

Pedersen (1988) is concerned with the development of a multicultural identity as a way of increasing one's awareness of multicultural issues. He reviews the research in this area and then discusses the development and use of his Cultural Grid. This provides a method for understanding the formation of individual cultural identity as well as understanding the relationship between two or more people from different cultures.

Hickson and Christie (1989, p.168) support the three components of training discussed above, and feel that it is important for mental health professionals to gain knowledge, awareness and skills "for helping across cultures".

However, Seedat and Nell (1990, p.141) are critical of this type of specific training, calling it "mystical".

> The mystics are those who believe that a range of special skills derived from anthropology and cross-cultural psychology are a prerequisite for successful psychotherapy with "third-world clients". Failed psychotherapies with such people, especially if they are black, are unhesitatingly attributed to the therapist's inadequate training in cross-cultural psychology, and to important (though undefined) "cultural factors".

They feel that seeing therapy with blacks as exclusively cultural "may very well serve to entrench the political, class and professional interests of those seeking justification for institutionalised segregation" (p.143). What is needed rather is a counselling position "that ceases to view tradition as more significant than class, oppression or power" (p.148).

Kriegler (1993) argues that psychology in South Africa is failing to meet the needs of the masses. A major reason lies in training deficiencies. She calls for training courses to grapple with political and multicultural issues by including a consciousness-raising component as well as affective, knowledge and skills components. She suggests that there needs to be increased awareness of the white, western cultural assumptions that are made about psychology, and of the political nature of psychotherapy and counselling in that it often perpetuates racism, sexism and other forms of oppression.

Research amongst mental health practioners in South Africa has shown that they do not feel sufficiently equipped by their training to deal with multicultural aspects of counselling (Manganyi, 1991; Mfunda, 1988; Marchetti, 1989). Friedman (1985), in his study on cross-racial psychotherapy in South Africa, recommends that racial issues should be tackled in the training curriculum.

Whether or not there is agreement on the need for specific cultural knowledge and multicultural counselling skills, writers acknowledge the need for a critical awareness of and sensitivity to what it means to be a mental health practioner in South Africa (Dawes, 1986; Seedat & Nell, 1990).

Racism

Racism, as indicated in the previous section, is one of the issues that needs to be addressed in any consciousness-raising or awareness component in the training of counsellors. It is an important issue and should be addressed more fully than space here allows. Goldberg (1993) gives a more detailed discussion of the subject in his in-depth study of racist culture, while Fernando (1991) provides an analysis of racism in psychiatry and psychology.

Despite the emphasis that writers on multicultural counselling place on being sensitive to cultural differences between people, they caution against stressing differences too much. Overemphasising differences can lead the counsellor to stereotype the client (Pedersen & Lefley, 1986; Pedersen, 1988). The counsellor may lose sight of the individual client by focussing on racial/cultural characteristics (Dawes & Davids, 1983; Sue & Sue, 1990). Both stereotyping blacks and ethnic minorities negatively and denying them individual characteristics are racist (Thomas, 1992).

On the other hand, if cultural variables are under-emphasised, the counsellor may be guilty of insensitivity to the client's values (Pedersen & Lefley, 1986). Focussing on the similarities between people can lead to colour blindness, indicated by comments such as "I don't see you as a black person. We're all the same." This is also a form of racism,

in that it disregards the effects of colour in the psychological experience of the client (Ridley, 1989).

It is not easy to avoid subtle forms of racism, even for those mental health practioners who are opposed to racism and genuinely feel themselves to be non-racist. This is in part because a life-long socialisation in a racist society makes it very hard to bring all forms of racism to personal awareness (Thomas, 1992). Counsellors therefore need "first to attend to their own racism, their own prejudices", if they want to work effectively "with people of different colour" (Thomas, 1992, p.134).

But it is not enough for counsellors to confront their own racial prejudices. This implies that changing racial attitudes in the individual will get rid of racism (Pilgrim & Rogers, 1993). This position ignores ideological, political and class factors in generating racism (Foster, 1991). Racism as a sociological concept "implicates institutions, not only individuals, in perpetuating disadvantage" (Pilgrim & Rogers, 1993, p.47). Also needed in the awareness component of the training then, is an exploration of the ways racism is reproduced in South African mental health care (Swartz, 1991).

Conclusion

To talk about multicultural counselling as it has been done here, might seem to imply that it is another form of therapy to be learnt by trainee psychologists, in the way that one might be taught psychodynamic psychotherapy or crisis counselling. However, if one accepts the broad understanding of culture as proposed by Pedersen (1988, 1991), then there is no counselling relationship that does not have some multicultural dimension to it. "The goal should not be to establish a separate field of 'multicultural counselling' but to validate the role of 'culture' in all counselling and psychotherapy" (Pedersen, 1988, p.167).

CHAPTER 3

METHODOLOGY

Design

This qualitative study focuses on 17 intern clinical psychologists' perceptions of certain aspects of their training at the University of Cape Town's Child Guidance Clinic and in the Cape Town hospital system. I worked within an ethnomethodological framework, as ethnomethodology allows one to focus on how people "construct and make sense of the world in which they live" (Benson & Hughes, 1983, p15). I was interested in the subjective experiences of the interns, and how the meanings of those experiences have been constructed by and for them. In addition to this, I was myself an intern during the data-gathering process and could not withhold my own subjectivity from the process.

Ethnomethodology also allows the researcher to be personally involved, and to reflect on the probable influence her own feelings and experiences have on the study (Hammersley & Atkinson, 1983). As the interviews continued, I became increasingly aware not only of how I was influencing the interviews by the kind of questions I was asking, but how I was being influenced by the interns' responses. Although the same core questions were asked every time, it was impossible for each interview not to be shaped to some extent by those that had gone before.

Rationale for the selection of participants

As discussed in Chapter One, the client population both at the Child Guidance Clinic and in the hospitals has become increasingly more representative of South African society as a whole. This, together with the consultation and training course and project during the first year of training, and the community placement during the second year internship, exposes the interns to a culturally, racially and socio-economically diverse clientele.

My reflections on my own experiences of working with some of this clientele during the two years of clinical training and internship left me wondering to what extent our training had really equipped us to work multiculturally. I was also curious to know what my classmates felt about the multicultural aspects of our work.

The MA (Clinical Psychology) course at UCT is continually developing to provide a "model of clinical psychology practice capable of dealing with major public health and service challenges of a rapidly changing continent" (University of Cape Town, 1994, p.1). Part of this ongoing development is the effort made by the teaching staff to implement changes recommended by the interns each year. I thought it would be important to interview the class following us, as a means of comparing our experiences of multicultural training and practice. As they were still doing their internship in Cape Town, it would also be easier to contact them than many of our predecessors.

Participants

Seventeen out of a possible 19 interns were interviewed – eight from the 1992/93 class and nine from the 1993/94 class. One person had already left Cape Town, and another was unable to find time in a busy schedule for an interview. There were 13 women and four men. Fourteen interns were white (two of these had Afrikaans as their first language), and three were African.

In terms of prior academic exposure to cross-cultural psychology or multicultural counselling, relatively few interns had studied specific modules in these subjects, although most interns had studied one or more years of sociology or anthropology, where issues of culture and "race" had been raised. See Tables 1 and 2 for a summary of the interns' academic background. A number of interns had worked in student political organisations, or in NGOs or done community work, and so had some awareness of issues around race, culture, gender and so forth.

The participants were assured of confidentiality of personal identity. They have been numbered, for reference purposes, in the order in which they were interviewed.

TABLE 1

Number of interns who studied courses which might have exposed them to aspects of multiculturism

Undergraduate:		Postgraduate:	
Anthropology:	2	**Honours:**	
Sociology:	6	Cross-cultural psychology:	3
Anthropology & Sociology:	3	Community psychology:	1
Sociology & Social Work:	1	Cross-cultural psychology & Community psychology:	1
Total	12	Total	5
		Masters:	
		Consultation & Training:	13

TABLE 2

Number of interns, according to degree studied and university attended

	B.A.	B.Soc.Sc.	B.Social Work	Psych* Honours
MEDUNSA				1
Natal (Durban)		1		
Natal (Ptmburg)	1			1
Potchefstroom			1**	2
Rhodes	1			3
UNISA	2			
UCT	6	2		10
U. Malawi		1		
U. Pretoria	1			
Vista (Bloem)	1			
Total	12	4	1	17

* B.A. or B.Soc.Sc.
** Included a 4th year module on working multiculturally

Data collection

The 17 interns completing the MA (Clinical Psychology) degree at UCT were interviewed by means of a semi-structured interview schedule. This form of interview, while structured around a set of core questions, allows the interviewer to ask follow-up questions and explore responses in greater depth (Mitchell & Jolley, 1992). The basic interview schedule is given in the appendix.

The interviews each lasted between 60 and 90 minutes. All the interns except one agreed to be recorded on audio-casettes. Notes were taken during the non-recorded interview, and transcripts of the recordings were made.

Analysis and interpretation

The transcripts were read two or three times to gain familiarity with them. I began to group the interns' answers to some of the questions, looking for consensus or "any apparent inconsistencies or contradictions among the views" (Hammersley & Atkinson, 1983, p.178). Certain patterns and themes emerged, which were colour-coded. Parker's (1992) criteria for the identification of discourses became a useful guide to the further understanding and interpretation of the interviews. A brief discussion of social constructionism, discourse theory and discourse analysis follows, with an example of how discourse analysis has been used in this dissertation.

Social Constructionism

Social constructionism provides a theoretical framework within which to understand the different meanings given by the interns to the same topics under discussion in the interviews. This theory accommodates discourse theory within its understanding of how the world is constructed for and by individuals.

The social constructionist movement in psychology is concerned with how "people come to describe, explain, or otherwise account for the world (including themselves) in which they live" (Gergen, 1985, p.266), and emphasises that these meanings of the world are constructed through social interactions and transmitted through language (Gergen,

1985; Gonzalez, Biever, & Gardner, 1994). According to this viewpoint, there is no single, universal reality (Gonzalez et al., 1994), but rather a "multiverse or plurality of ideas" (Lax, 1992, p.70), all of which may be considered valid.

In the same way, there is no unitary, rational individual with a single identity, who can always choose to act on herself or her world. Rather, we have multiple identities, or subjectivities (Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984), which are "always positioned in relation to particular discourses and practices and produced by these" (Henriques et al., 1984, p.3).

Discourse analysis

Henriques, Holloway, Urwin, Venn and Walkerdine (1984, p.105) define discourse in its most general sense as "any regulated system of statements". Fox (1993, p.161) broadens his definition of discourse or discursive practice to "written, spoken or enacted practices organised so as to supply a coherent claim to a position or perspective [and which are] used in post-structuralism to indicate the association between 'knowledge' and power".

Both definitions are reflected in Parker's criteria for distinguishing discourses. These constitute his "system of statements" about discourses, and are intended to help one "engage with, and in, discourse analysis" (Parker, 1992, p.5). His criteria include:

(a) A discourse is realised in texts, which can be in any form (spoken, written or enacted).
(b) A discourse is about objects, including talk about talk (discourse) as if it were an object.
(c) A discourse contains subjects (e.g. a reader of a text) which may also have been identified as the objects of that discourse.
(d) A discourse is a coherent system of meanings, insofar as the statements in it refer to the same topic or theme. "Different slants on the discourse" may be given by "different competing cultures" (p.11), ranging from those whom the discourse benefits to those whom it oppresses.
(e) A discourse refers to other discourses, as when a discourse is reflected upon critically. Contradictions within a discourse may also indicate that other discourses are being referred to, so that it is important to see the interrelationship between different discourses.
(f) A discourse reflects on its own way of speaking. Indications of this happening, for example, are when people talk about "race, in inverted commas", or use the phrase "for want of a better word".
(g) A discourse is historically situated and dynamic – one needs to see how and where a discourse emerged and how it has changed.

A further aspect of discourse to focus upon in an analysis is that discourses reproduce power relations. Parker (1992, p.18) cites Foucault's "power/knowledge" couplet in which knowledge/expertise provides a position of power, but warns against talking about discourse and power "as *necessarily* entailing one another" (original emphasis).

One of the themes that emerged in the interviews was talk about difference, in particular cultural, racial, class and gender differences between people. I had been alerted to this differences discourse by Kottler (1990), who identified it, together with the similarities discourse, as "two central and contradictory South African discourses" (p.27). Applying Parker's (1992) criteria for distinguishing discourses as described above to the differences discourse in this dissertation, the "objects" of this talk about differences would be, for example, blacks and whites, middle and lower class, male and female. Any of these groups could also position themselves as a subject of the discourse, and what they would be able to say within the discourse would depend on whether they saw it as oppressing them or not.

Contradictions within discourses indicate the possibility of other discourses at work. For example, the *differences* discourse may refer explicitly to talk about race, in which races are used to categorise people, usually in a discriminatory way. This in turn informs the *apartheid* discourse in South Africa. But the differences discourse also refers to the *liberal humanist* discourse, which respects the rights of the individual and professes to be blind to racial differences. This discourse would be against discrimination and would align itself with the *anti-apartheid* discourse. The anti-apartheid discourse, in denying (racial) differences between people, feeds into the *similarities* discourse. It would seem then that identifying with liberal humanism in this country could position one within contradictory discourses.

Someone who found herself positioned in such contradictory discourses may choose one position above the other to avoid personal and interpersonal conflict. She will be "invested" (Hollway, 1984) in this position because of the greater sense of emotional well-being that the avoidance of conflict brings.

> By claiming that people have investments...in taking up certain positions in discourses, and consequently in relation to each other, I mean that there will be some sort of satisfaction or pay-off or reward...for that person. The satisfaction may well be in contradiction with other resultant feelings. It is not necessarily conscious or rational. But there is a reason. (Hollway, 1984, p.238.)

In the same way, it is possible to be invested in contradictory discourses, provided that there is sufficient psychological payoff. It would be possible therefore, to position oneself in the differences *and* the similarities discourses and, because of the payoff involved, ignore, deny or tolerate consciously the tensions caused by contradiction.

In the next chapter, an analysis and discussion of the interviews attempts to understand them in the light of socially (and culturally) constructed meanings and positions.

CHAPTER 4

ANALYSIS and DISCUSSION

In the interviews with the 17 interns, I asked them questions in a number of areas related to their experience of and training for multicultural counselling (see Appendix for interview schedule). They gave me a large amount of material to work with, more than could possibly be discussed within the space constraints of this dissertation. I have chosen therefore just a few examples to illustrate the themes under discussion, rather than to detail each of the interns' responses to the questions.

The discussion begins with a look at how the interns understand and use terms such as *culture, "race"*, and *multicultural counselling*. The sections that follow examine how a dominant discourse at the Child Guidance Clinic affects and limits talk about other discourses. Examples of how some of these other discourses nevertheless make themselves heard are given. Finally, there is a look at how the interns perceived their training with regard to multicultural counselling. An attempt is made to show, from a few examples of the interns' talk, how their socially and culturally constructed identities may influence them in their therapeutic practices.

My decision to use the term *multicultural counselling* throughout was made after the interns had been interviewed, hence the use of *cross-cultural* and *psychotherapy* in our conversations.

Culture, race, multicultural counselling

Asking the interns to define culture showed just what "fuzzy boundaries" this term has (see Chapter Two). Most interns had a sense of culture being a system of values or beliefs which has a common meaning for a group of people, influences the way they do things and gives them a sense of identity. As one intern put it, "I think it means a particular way in a particular group of people, how they do things; it involves the views and the morals. Something that's common, that kind of binds them together, and

something that they inherit." (I.7, p.1)

Some interns expressed misgivings about defining culture because of the political connotations that the term has in this country.

> Just trying to define what culture is...it's a very difficult thing....I suppose culture is a word that we use quite unconsciously without thinking about it, and we think there is such a thing as culture. It's sort of like tacit knowledge, that we assume exists, but when you actually examine it, then it's actually very difficult to say what it is. It is a socially constructed term that is used to support the whole thing about in- and out-groups and differences and that kind of thing. (I.4, p.2)

Talking about culture for this intern meant the danger of reproducing "a whole ideology" - in this case "racist attitudes" (p.1). Apartheid's superorganic use of culture (Berry et al., 1992; see also Chapter Two) is acknowledged by two interns who saw culture in South Africa as "ossified" (I.10, p.5) and "this immoveable thing, which it isn't" (I.12, p.1).

There were other interns who also equated culture with race. For example,

> I.A.: If we talk about culture specifically within a South African context, does the word change for you at all? The meaning?
>
> I.14: Yes. Immediately the racial kind of issues are foremost in my mind, although I know it doesn't just mean that. When I think about South Africa, that's the first thing...You talk about different cultures, what people are really saying are different racial groups. (p.1)

Another intern felt that culture had become the acceptable term for "certain dirty words...like tribe and...race" (I.8, p.2). This intern felt "very comfortable" talking about different cultures in South Africa, but, "I wouldn't feel so comfortable talking about race or tribe. But that's my socialisation as well" (p.2). It would seem that for this intern, "culture" has not taken on the negative connotations of "race". The intern's "socialisation" could refer as much to the influence of the previous government's "shift from racial to cultural rhetoric" (Boonzaier, 1988, p.65) as to political conscientisation around the social construction of race.

Although not all the interns were comfortable with talk about different cultures,

because that implied putting people into groups with the danger of their being stereotyped and discriminated against, nearly all of the interns could talk about cultural differences, at least amongst individuals. Even those who had difficulty with the term culture acknowledged that people have different experiences, depending on how they are positioned - whether as male or female, middle or lower class, oppressor or oppressed.

It was in terms of working with these differences that the interns accepted or understood the term cross-cultural counselling. Most saw it as counsellors trying "to get into people's lives and worlds and see what they see" (I.10, p.3) or being "very careful not to impose your map of the world directly on to a person coming from a whole different kind of setup" (I.5, p.1).

However, despite attempts in the discussions with each intern to broaden the concept of culture to include variables such as gender, social class, age, sexual orientation - as suggested by Pedersen (1991) for example - and despite most of the interns' acceptance of this broader understanding, in the end, most of the talk about multicultural therapeutic work focussed on race. When interns gave examples of working multiculturally, nine times out of ten these were of white interns working with black clients or vice versa. So it was hard not to equate multicultural issues solely with racial issues.

A few interns commented that race and class are often conflated in South Africa. This too meant that talk about class was usually equated with talk about race.

The Similarities Discourse and its effects on the interns' talk:

a) Between individuals

As discussed in Chapter One, the University of Cape Town is a liberal humanist institution. Its rejection of racial segregation has positioned it, and the majority of its staff and students (whether by conviction or mere association), in the anti-apartheid

discourse. One of the effects of this is an emphasis on the sameness between people, the *similarities* discourse (Kottler, 1990). Talk about similarities between people may therefore become dominant, resulting in the possible silencing of other discourses, or making talk about other discourses difficult. This leaves the differences discourse in an "awkward space" (Kottler, 1990, p27). When differences have been used, as in apartheid ideology, to divide and oppress, any talk about differences can be seen as supporting the status quo or as racist. As one intern said, "I think I've not wanted to acknowledge difference because that seemed to me the beginning point of the apartheid system" (I.12, p.8).

An example of how awkward it is to talk of differences between people when there is another discourse operating is my interview with I.4, whose definition of culture as a socially constructed term to support apartheid (see the previous section) made it difficult for both of us to talk about cultural differences. The intern's uneasiness about talking about culture left me saying things like, "but just ya, maybe for the sake of this interview" or needing to indicate that I was talking about "culture, in inverted commas".

However, it is interesting that this intern says that "it doesn't feel right to say that [there are different cultures], it doesn't feel logical" (p.3), but a little later acknowledges that "what I think as therapy definitely comes from *my culture*" (p.7, emphasis added). This seems to be a contradiction of the previous statement. The intern goes on to say:

> But I find it difficult to do away with this whole humanistic, western, middle-class value of individualism, potential - all of that. I actually believe that, believe in it. I actually believe in it for all people (laughs) regardless of culture, class and whatever. But I know that's come under a lot of fire and criticised for being irrelevant psychology. (p.7)

In the next few conversation turns, the intern's statement "I actually believe it" is repeated three times. Finally, the intern says, "That's why I did psychology, because I had a belief in the individual's power to attain fulfillment". It would appear from this that the intern is heavily invested in "humanistic, western, middle-class" values and

wants to defend them in the face of criticism. But the intern is not invested in talking about differences if there is a chance of it being interpreted as supporting apartheid. Hence the contradictory positions – the acknowledgement of cultural influences in the intern's life, while at the same time expressing reluctance to say that cultures exist.

b) At the clinic

An investment in the similarities and anti-apartheid discourses can lead to "a culture of 'political correctness'" (Bekker, 1993, p.99), with an evasion for political reasons of talk about differences between people. A number of the interns made reference to the university, and consequently, the clinic, being liberal, politically aware institutions. The following comments indicate the consequences of the need to be politically correct.

> There's a lot about what's politically correct and what isn't, and unspoken, so one doesn't want to put one's foot in it by making what may sound as a horribly kind of reactionary statement...So I think there were things that I wanted to ask and perhaps I didn't, because I didn't want to seem narrow-minded or conservative. (I.12, p.6)

> There is an oversensitivity at the clinic, that sort of oversensitive pc vibe, and what actually happens is a tendency to...blur differences that do actually exist in reality. (I.2, p.4)

One intern, coming from a university where the anti-apartheid and similarities discourses were not as heavily invested in, quickly picked up these sensitivities.

> Everyone is a bit cautious of asking someone, is it a coloured or a black person. It's like people are afraid to use the term, because they don't want to be racist...In —— people are more you know, black people and white people. They would talk like that and not be cautious about it...But here I've realised you must be very cautious. (I.14, p.8)

This intern did go on to say that at that university, there had been "mainly white people in the class" when they had spoken about black and white people, which made it easier. Being part of a more racially mixed class at the clinic did make talk of differences more difficult, as two interns attest:

> The class itself inhibits. People don't want to offend each other, and I think people are very aware, hyper-aware in this country that you are supposed to have a certain set of beliefs that make you OK, and if you don't have those beliefs, you don't own up to it. (I.13, p.13)

> I was actually thinking of the rifts that happened in our class even, were

> particularly around that kind of thinking in terms of difference, and then that being seen as apartheid, supporting apartheid. (I.15, p.11)

So the talk at the clinic, as evidenced in these interviews, tends often to be around sameness, particularly in the interns' interventions with their clients. One intern felt the need "to go in initially as if everyone's the same" (I.6, p.7). Another said, "I myself as a person prefer to find similarities anyway. I am uncomfortable with differences. So I work very hard to find similarities" (I.12, p.16). A third intern thought that "similarities are so much easier to work with and to understand than difference. I think we move towards finding similarities rather than differences" (I.13, p.18,19).

These are English-speaking, white interns, positioned in a western cultural discourse that privileges the individual as opposed to the group. Their sense of self/identity is largely constructed in terms of who they are not. The "other" for them, particularly in South Africa, is neither white nor English-speaking - very different in fact. That difference has of course been reinforced by laws that kept people apart and unknown. It makes sense then that differences seem more difficult to understand and work with.

c) In the hospital wards

While there seemed little space at the clinic for talk about differences, the interns felt that, on the whole, in all the wards except one, there was an openess to discussing multicultural issues, if a particular patient warranted it. Examples given were mostly discussions around different cultural understandings of illness (e.g. African or Muslim), or in neurosurgery, the inappropriateness of psychometric tests not standardised for South Africa. One placement in particular was singled out by two interns as having a "tremendous ability to talk cross-culturally and say things which would in some contexts be seen as quite offensive" (I.17, p.7).

A possible reason for this apparent ability to talk multiculturally in the wards may be that the hospitals are government institutions that have until recently operated within the apartheid system. There has been no official anti-apartheid discourse, as at the

university, and this might have made it easier to talk about differences.

Another possible reason, one suggested by some of the interns, is that it may have a lot to do with the actual staff members in the wards. All the wards have culturally and racially mixed staff, which some interns felt was a factor that made talking about differences easier. For example, an intern spoke about a Muslim occupational therapist in one of the wards who was "very open about her religion and customs" (I.14, p.5). Another intern, commenting about a different ward, mentioned "the psychiatric social worker who's a Muslim from the Bo-Kaap [who] also [commands] a lot of respect...and will be very quick to point out things" (I.10, p.9). By comparison, a couple of interns commented on the white middle-class composition of the teaching staff at the clinic and the effect it could have on multicultural talk. For one intern, it meant the lack of black role models.

But there is still a contradiction between one hospital unit where "nothing was hidden" (I.17, p.7) - the one that had the "tremendous abilty to talk cross-culturally", and the other one where there "is not an open agenda" (I.13, p.10) about multicultural issues, despite both wards having culturally and racially mixed staff. In the "closed agenda" unit, one intern felt that "there's a hornet's nest of class, cultural, gender and race issues that exist among staff...and they're not openly discussed" (I.12, p.7). The focus here was on similarities rather than differences. Whereas at the other unit, an intern thought the staff were "incredibly open" about multicultural issues.

In this unit, the clientele are adolescents, who seem to group themselves into their own little sub-cultures. One of these groups was descibed by an intern:

> At — you have the Goths, which is a little sub-culture, and you don't stay in it for very long, you move out of it, you know, after a while. But whilst you're there, you wear your Docs and you wear black and you basically make sure your skin is as white as possible. (I.17, p.4)

The staff work openly with the differences that are being expressed by the adolescents, making talk about differences so much easier.

It is significant that the staff in the "closed agenda" ward and at the clinic are on the whole invested in the universalism of psychodynamic theory. This implies that all people, regardless of culture, race, gender or class, are inherently similar and can be treated in the same way. The similarities discourse therefore operates strongly in these two places.

So for the interns, positioning themselves openly within the differences discourse has been difficult during training because of the inhibiting influence of the similarities discourse. However, in the interviews, talk about differences nevertheless made itself heard, and was expressed in various ways.

Talk about differences

a) Working with differences is *frustrating*

One of the things that alerted me to the fact that there was a discourse about differences going on in the interviews, was the frustration many of the interns expressed when talking about clients who were neither white nor middle-class. As mentioned earlier, race and class are often confounded in this country, so these clients were mostly disadvantaged blacks.

In one interview, the intern used the words *frustration* or *frustrating* seven times. The intern felt frustrated when working with people who had so few resources available to them; frustrated when wanting to discuss what felt like cultural differences between some Muslim families and white clients at the clinic, and being told to be careful not to sound racist; frustrated with the inadequacy of many of the psychometric tests that had to be used in the neurosurgical ward.

Another intern described an *uneasy* feeling in the class when there was talk about culture; or feeling *discomfort* when sensing that a client was *uncomfortable* about talking about certain things because of "who I am and where I come from" (I.13, p.6).

For one intern though, it was the *shift* (used 16 times during the interview) that had to be made from expectations to reality that was the greatest frustration. This intern had been through "many years of training with a very definite impression of what a psychologist is – [a] very western-world, insight-oriented psychotherapist", and who now felt "a little bit cheated" (I.3, p.18) because "I was dealing, and I can't generalise, but in many ways with people who weren't psychologically minded, who weren't...kind of ammenable to insight therapy" (p.1). In particular, these clients were African women at the AIDS Clinic, who were HIV+.

> I really struggled initially with the very different cultural values of the black women that I saw, compared to the patients that were very much from my background. I found it very difficult making that shift and I suppose I really did struggle with it. Struggle with it as far as microskills were concerned, struggled with it as far as me saying but these aren't really the kind of patients that I really see myself working with when I'm qualified. (I.3, p.8)

So having to make a shift meant, for this intern, having to move from a belief, reinforced by psychodynamic theory, that people are more similar than different, and that in therapy therefore, the therapist can join with the client without shifts.

Often underlying the interns' feelings of frustration and discomfort with the apparent difficulty of working with difference, is I think, a sense of being ineffective, of not achieving much in their interventions with their clients.
One of the strongest expressions of this came from I.2:

> It's almost like, shit you know, I can't work with black people because I just don't have the tools, I don't have their language, I don't have the tests. It's unsafe to go into some of the areas. There aren't the facilities to back up my recommendations. There's a sense of a bit of helplessness....it often feels like that is not enough at all, and you often feel that it's a token gesture. You've left the person no better than when they first came. (p.10)

The image of the clinician as healer is inextricably woven into the social construction of the clinical psychologist, due largely to the medical model on which psycho-therapeutic practice is based. To feel that "you've left the person no better than when they first came" is to feel a failure as healer or carer. It is very disempowering, especially for interns new to the job.

Added to feelings of being ineffective is often a sense of not knowing, or not

understanding, leaving the interns feeling inadequate or insecure.

One intern, working with a returned exile, felt

> like I needed to rush out and find a book on people in exile, to look at a whole lot of issues that I didn't have a handle on...I had a sense of insecurity. I needed to go and look more at this area. (I.13, p.5)

Another intern admitted, "I know so little about these people [Africans]...maybe it's just my own insecurities, but yes, I actually feel incompetent to work with them because I know so little about them and their culture and their language and everything." (I.5, p.7,10). And again: "If there's something I don't understand, I must go and read up about it" (I.14, p.5).

These examples illustrate Foucault's knowledge/power couplet. To know more is not just empowering in a constructive sense, enabling inexperienced interns to feel more confident. To know the "other" in the counselling relationship is also to have the power to tell them what to do or what is best for them, or in less directive therapies, to indicate that their non-acceptance of an interpretation is resistance to an unpalatable truth.

The overall feeling underlying the frustration is one of powerlessness, and not being in control, as expressed by this intern:.

> ...having your own private practice, you set up the times and people arrive, and if they arrive ten minutes late, you knock ten minutes off their session, and that's very simple. But it's not like that when you're working out there [in one of the community placements]. There're reasons why people are late that are really valid, and you need to adapt to that. You may have a wonderful idea planned or something, and it doesn't work because half the family can't come, or, I don't know, there's just less control, you have less control....And I think people don't like that either. It requires a kind of energy I think, to maintain your vision of what you're trying to do. (I.12, p.19)

The power invested in the counsellor's position is alluded to here, not only in its felt absence when there is less control, but also in the ability to "knock ten minutes off their session" if clients are late. What is also interesting is the assumption that clients whom the counsellor sees in private practice do not have valid reasons for being late.

Presumably, these clients would at least be middle-class, if not white, and therefore should have transport, or should not be delayed by unforseen circumstances.

b) When language is the major difference

Quite understandably, in our multilingual country, language was an issue in one way or another for each of the interns interviewed. Seven interns mentioned that language would be a factor when assessing future clients for suitability for therapy. For example:

> I think somebody who really battled to speak English would be hell of difficult [to work with] and I think [it] wouldn't be very good for them either. (I.1, p.8)

> I would feel extremely...incompetent to try and work with someone whose language base was very different from mine and which I felt would be a hindrance to therapy. (I.6, p.12)

> I won't treat someone who can't speak English fluently, because I just think they get a bad deal...I wouldn't pretend to speak Afrikaans well enough to be able to do long-term psychotherapy...I read an article about ...there [being] some experiences that are inaccessible in a second language, emotional early experiences...It worries me about doing therapy in a second language. (I.4, p.14)

An Afrikaans-speaking intern, who was well aware of what it means to work in a second language, was also concerned about expecting clients to speak in a language that is not their mother tongue.

> I think we underestimate the difficulties of asking a person to speak another language...I think it's of the utmost importance to speak a person's language, even if you speak it poorly. For a person to express himself [sic] the best, he needs to be speaking his own language...I can't express myself as well in English, even after all this time. I'm still looking for words, I can't express the finer nuances. (I.5, p.4)

Three of the other four interns for whom English is not their first language, also talked about the difficulty of finding the right words.

> I have to think in my own language, and I try to translate, and by the time you get to that, you know, right, now I'm stuck. I know what I want to say, but I can't find the right word. So it's an issue. A big one too. And some things are not translatable. (I.16, p.2)

There is no doubt that the interns are genuinely concerned that their clients do not "get a bad deal". Therapy has long been known as the "talking cure". It is primarily through language that meanings are clarified and understanding achieved. But to be

cautious about doing therapy with someone because there may be emotional experiences that are not accessible to the client in a second language, indicates how therapy has been constructed as linguistically subtle. It is part of the therapist's role as the one who knows, to be able to make complex hidden feelings visible. Not to be able to do so could be seen as failing to produce a successful therapeutic outcome. This is not to deny the claims in psychoanalytic literature that important intrapsychic material may be lost in therapy because the client cannot express herself in her mother tongue (Marcos & Alpert, 1976, – the article referred to by I.4). But a person's suitability for therapy should not necessarily have to depend on what in the end is one of a number of culturally constructed therapies.

c) Interpreters

If there was one issue that epitomised all the above talk about difference – the otherness, the frustration, the disempowerment, the language barrier – it was having to work through an interpreter. Nine interns expressed frustration at having felt left out, uncomfortable, not being able to establish a relationship with the client, incompetent, or out of control. There was also dissatisfaction about the sort of person who acted as interpreter, and whether they could be trusted to interpret correctly what the intern or client was saying. The following comments speak for themselves.

> If there was an interpreter, she wasn't educated. You have to use the floor sweeper, which is unethical, and you don't know how well she translates. She gets into an emotional knot because of this message she has to convey [working at the AIDS clinic]. It was just an absolutely total mess. And I felt very unhappy and very frustrated with the situation. (I.5, p.6)

> I spent a very frustrating day working through an interpreter...I think that up until now I haven't really had to deal with something as frustrating as this, where I can't understand the person's language...I can't actually work like this. And what is it saying? Is it saying there's a whole lot of work I can't do? And what does that feel like. I mean, I feel incompetent, I feel useless...It's not easy for me to feel so helpless and to feel that I can't actually do what I'm supposed to do. To work through an interpreter is a compromise for me. (I.10, p.6,8)

> The one main thing is I find I don't connect with the client, because the client or patient is looking at the interpreter, and the relationship is with [the interpreter] and not with me...the whole issue of power comes into it. I mean, who has the clinical power there, you know, and to constantly remind the interpreter that you're the clinician. (I.11, p.13)

> It was very difficult for me. I feel as though I can't build a relationship with

> someone that I can't speak to directly. It's difficult for me to understand things they mean. I can't hear how they say it and what words they use...I don't like doing that. And I also feel as if it's unfair to them. (I.14, p.4)
>
> It was very interesting and quite difficult at times. I mean, not only because of culture or language difficulties, but also just working with a translator and feeling quite left out of the situation and not quite understanding or being able to define the roles clearly with the interpreter. (I.15, p.6)

Again, these examples reflect major knowledge/power issues. From what the interns said, it is doubtful who had more knowledge of the client in the end – the intern or the interpreter. And it also says something about the way therapy has been constructed as an intimate relationship. Working with an interpreter is not conducive to intimacy between therapist and client.

Not all the experiences were negative, however. There was one placement where the person who usually did the interpretation was a member of staff, so the intern was able to build up a relationship with her over the four months. She was also more familiar with the tests used.

> That was quite a nice experience there. E. used to translate and there was often quite a sort of friendly vibe...If it hadn't been for her, it [rapport] would have been non-existant. (I.6, p.9)

For another intern, just the fact of being able to communicate with the client through an interpreter made all the difference.

> The two experiences I had working through a Xhosa interpreter, they were eye-openers. I really enjoyed that and I felt a connection with these particular black patients that I've never experienced before. (I.2, p.15)

For the first intern, being able to get to know the interpreter probably built up trust between them which enabled them to work more as a team. The intern may have had more of a feeling of working with rather than through the interpreter and thus maintain a sense of control. With the second intern, just being able to communicate, albeit through an interpreter, felt better than not communicating at all. The intern was able to connect with those patients, an important prerequisite for someone positioned in a helping role.

Multicultural issues in the training of interns

Because of the dominant anti-apartheid and similarities discourses at the clinic, one could assume that any explicit multicultural training that emphasised differences between people would be difficult. The perceptions of the interns confirm this. The majority of them felt that they were not sufficiently equipped to do multicultural counselling because multicultural issues had not been specifically addressed.

But again, as with the talk about differences discussed earlier, even though multicultural issues were not openly on the training agenda, they seemed to need a space for expression. The perception is that these issues have crept into clinic talk under the guise of community psychology. One intern felt that community psychology, being non-elitist and more concerned with "mass psychology", was "ideologically sound". The intern thought that it was easier to talk in community psychology about such things as the role of clinical psychologists in South Africa today without running that much risk of being labelled racist.

Another intern found the term community psychology more comfortable than cross-cultural psychology. When asked why, the intern replied,

> OK, firstly, because it doesn't specify race, and cross-cultural, I don't know, given our history in South Africa, seems to automatically specify talking about races, and also because I think community suggests less impermeable sort of groups, like, because culture for me seems to suggest it's this immovable thing, which it isn't. (I.12, p.1)

For this intern, working in one of the community placements went "a long way" towards understanding what it means to work multiculturally.

However, using "communities" instead of "cultures", or "cultures" instead of "races" does not really help clarify the issues involved. What is not named explicitly is often overlooked. One intern wondered whether a separate course on multicultural counselling should be taught, or whether it should be part and parcel of the whole of the clinical psychologist's training. But if it is the latter,

> then it's often not dealt with. Then it's expected to just be an ethos, part of a set of beliefs. And then the input doesn't come. And it seems as though often the

> only way of making sure there is the input, is to take it separately, name it separately and teach it separately. (I.13, p.16,17)

Another intern felt that the training at the clinic was good in that interns were encouraged to "challenge any kind of assumption", such as assumptions "about gender,...about single mothers,...about Muslims or whatever". But the intern went on to say,

> ...I don't know if it's a strength or a weakness that it doesn't draw particular attention to cross-cultural issues. It just says never make assumptions about people...There's a general way of thinking that one begins to internalise and they don't particularly draw attention to issues of race or class or gender...and I'm not sure if that's a strength or a weakness. (I.10, p.12)

It could possibly be seen as a weakness if confusion arises because of staff not being explicit about multicultural issues or clarifying their position in this area. This could lead to interns receiving mixed messages, as one intern seemed to feel:

> In a way it felt like we were being told don't make assumptions, but in another way there were very clear assumptions that you were supposed to make, around with particular families, like a Muslim family, like a black African family or whatever, you needed to be particularly sensitive about this and this area. (I.13, p.4,5)

Other interns felt that the emphasis placed in the training on psychodynamic psychotherapy with its focus on long-term in-depth therapy conflicted with the needs of many of their clients who came from disadvantaged, low socio-economic status communities, were in crisis and needed a shorter-term intervention. This also seemed confusing, as the following exerpt indicates:

> And to say, sure you can do psychodynamic therapy with [a person from] a different background as long as you exclude certain variables, assuming everyone's got the money to pay for it, because by nature it's meant to be long-term, so I think, I found that confusing. (I.2, p.12)

Some of the confusion felt by these interns is probably part and parcel of being a trainee, trying to work out their own positions when faced with different therapies and a diverse clientele. But some of the confusion is also the result of the clinic's investment in psychodynamic theory and therapy and the similarities discourse, which does not create enough space during the training for talk about differences. The clinic's

investment in psychodynamic theory also constructs therapy in a particular way – one in which sufficient time and intimate space is arranged by the therapist for the development of the client's personal growth.

If the interns find themselves discursively positioned within this form of therapeutic practice, then one can understand how an intern can say,

> What would be more sort of like alarm bells going off is if I got for instance a family or any individual who's clearly coming from an incredibly impoverished social background. I would wonder what the use of therapy would be at that point. (I.12, p.7)

This intern seems to feel that immediate concrete help is what these clients would want, not long-term in-depth understanding of their situation.

Although most of the interns did not feel equipped by their training to work multiculturally, what could be done about it during the Masters course seemed problematic. Some felt that there could be more anthropologically flavoured seminars. One intern stated quite strongly,

> For a start everyone should have a course on other people's religions so that they know what people are talking about...I just think the more people know about other people's cultures, the more respect they have. (I.1, p.9)

This echoes the knowledge component that Pedersen (1986) suggests should be part of multicultural training (see Chapter Two). This does mean a more factual content to the training, which brings with it the danger of generalising and stereotyping, as some interns were quick to point out. "There's something ideologically unsound about even thinking about teaching people about a culture" (I.4, p.21), was one comment. Any teaching or discussion on different religious and cultural beliefs would need to be done very critically and self-reflectively, with the acknowledgement as well that "not-knowing" is an acceptable part not only of the interns' training, but of their entire therapeutic practice.

Awareness of one's own biases and prejudices, and of one's own cultural heritage is essential for multicultural counselling (Pedersen, 1986; see also Chapter Two). It should

be one of the main areas to be covered during training. Apart from one sexism and racism workshop which the interns attended while at the clinic, there was very little done formally to encourage greater self-awareness. The perception of at least one intern was that assumptions are made by the teaching staff that by the time students reach Masters level, they have sorted out their positions on racism, sexism, or sexual orientation.

> I think that often you're expected to arrive at a point by a certain level of your training where you have several acceptable viewpoints, so that you're not outrageously homophobic or not...blatantly racist...I think there were a lot of assumptions about people being at a particular sort of point, with a whole lot of issues,...and in that sense it felt like it wasn't an open issue. It was a closed issue, with a lot of expectations. (I.13, p.12)

It does seem justifiable to expect psychology interns not to be "outrageously" or "blatantly" sexist or racist, but biases and prejudices can often be far more subtly expressed without one necessarily being aware of the "isms" involved. There should be the space during training for these to be identified and challenged, especially when they involve issues of power as well.

A few excerpts from some of the interviews might help to illustrate what sort of issues an awareness component in the training could examine. They also show the extent to which our socially and culturally constructed identities can influence us.

The first is an example of colour blindness, a subtle form of racism. One of the interns was talking about a long-term client who

> was coloured, that was the only difference between us in terms of cultural things, and yet sometimes I, like after two months of seeing her, and I would think of her, I actually, once someone asked me if she was white or coloured, and I actually had to really think. I couldn't remember. So with her, even though she was coloured, I didn't feel that there was a cultural difference in a way. I don't know why, but maybe it was because I got to know her so well and I saw like the human common things, you know, all the similarities. But she used to often make jokes about whities...and she'd like clap her mouth and say Ah, I'm sorry I didn't mean to offend you. And then she'd laugh and we would talk about it...it came up a couple of times. (I.8, p.6)

This intern had spoken very genuinely elsewhere in the interview of being non-racist. Not noticing colour difference would appear to go along with that. But in therapy,

where there are already power issues between therapist and client, to ignore colour differences is to ignore and so play out further the white-black power dynamics so prevalent in this country. In the above example, the client did not seem to forget as easily that she was coloured and the therapist was white.

The second example involves gender issues. A woman intern had as one of her hospital patients a Muslim man.

> [He was] a very sort of lecherous person who would not raise his eyes further than my breasts the whole time, and it really irritated me intensely. To the point where I just didn't want to have any input into his, I mean I clerked him and I presented him and he was constantly demanding sessions, you know. He wanted another five minutes here and can I see you for two minutes and that kind of thing. I found it very offensive. But I found that he was doing it to the other staff members as well. We were all uncomfortable with it. So that was alright, we could diffuse it in that way. He was never confronted with it because he was quite ill and it would just have been too complicated. And in fact, as he became better, he became less obvious in that kind of thing. But it was still there, there was still that feeling. (I.6, p.13)

The intern is white, and was in the role of counsellor, both powerful positions in terms of white/black and counsellor/client dynamics. But not powerful enough to confront her patient's behaviour. Had she done so, the intern might have been labelled a racist. Given the sensitivity towards racial issues, her racism would probably have been considered more serious than his sexist behaviour. After all, he was "quite ill" and presumably not fully responsible for his actions. In this way, what is essentially a gender issue of sexual harassment loses out to race. The intern, already vulnerable in her position as a woman in our patriarchal society, is doubly vulnerable in this situation because of her racial identity. The only way she could "diffuse" the situation and empower herself was in the knowledge that it was a shared experience.

A third example gives some indication of how much our cultural upbringing and heritage can influence us, even when we have assimilated aspects of different cultures into our lives.

This intern had grown up in an African culture, though had consequently lived in various western countries and in many respects had become "westernised". When asked

about multicultural experiences during the training, the intern spoke of

> having to give parental counselling to one of my clients, a woman in her forties, and I was very uncomfortable with that...In --- you just don't counsel. I mean she was almost old enough to be my mother, and you just don't counsel. It doesn't happen that way. It would be me sitting down listening to her, not me giving advice to her. (I.11, p.5)

The same intern also spoke of difficulty with

> introspection and talking about feelings, which culturally we don't in --- do. When you speak to somebody and you say, how do you feel about it? the person says well, "I think", wouldn't say "I feel". So that the whole focus and emphasis on feeling and looking inside, the sort of object relations psychodynamic approach which the clinic relies on or puts a lot of emphasis on, was a completely new experience for me. It was an issue, it was quite uncomfortable for me at times. (p.5)

One could argue that the intern chose to come to UCT and to participate in a psychodynamically oriented training, so when in Rome.... But this does give an example of the need to be sensitive to and make allowance for cultural differences. It could also offer an opportunity to discuss the western cultural base of the therapies taught at the clinic and what that might mean for counsellors in this country.

The majority of interns felt that much more could be done during the training to help them become more sensitive to their own biases. One workshop was not enough, as issues around race and gender that were raised were not followed up. A few interns felt that there could be ongoing workshops or an ongoing forum throughout the training "where cultural issues are discussed and brought up...like language, having to make interpretations, or to use an interpreter, or testing and language difference." (I.11, p.13) One of the difficulties mentioned was forming a safe enough space for people to talk openly. Perhaps a start could be made by recognising which of the discursive practices are in power and understanding why, and acknowledging the "awkward space" they leave other discourses in.

It does require an openess though of all who are involved in the training process, staff and interns, and a readiness to be challenged. It is not easy for the staff, because they have to evaluate the interns' progress, which puts them in a position of power. That the interns may experience this as inhibiting, is demonstrated by the following:

I.13: I wonder if you would ever be able to have a forum open enough for people to express this is where I'm at, and what if it's not so-called kosher, if it would ever be

I.A.: Why not? In terms of a natural feeling of not being able to trust, or because of

I.13: I think that at the clinic there're particular things around you know, you're there for training, you know you're being evaluated etc, and in that sense people wont give.

I.A.: So that already is inhibiting.

I.13: Ya, that inhibits. (I.13, p.13)

And it is not easy for the interns, because of all the reasons that have already been referred to in terms of there not being much space to talk about differences, and also because just having to cope with so much that is new and unknown can make them feel more vulnerable than they are really comfortable with. To take the risk of expressing things which might offend or not be "correct" is more than a lot of them are prepared to do.

However, there are differences, which need to be "recognised and appreciated and acknowledged" (I.11, p.16). Another intern summed it up very clearly:

> For me there are similarities, yes, but there are differences which have to be acknowledged, rather than being swept under the carpet, which won't help. You are white, I am black. There's nothing which is going to change that. The sooner we acknowledge that, the better, and then we can start working on our similarities. (I.16, p.12)

CHAPTER 5

CONCLUSION and RECOMMENDATIONS

In this dissertation, I have attempted to show, through examples from the talk of 17 clinical psychology interns at the University of Cape Town, what some of their perceptions have been of multicultural aspects of their training. Any criticism that may have been voiced therefore, concerns this aspect only of the training, and not the course as a whole.

Inhibiting discourses

On the whole, the interns felt that their training had not equipped them sufficiently to work multiculturally, because multicultural aspects of counselling were not explicitly discussed or taught. Included in the reasons they gave for this was the difficulty they experienced, particularly at the Child Guidance Clinic, in talking about cultural differences between people without sounding as though they were supporting apartheid ideology. Talk about similarities between people (the *similarities* discourse) was thus far more prevalent, and easier, than talk about differences (the *differences* discourse). However, talk about differences appeared to need space for expression, both during the training and during my interviews with the interns. A problem with creating that space in the training though, is that the teaching staff appear to be as affected as the interns by the inhibiting influence of the politically motivated similarities discourse. Added to that is the emphasis given in the course to psychodynamic theory and practice, with its implied universalist stance.

What is needed, if it has not already been done, is an acknowledgement by the teaching staff of why it has been difficult to talk about differences between people. This may help clear the way for further discussion. After all, bringing into the open what has been hidden is one of the aims of the psychotherapy that is taught and practised at the clinic.

There was also some discomfort expressed by the interns to talking about culture(s) because of the often synonymous use of the terms culture and race in South Africa. Even though talk about South Africa as a multicultural society is becoming more common, particularly in the media, the racial, and therefore negative, connotations to talk about cultures will not easily disappear. Perhaps one way of getting round this understandable dislike of the term culture is to use far more consciously in the

training Pedersen's (1991) broad definition (see Chapter Two). "Culture" can then include race, class, gender, and all the other variables. Together with that would need to go an understanding of the power structures that underpin and maintain them.

<u>Awareness component</u>

As discussed in Chapter Two, a number of writers in the field of multicultural counselling recommend knowledge, skills and awareness components in the training course. An aspect of the training that all the interns felt could be enlarged and improved upon, was the need for increased awareness of their own cultural heritage and sensitivity to their biases and prejudices.

Awareness could be increased through a series of workshops/discussion groups, held regularly throughout the two-year internship, which would allow more time and space to work through cultural, racial, gender, and any other differences that may arise, not only in the interns' work, but also amongst themselves. A place to start perhaps could be with a deconstruction of white western cultural values, in an attempt to show the extent to which they are so often taken for granted as the only values to pursue.

In the light of social constructionism's multiple meanings and positions (see Chapter Three), what could also be discussed in an awareness component is the possibility that we construct and have constructed for us multiple identities, or what Pedersen (1988) would call a multicultural identity. We are continually being positioned, or choose to position ourselves, differently - in terms of gender, or race, or sexual orientation, or class, and so forth. Here again, it is useful to be aware of all the variables covered by the umbrella term culture. In counselling therefore, counsellor and client bring their multicultural identities into the counselling relationship and may shift or be shifted from one to another depending on how they are being positioned in the counselling conversation.

Of particular importance would be an increased awareness of how intensely our racial identities have been constructed in this country, and the extent to which we take that identity into our everyday lives. An example of this is given by Harriet Sibisi (1982, p.200) who writes of her experiences in Britain:

> One may be less aware of other dispositions which apartheid creates until they are drawn to one's attention...I was charged, for instance, with being obsessed with race. because the first item of information I would seek about anyone I was to meet or of whom I had heard...was

> whether that person was black or white. The ability to assess and react to other people as individuals whose racial origin or background, while perhaps of interest, is not necessarily a fact of central significance, grows only gradually.

Other examples of the sort of racial, gender and cultural issues which could be allowed more space for discussion were given in the previous chapter.

Towards a theory for the use of a multicultural perspective in counselling

Various writers have argued for the relevance of culture throughout all counselling (Kriegler, 1993; Pedersen, 1988, 1991), if not throughout all of psychology (Misra & Gergen, 1993). That all counselling is in one way or another multicultural should be made clearer in the training. A possible way of looking at the multicultural aspects of counselling through the lens of social constructionism is discussed briefly.

Pedersen (1991) argues for multiculturalism as a generic approach to counselling, referring to it as the multicultural perspective in counselling. Gonzalez et al. (1994) explore the multicultural perspective in counselling in greater detail, in their discussion of how they have used the theory of social constructionism as a basis for counselling culturally different clients. By highlighting the main points of the multicultural perspective in counselling and of social constructionism in psychology (see Tables 3 and 4), they show how both are similar in many areas. In this way, "social constructionism can provide a framework for examining and understanding social and cultural influences which blend well with the multicultural perspective" (Gonzalez et al., 1994, p.517).

TABLE 3

The Multicultural Perspective in Counselling

1.	Provides the opportunity for two persons - from different cultural perspectives - to disagree without one being right and the other wrong.
2.	Tolerates and encourages a diverse and complex perspective.
3.	Allows for more than one answer to a problem and for more than one way to arrive at a solution.
4.	Is generic to all aspects of counselling and not limited to exotic populations viewd from a white, male, urban dominant-culture perspective.
5.	Recognizes that a failure to understand or accept another worldview can have detrimental consequences.
6.	Takes a broad view of culture by recognizing the following variables: ethnographic (ethnicity, nationality, religion, language usage); demographic (age, gender, place of residence); status (social, economic, educational factors); affiliations (formal memberships, informal networks).
7.	Conceives of culture as complex when we count up the hundreds or perhaps even thousands of culturally learned identities and affiliations that people assume at one time or another.
8.	Conceives of culture as dynamic as one of such culturally learned identities replaces another in salience.
9.	Uses methods and strategies and defines goals consistent with the life experiences and cultural values of the client.
10.	Views behaviour as meaningful when it is linked to culturally learned expectations and values.
11.	Acknowledges as significant within group differences for any particular ethnic or nationality group.
12.	Recognises that no one style of counseling - theory or school - is appropriate for all populations and situations.

Source: Gonzalez et al., (1994).

TABLE 4

The Social Constructionist Perspective in Psychology

1. Views meanings and understandings of the world as developed through social interaction.
2. States that constructions of meaning are derived from the social context.
3. Places knowledge of the world - reality - within the process of social interchange.
4. Emphasizes the social nature of understanding, with knowledge of the self and emotional experience also evolving from such interchanges.
5. Views language as the primary vehicle for the transmission of meanings and understandings.
6. Views actions and behaviours as secondary vehicles of social interaction, since some language or unspoken understanding has to precede the initiation of most meaningful acts.
7. Considers the social origins of taken-for-granted assumptions about psychological processes, which can differ markedly from one culture to another.
8. Recognizes that historical contexts can play a significant role in how our interactional experience is constructed.

Source: Gonzalez et al., (1994).

A social constructionist approach to counselling would begin with the assumption that there are multiple realities and meanings, so that the therapist would respect and explore the client's story and understanding of her problems, rather than "exploring how the client fits into the therapist's theories about the nature of psychological problems" (Gonzalez et al., 1994, p.517). The client is the expert in terms of her own story, and the therapist takes the position of "`not-knowing' in the understanding that develops through the therapeutic conversation" (Anderson & Goolishian, 1992, p.28).

Gonzalez et al. (1994) discuss the application of social constructionism to clinical practice in some detail. They describe the therapist as learner, who tries hard to understand the client's culture as the client sees it. The therapist is able to entertain a multiplicity of ideas, and can accept the client's understanding of her problem rather than have preconceived ideas of what constitutes `health'. There can therefore be more than one answer to a problem and more than one way to arrive at a solution. The therapist as learner has a strong sense of curiosity about the client's story. It is impossible for the therapist to enter a therapeutic relationship without assumptions about the client's world, but maintaining a sense of curiosity enables the therapist to be open to the possibility that her assumptions are "frequently off-target no matter how sensitive or familiar that therapist is to cultural concerns" (p.520). The therapist does not dominate the dialogue in an attempt to correct the client's faulty thinking or behaviour, but collaborates with the client in the possible creation of a different story.

The narrative (storytelling) approach to therapy, which is included in social constructionism, is discussed

by Howard (1991). He describes the way in which instances of cultural diversity take on a different hue when viewed from a narrative perspective.

Gonzalez et al. (1994, p.522) conclude that a social constructionist approach

> lends itself to supporting the multicultural perspective's efforts to respect the merits of multiple belief systems and multiple understandings as legitimate considerations in therapy.

Social constructionism would seem then, to offer a useful framework for understanding and working with cultural differences in counselling, and deserves to be investigated more fully in this regard.

It may appear that talk of differences between people has dominated this dissertation, to the extent that differences appear more important than similarities. This is not the intention. One of the things that social constructionism teaches, with its multiple meanings and realities, is that the dualistic "either...or" gives way to a more inclusive "both...and". Both differences and similarities between people deserve respect and appreciation.

Nor is it suggested that psychodynamic psychotherapy not be taught. Rather, all therapies that are taught during the internship should be taught critically, with an openess to discussing their ethnocentric roots.

As the political climate in South Africa becomes more amenable to talk about cultural diversity - already illustrated in the widespread use of Archbishop Tutu's term "rainbow people" to describe South Africans - so hopefully will it become easier to talk about the multicultural perspective in the training of clinical psychologists.

REFERENCES

Abel, T.M., Metraux, R., & Roll, S. (1987). Psychotherapy and culture (rev. ed.). Albuquerque: University of New Mexico Press.

Acosta, F.X., Yamamoto, J., & Evans, L.A. (1982). Effective psychotherapy for low-income and minority patients. New York: Plenum Press.

Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K.J. Gergen (Eds.), Therapy as social construction (pp. 25-39). London: Sage Publications.

Anonymous. (1986). Some thoughts on a more relevant or indigenous counselling psychology in South Africa. Psychology in Society, 5, 81-89.

Bekker, S. (1993). Ethnicity in focus: the South African case. Durban(?): University of Natal.

Benson, D., & Hughes, J.A. (1983). The perspective of ethnomethodology. London: Longman.

Berry, J.W., Poortinga, Y.H., Segall, M.H., & Dasen, P.R. (1992). Cross-cultural psychology: researchand applications. Cambridge: Cambridge University Press.

Biesheuvel, S. (1987). Psychology: Science and politics. Theoretical developments and application in a plural society. South African Journal of Psychology, 17, 1-8.

Biesheuvel, S. (1991). Neutrality, relevance and accountability in psychological research and practice in South Africa. South African Journal of Psychology, 21, 131-140.

Bodibe, R.C. (1993). What is truth? Being more than just a jesting Pilate in South African psychology. South African Journal of Psychology, 23, 53-58.

Boonzaier, E. (1988). 'Race' and the race paradigm. In E. Boonzaier & J. Sharp (Eds.), South African keywords (pp. 58-67). Cape Town: David Philip.

Boonzaier, E., & Sharp, J. (Eds.). (1988). South African keywords: The uses & abuses of political concepts. Cape Town: David Philip.

Bührmann, V. (1977). Western psychiatry and the Xhosa patient. South African Medical Journal, 51, 464-466.

d'Ardenne, P., & Mahtani, A. (1989). Transcultural counselling in action. London: Sage Publications.

Dawes, A.R.L. (1985). Politics and mental health: The position of clinical psychology in South Africa. South African Journal of Psychology, 15, 55-61.

Dawes, A.R.L. (1986). The notion of relevant psychology with particular reference to Africanist pragmatic initiatives. Psychology in Society, 5, 28-48.

Dawes, A.R.L., & Davids, M.F. (1983). Is cross-cultural counselling possible? Journal of the Educational Guidance Association, 7, 5-8.

Draguns, J.G. (1989). Dilemmas and choices in cross-cultural counseling: The universal versus the culturally distinctive. In P.B. Pedersen, J.G. Draguns, W.J. Lonner, & J.E. Trimble (Eds.), Counseling across cultures (3rd ed.) (pp. 3-21). Honolulu: University of Hawaii Press.

Evans, D.A. (1985). Psychotherapy and black patients: problems of training, trainees and trainers. Psychotherapy, 22, 457-460.

Fernando, S. (1991). Mental health, race and culture. London: Macmillan.

Foster, D. (1991). 'Race' and racism in South African psychology. South African Journal of Psychology, 21, 203-210.

Fox, N.J. (1993). Postmodernism, sociology and health. Buckingham: Open University Press.

Freeman, M. (1991). Mental health care for all: moving beyond rhetoric. South African Journal of Psychology, 21, 141-147.

Friedman, G.R. (1985). Counter-transference phenomena in the white clinician: A hermeneutic investigation of cross-racial psychotherapy in South Africa. Unpublished masters thesis, University of Cape Town, Cape Town.

Gergen, K.J. (1985). The social constructionist movement in modern psychology. American Psychologist, 40, 266-275.

Gobodo, P. (1990). Notions about culture in understanding black psychopathology: Are we trying to raise the dead? South African Journal of Psychology, 20, 93-98.

Goldberg, D.T. (1993). Racist culture: Philosophy and the politics of meaning. Oxford: Blackwell.

Gonzalez, R.C., Biever, J.L., & Gardner, G.T. (1994). The multicultural perspective in therapy: A social constructionist approach. Psychotherapy, 31, 515-524.

Hammersley, M., & Atkinson, P. (1983). Ethnography: Principles in practice. London: Tavistock Publications.

Helms, J.E. (1994). How multiculturalism obscures racial factors in the therapy process. Journal of Counseling Psychology, 41, 162-165.

Henriques, J., Hollway, W., Urwin, C., Venn, C., & Walkerdine, V. (1984). Changing the subject: Psychology, social regulation and subjectivity. London: Methuen.

Hickson, J., & Christie, G.M. (1989). Research on cross-cultural counselling and psychotherapy: Implications for the South African context. South African Journal of Psychology, 19, 162-171.

Holdstock, T.L. (1981). Psychology in South Africa belongs to the colonial era. Arrogance or ignorance? South African Journal of Psychology, 11, 123-129.

Hollway, W. (1984). Gender difference and the production of subjectivity. In J. Henriques, W. Hollway, C. Urwin, C. Venn, & V. Walkerdine, Changing the subject (pp. 227-263). London: Methuen.

Howard, G.S. (1991). Culture tales: A narrative approach to thinking, cross-cultural psychology, and psychotherapy. American Psychologist, 46, 187-197.

Kareem, J., & Littlewood, R. (Eds.). (1992). Intercultural therapy: Themes, interpretations and practice. Oxford: Blackwell Scientific Publications.

Kottler, A. (1990). South Africa: Psychology's dilemma of multiple discourses. Psychology in Society, 13, 27-36.

Kriegler, S. (1993). Options and directions for psychology within a framework for mental health services in South Africa. South African Journal of Psychology, 23, 64-70.

Kruger, D. (1980). The white therapist and the black client - a problem of cross-cultural contact. Psychotherapeia, 6, 25-32.

Lax, W.D. (1992). Postmodern thinking in a clinical practice. In S. McNamee & K.J. Gergen (Eds.), Therapy as social construction (pp. 69-85). London: Sage Publications.

Lee, C. C. (1991). Cultural dynamics: Their importance in multicultural counseling. In C.C. Lee & B.L. Richardson (Eds.), Multicultural issues in counseling. Alexandria, VA: American Counseling Association.

Lee, C.C., & Richarson, B.L. (Eds.). 1991. Multicultural issues in counseling: New approaches to diversity. VA: American Counseling Association.

Lefley, H.P., & Pedersen, P.B. (Eds.). (1986). Cross-cultural training for mental health professionals. Springfield: Charles C. Thomas.

Littlewood, R. (1992). Towards an intercultural therapy. In J. Kareem & R. Littlewood (Eds.), Intercultural therapy (pp. 3-13). Oxford: Blackwell Scientific Publications.

Manganyi, N.C. (1991). Treachery and innocence: Psychology and racial difference in South Africa. Johannesburg: Ravan Press.

Marchetti, M.C. (1989). Professional training in clinical psychology: Graduates' perception and evaluation. Unpublished masters thesis, Rand Afrikaans University, Johannesburg.

Marcos, L.R., & Alpert, M. (1976). Strategies and risks in psychotherapy with bilingual patients. American Journal of Psychiatry, 133, 1275-1278.

Markowitz, L.M. (1994). The cross-currents of multiculturalism. The Family Therapy Networker, 18, 18-27,69.

Mauer, K.F. (1987). Leporello is on his knees. In search of relevance in South African psychology. South African Journal of Psychology, 17, 83-92.

McAllister, P., & Sharp, J. (1993). The ethnic taboo. Indicator SA, 10, 7-10.

Mfunda, N.C. (1988). An investigation into the knowledge of and attitudes towards the cultural aspects in mental health and mental ill-health amongst a group of black psychiatric nurses. Unpublished masters thesis, University of Fort Hare, Fort Hare.

Misra, G., & Gergen, K.J. (1993). On the place of culture in psychological science. International Journal of Psychology, 28, 225-243.

Mitchell, M., & Jolley, J. (1992). Research design explained (2nd ed.). Fort Worth: Harcourt Brace Jovanovich College Publishers.

Muller, L.E.H. (1994). "Poor" clinical interpreting for "good" psychiatric practice: Xhosa interpreting within a diagnostic interview in an acute admissions unit. Unpublished honours thesis, University of Cape Town, Cape Town.

Nederveen Pieterse, J. (1992). White on Black: Images of Africa and Blacks in Western popular culture. New Haven: Yale University Press.

Nell, V. (1990). One world, one psychology: 'Relevance' and ethnopsychology. South African Journal of Psychology, 20, 129-140.

Parker, I. (1992). Discourse dynamics: Critical analysis for social and individual psychology. London: Routledge.

Pedersen, P.B. (1986). Developing interculturally skilled counselors: A prototype for training. In H.P. Lefley & P.B. Pedersen (Eds.), Cross-cultural training for mental health professionals (pp. 73-87). Springfield: Charles C. Thomas.

Pedersen, P. (Ed.). (1987). Handbook of cross-cultural counseling and therapy. New York: Praeger.

Pedersen, P. (1988). A handbook for developing multicultural awareness. Alexandria, VA: American Association for Counseling and Development.

Pedersen, P.B. (1991). Multiculturalism as a generic approach to counseling. Journal of Counseling & Development, 70, 6-12.

Pedersen, P.B., & Lefley, H.P. (1986). Introduction to cross-cultural training. In H.P. Lefley & P.B. Pedersen (Eds.), Cross-cultural training for menatl health professionals (pp. 5-10). Springfield: Charles C.Thomas.

Pedersen, P.B., Draguns, J.G., Lonner, W.J., & Trimble, J.E. (Eds.). (1989). Counseling across cultures (3rd ed.). Honolulu: University of Hawaii Press.

Pedersen, P.B., Fukuyama, M., & Heath, A. (1989). Client, counselor and contextual variables in multicultural counseling. In P.B. Pedersen, J.G. Draguns, W.J. Lonner & J.E. Trimble (Eds.), Counseling across cultures (3rd ed.) (pp. 23-51). Honolulu: University of Hawaii Press.

Perkel, A.K. (1988). Towards a model for a South African clinical psychology. Psychology in Society, 10, 53-75.

Pilgrim, D., & Rogers, A. (1993). A sociology of mental health and illness. Buckingham: Open University Press.

Ponterotto, J.G., & Pedersen, P.B. (1993). Preventing prejudice: A guide for counselors and educators. Newbury Park, CA.: Sage Publications.

Rattansi, A. (1994). 'Western' racisms, ethnicities and identities in a 'postmodern' frame. In A. Rattansi & S. Westwood (Eds.), Racism, modernity and identity on the western front (pp. 15-86). Cambridge: Polity Press.

Ridley, C.R. (1989). Racism in counseling as an adversive behavioral process. In P.B. Pedersen, J.G. Draguns, W.J. Lonner, & J.E. Trimble (Eds.), Counseling across cultures (3rd ed.) (pp. 55-77). Honolulu: Hawaii University Press.

Rock, B. (1994). A wolf in sheep's clothing: Theoretical diversity and the drive towards sameness. Psychology in Society, 18, 56-59.

Roper, K. (1992). The cross-cultural application of analytical psychology: A consideration of the research of M. Vera Bührmann. South African Journal of Psychology, 22, 157-162.

Seedat, M., & Nell, V. (1990). Third world or one world: Mysticism, pragmatism, and pain in family therapy in South Africa. South African Journal of Psychology, 20, 141-149.

Sharp, J. (1988a). Introduction: Constructing social reality. In E. Boonzaier & J. Sharp (Eds.), South African keywords (pp. 1-16). Cape Town: David Philip.

Sharp, J. (1988b). Ethnic group and nation: The apartheid vision in South Africa. In E. Boonzaier & J. Sharp (Eds.), South African keywords (pp. 79-99). Cape Town: David Philip.

Sibisi, H. (1982). Getting away from apartheid: Some personal reflections. Optima, 30, 194-208.

Sue, D.W., & Sue, D. (1990). Counseling the culturally different: Theory and practice (2nd ed.). New York: John Wiley & Sons.

Swartz, L. (1986). Transcultural psychiatry in South Africa. Part 1. Transcultural Psychiatric Research Review, 23, 273-303.

Swartz, L. (1987). Transcultural psychology in South Africa. Part 2. Transcultural Psychiatric Research Review, 24, 5-30.

Swartz, L. (1989). Aspects of culture in South African psychiatry. Unpublished doctoral dissertation, University of Cape Town, Cape Town.

Swartz, L. (1991). The reproduction of racism in South African mental health care. South African Journal of Psychology, 21, 240-246.

Thomas, L. (1992). Racism and psychotherapy: working with racism in the consulting room - an analytical view. In J. Kareem & R. Littlewood (Eds.), Intercultural therapy (pp. 133-145). Oxford: Blackwell Scientific Publications.

Thornton, R. (1988). Culture: A contemporary definition. In E. Boonzaier & J. Sharp (Eds.), South African keywords (pp. 17-28). Cape Town: David Philip.

Turton, R.W. (1986). Bourgeois counselling and working-class clients: Some problems and political implications. Psychology in Society, 6, 85-100.

University of Cape Town. (1994). Academic Planning Committee. Final Report to the APA/Staffing Review of the Child Guidance Clinic. Cape Town: Author.

University of Cape Town. (1995a). Students' Handbook (Book 2). Cape Town: Author.

University of Cape Town. (1995b). Students' Handbook (Book 3). Cape Town: Author.

Wohl, J. (1989). Cross-cultural psychotherapy. In P.B. Pedersen, J.G. Draguns, W.J. Lonner & J.E. Trimble (Eds.), Counseling across cultures (3rd ed.) (pp. 79-113). Honolulu: University of Hawaii Press.

Wood, B. (1993, August). Interpreters in medical consultations - a literature review. SA Family Practice, 347-353.

Wrenn, C.G. (1962). The culturally encapsulated counselor. Harvard Educational Review, 32, 444-449.

APPENDIX

Interview Schedule

This was used very much as a guide - each question could lead to further questions or explorations, depending on the answers given.

A. Academic background

* What degrees do you have, and from which university(ies)?
* Did you do any specific module(s) on cross-cultural psychology, or cross-cultural counselling?

B. Defining cross-cultural psychology/therapy

* How do you understand the term cross-cultural psychology?
* And the term cross-cultural psychology/counselling?
* How would you define the term culture:
    a) generally
    b) within a specifically South African context?

C. Experience

* From your experience at the Child Guidance Clinic and during your internship, would you say that you were often working cross-culturally?
* Was this ever an issue for you? That is, did you ever find yourself thinking that you would need to be aware of differences between you and your client?
* Ask about actual experiences of working cross-culturally during the training.
* Were "cultural/racial" issues ever discussed by staff in wards/ward rounds?

D. Awareness of own biases, prejudices

* If you were to go into private practice, would there be any sort of person you would prefer not to work with?
* How aware are you of your own cultural/racial biases? (Rate informally on a scale of 1-5, where 5 is very aware.)
* What cultural/racial biases or prejudices are you aware of in yourself?
* How aware are you of your own culture/heritage when doing therapy?

E. Training

* Would you say that the academic input on cross-cultural issues, and the two years training that you have received/are receiving, was/is sufficient to equip you to work cross-culturally?
* Does one gain enough "cultural" knowledge about South Africans, by virtue of growing up/living in South Africa?
* Should more specific input be given during training?
* Is the teaching of therapeutic/counselling skills adequate?
* Should more be done on a formal basis to increase one's awareness of one's own biases/prejudices?
* Did you or your supervisor ever raise cross-cultrual issues in supervision? If yes, how was it dealt with?
* There is a vast amount of literature - mostly international - on cross-cultural psychotherapy and counselling. The emphasis is often on the need for specific training if one is going to counsel effectively the culturally different. In this country, or at least at UCT, there does not seem to be the same emphasis on cross-cultural training. Do you have any ideas why this might be so?