RACISM IN PSYCHOTHERAPY – INSTITUTIONAL AND/OR INDIVIDUAL?

PETRUSKA CLARKSON, London

The bulk of this paper was written and distributed in response to the United Kingdom Council for Psychotherapy (UKCP) (2000) Intercultural Committee's Report in relation to the MacPherson report on the Stephen Lawrence case.

> Instead of forming students within one paradigm, or teaching our field as a collection of schools and directions, we may focus on the discipline as a series of interesting problems that can be analysed in many ways, and whose solution almost certainly requires serious teamwork across several boundaries.
>
> (Van Dijk, 1996, 452)

INTRODUCTION

On 23 April 2002 Jean-Marie Le Pen won through to the first round of the French presidential election. Over the last two years, there has been a wave of Right-wing election victories in countries including Italy, Austria, Denmark, Portugal and Norway. The Arab-Israeli conflict is spawning rising anti-Semitic acts of violence across the globe. Refugees – and immigrants – are the spectre used to arouse the antagonism of the silent (and non-voting) majority in Britain. Bethlehem is defiled by fear and corpses.

Never before in the history of the world have so many different varieties of people lived in such close proximity to each other. Never before has the challenge to humanity to live with its differences been more marked. Never before have those whose chosen work it is to relieve the pain of 'the most wretched creature who crawls upon the earth' been more called upon to use their healing arts.

Do 'we' have a problem?

For many people and organizations in psychotherapy, psychoanalysis, and counselling *racism* is not a problem. We simply don't ever come across it – not in our sex lives or social lives; not in our training and supervision – and certainly not in the national or international bodies/committees controlling or 'self-regulating' the psychodisciplines. (This is known as 'aversive racism'.)

Personal research

The evidence for this assertion is so pervasive that it is unremarkable. Just try to honestly answer these questions for yourself privately before you read on:

1. How many Chairs of the professional

body to which you pay your subscription fees have been black? Is the proportion of black practitioners in your professional organization commensurate with the proportion of black people in the UK?
2. What percentage of UK black citizens are devout Christians? How many UKCP 'registered' transpersonal training organizations are Christian?
3. Have a look in the training curriculum of your organization. Is racism mentioned by name? Or is intercultural awareness (or some such euphemism) 'added on' to the curriculum?
4. How many black practitioners did you socialize with at the last psychodiscipline conference you attended? How many have you invited to your home – proportionate with white colleagues – of course?
5. How many black clients or patients do you currently see or supervise on a regular long-term basis? Is this proportionate to the national – or local – distribution? If there are no black people in the vicinity of your home – how do you explain that to yourself?
6. How many black practitioners can you list by name whom you know on a personal basis and to whom you could refer clients who specifically ask you for referrals to black practitioners?
7. Look at the major 'dictionaries' or 'major textbooks' of your 'theoretical approach'. (Laplanche and Pontalis, 1988, for Freudians; Hinshelwood, 1989, for Kleinians, and so on.) Please check all chapter headings and indexes for mentions of 'race' and/or 'racism'. Notice anything?

To take only one illustrative example, a literature review of the major texts in counselling psychology in the UK showed (a) race and culture is not on the curriculum or in the indexes; (b) that the three traditional favoured approaches favoured in UK psychotherapeutic counselling neglect or exclude non-Eurocentric approaches; and (c) that there is almost no mention at all of transpersonal, spiritual or post-positivistic sciences in any of the recommended texts (Clarkson, 1998, BPS Counselling Psychology Conference presentation).

8. Which of the following books have you read or recommended/had recommended over the whole period of you working as a clinician: (a) *Yurugu,* (b) *Black Athena,* (c) *Africa – Mother of Western Civilization,* or (d) *Persuasion and Healing.* If you don't know these, please list at least six names of other black authors (whose work you have studied during this time) who have written about healing emotional and mental distress in human beings . . .
9. Who wrote: 'Lacan pointed out that in psychoanalytic theories the woman comes out of her encounter with the phallus, and consequently with the law of the father, as castrated. But castrated of what? Not of the phallus, *because she does not have one,* but of her own sexuality' (my emphasis)
10. What percentage of the world's women actually suffer physical genital castration? Did you know that eight out of 10 women actually suffer functional cliterodectomy? (I define functional cliterodectomy as 'living, and having psychotherapy, in ignorance of the fact that the human clitoris is prior to, and equivalent anatomically – as well as in terms of *size* – to a man's penis and balls'. (See also Connell et al., 1998; Hite, 1976; Paget, 2000; Cosmopolitan survey 2002; Clarkson, in press.)

Ask yourself – what does this have to do with institutional race and racism in psychoanalysis and psychotherapy? Nothing at all? Are you sure? Consider that Irigaray (1985) called sexism 'the most unconscious form of racism'. Irigaray also pointed out that if the female overturns the premises of the dominant male discourse, that very same sexist/racist discourse will 'set out to prove she was malformed' (p.163). As malformed as the dominant discourse has proven for centuries regarding a woman's sexual organ (Clarkson, 2003). This abusive manoeuvre is identical to the way in which racist discourse sets out to prove, by reasonable sounding arguments, that those who do not subscribe to the dominant white male discourse are somehow 'malformed' (see the list of reasons for black 'malformations' in the section starting on p.187). So when female or black voices are not simply successfully avoided by means of aversive racism, they are forcibly expelled. And indeed Irigaray herself, as we know, was expelled by Lacan.

Figure 1. The human clitoris, enlarged, seen from the left (in Kobelt, *1844*, reproduced in Lowry, 1978).

HIGHLIGHTS FROM PUBLISHED RESEARCH

Research (see Parker et al, 1995, 42–5 and 79–82 for good review, as well as Sampson, 1988 and Clarkson and Cleminson Afi, in press) shows that:

1. Black and Asian people are over-represented in psychiatric diagnostic categories
2. They are less likely to be referred for the 'talking cure' to psychotherapists or counsellors of any description
3. They are more likely to be medicated and to receive ECT than comparable other groups
4. They are considered to be less 'psychologically minded' than their white counterparts.
5. They are considered to be less capable of using the 'talking cures' than their white counterparts.
6. They are more likely to be misdiagnosed than their white counterparts.
7. They are more likely to be stereotyped and pigeonholed than their white counterparts.
8. They are more likely to 'drop out of psychotherapy prematurely'.
9. They are more likely to experience psychotherapy as dissatisfying and unhelpful.
10. They are perceived as less 'verbal' – less able to put their feelings into words than their white counterparts.
11. They are less likely to be perceived as fitting the YEAVIS profile of the ideal psychotherapy client/patient – young,

attractive, verbal, intelligent and successful.
12. They are considered to be less likely to be able to understand and 'work through' their problems in a way that accords with a psychological model – they 'don't think psychologically'.
13. They are less trusted to be able to express themselves in English when it is a foreign or second language for them.
14. When they do engage in psychotherapy, they experience the negative effects of racism from their psychotherapists, ranging from the patronizing psychotherapist 'wanting to learn from them about their culture' to blatant stereotyping and racist treatment, not only by the psychotherapists, but also from their organizations and support systems (for example, assuming they are cleaners when they come for a session).
15. They are considered to be less likely to attend sessions 'on time' or 'come regularly' or even less likely to have a permanent place of abode (personal communication from NHS consultant psychotherapist).
16. They are more likely to suffer from cultural distortions in the countertransference of their psychotherapists.
17. They are more likely to suffer from the fact that the black/white paradigm has reinforced prevailing notions of identity that exist in our society (and psychotherapy organizations) about race, culture and illness.
18. The UKCP does not have a register available to black or Asian clients enquiring whether they can have a list of black and Asian therapists from which they may be able to choose prospective personal psychotherapists.
19. The UKCP governing board has little (or no) representation of black and Asian people in positions of authority.
20. Black and Asian patients are more likely to be viewed/treated with an emphasis on genetic and biological factors.
21. They are more likely to be excluded from psychotherapy research.

RATIONALIZATIONS / EXPLANATIONS / BYSTANDER SLOGANS

Bystanders are defined as *individuals who do nothing when someone else needs help.* Scientific research evidence shows that the larger the 'we' (the more people) who see injustice and cruelty and do nothing, the less likely it is that any individual in trouble will get help from any one of the spectators. See Clarkson, 1994 for research sources and implications for the psychotherapy 'professions'.

Here is a summary of 'reasons' frequently given for the situation (more often heard off the record in meetings, accreditation procedures, supervision, justification for racism in training courses, and so forth):

1. Black people's genetic inferiority.
2. Black people's intellectual/academic inferiority.
3. Black people's linguistic inferiority.
4. Black people's psychological inferiority – they are not psychologically minded.
5. Black people's cultural 'difference' from the psychotherapists.
6. Damaging psychiatric diagnoses such as psychopathy, personality disorder, psychosis and drug-induced problems.
7. Inability to adjust to Eurocentric norms of appointment times and scheduling.
8. Wishing the therapist to be more 'directive' and authoritative – for example, they expect me 'to give them advice' or 'wave a magic wand'.

9. Insistence on involving family, community and friends.
10. Over-reliance on traditional views of healing and distrust of Western psychotherapeutic models.
11. Over-reliance on religion, particularly evangelistic or syncretistic Christianity or Islam.
11. 'Spiritualizing' the psychological.
12. 'They express their distress as aches and pains, disturbances of bodily function rather than as "the real thing – verbalized".'
13. 'Concrete' rather than 'abstract' thinking patterns.
14. Lack of resources – usually money – for training, supervision and so on, to ameliorate 'the problem' (for example, slowness, not being academic enough, bad time keeping, leaky boundaries, bad grammar).

Other reasons

Less frequently given reasons – usually confined to 'multi-cultural' writers, non-mainstream publications, unread or unpublished research, confidential clinical material or ignored ethical complaints from clients and trainees, anecdotal evidence as well as my frequent personal observations in public forums of psychotherapy 'institutions':

1. White middle-class psychotherapists' fear of and avoidance of their own racism.
2. Black middle-class psychotherapists' fear of and avoidance of their own self-oppression by having succeeded in whatever limited form they have been allowed to 'assimilate' to the dominant culture.
3. Over-reliance on medical model/pathologizing diagnoses by psychiatric/psychotherapeutic establishment to avoid cognitive dissonance (Festinger, 1957).
4. Avoidance of close relationships (proximity) with people from ethnic minorities maintains distancing manoeuvres and cultivates fear, ignorance and prejudice (collective transferences).
5. British cultural xenophobia (for example, lack of attempts to study other languages – many people from Africa speak dozens of languages).
6. Theoretical and cultural imperialism (imposing Eurocentric values and practices on the rest of the world).
7. Collective guilt (and ignorance or incomprehension) concerning Anglo-American genocides, slave trade and centuries of economic, cultural and artistic exploitation and denigration.
8. 'Bystanding' racism on a daily basis in psychotherapy organizations and offices (institutional racism) leads to desensitization.
9. Using 'difference' as a rationalization for avoidance or self-education about our multicultural world.
10. Reliance on equal opportunity 'statements', 'visions', 'procedures', 'policies' *instead of* active day-by-day engagement with real people and the racism they so frequently experience from us and around us.
11. Apathy and despair at ameliorating our ingrained collective prejudices.
12. Patronizing 'colour-blindness' or 'fascination with the exotic'.
13. A collective cultural Western history of exploitatively inferiorization of 'the other' – the *two-thirds* world.

THE ROLE OF THEORY ('SCHOOLISM')

The Word Finder Thesaurus . . . provides the

> usual associations with the word 'school': academy, university and college. However, it also catalogues a much longer list of negative associations: band, cabal, clan, clique, coterie, cult, faction, gang, mob, sect and tribe.
>
> (Van Dijk, 1996, 451)

Racism and discrimination occur at the level of *Eurocentric psychoanalytic and psychotherapy theory* (see Clarkson, 1994, 2001 – especially Chapter 12 – and Clarkson, 2002a):

1. There is an unquestioned assumption that psychological healing theory and technique were developed some 100 years ago in the West by white men and are still largely confined to 'our time' and 'our place'. (Psychological healing has in fact been practised since the dawn of time and is right now healing emotionally distressed people right throughout the world. Sangomas (or witch doctors) are recognized at the same level of professional accreditation as psychoanalysts.
2. There is therefore almost a total absence of black and/or Asian writer healers in the dominant curriculum discourse and no account of the common factors between historical and pan-global psychological healing procedures than that which we practise in our 'consulting rooms'.
3. The UKCP is organized in 'member organizations' with 'flag-statements'. It is reliant on ideological adherence rather than culturally or scientifically informed research. Theory is *not* relevant to effectiveness of psychotherapy – no matter how measured. Different modes of the therapeutic relationship *are* relevant – see, for example, the mass of good evidence in Winter, 1997 and Hubble et al., 1999, and regarding the harmfulness of entrenching into a theoretical position when the therapist is challenged by the client.
4. Avoidance or suppression of any serious critique of Eurocentric cultural racism in psychotherapy. Where is it?
5. Theoretical and clinical reliance on White Eurocentric patriarchal middle-class assumptions about 'child development', which again fly in the face of the facts from both cultural studies as well as scientific research in developmental psychology as well as ignoring the absence of reliable predictor values from child developmental variables.
6. Reliance on individualist models of the person (and one-to-one therapy) – for example, valorizing 'autonomy' 'self-realization', 'wholeness' 'self-determination', 'self-realization' and so forth, all denying the experienced existential realities of millions of the world's peoples (and according to Mary Gergen, 1988, human women) as well as findings from quantum physics and complexity science that *our primary reality is relationship*, indeed interrelationship with others – and the rest of the planet – animate as well as inanimate.
7. Pervasive and unrelenting Platonic dualism (see Ani, 1994, for an example of an Afrikan-centred critique of Plato) embedded in most Eurocentric psychoanalytic and psychotherapeutic discourses – for example, body/mind; conscious/unconscious; self/other; animate/inanimate; Western clock time/ other 'time' (for example 'Caribbean time'); good/bad; Eros/ Thanatos.
8. Ethnocentric assumptions and impositions of Eurocentric mythologies – for example, Oedipus on peoples of other

cultures at the cost of finding and celebrating local/global mythologies.

9. Prevailing racist, homophobic and misogynist discourses in most major 'recognized' foundational texts (for example, Jung, Freud – many others).
10. Suspicion and pathologization of 'spirit' and 'religion' in many theoretical discourses – unless it is of Asian extraction (for example, Buddhist or Sufi).
11. Total absence of UKCP organizations or theoretical discourse about Christianity. For many African-Caribbean peoples in the United Kingdom, their Christianity is a vital experience on a minute-by-minute basis. Which is theoretically pathologized. Yet, many black people say: 'where there isn't place for God in psychotherapy, there is no place for the black experience either.'
12. Devaluation of 'other forms of worship', for example 'happy clappy', 'new agers', 'primitive' and so forth.
13. Overvaluation of 'reason', 'rationality' and linear causal analytic thinking in theory at the expense of passion, intensity, beauty, 'the body', the sublime, Derrida's a-rational.
14. Severe and pervasive fear/avoidance/suspicion of 'the body' and of physical touch in theory and practice. (See Woodmansey, 1988 for example.)
15. Almost exclusive reliance on Cartesian Newtonian mechanical causal models of the mind and human development to the exclusion of phenomenological, existential, sensory-based models and experiences which cannot be fitted into this Procrustean bed without being violated (cf. Prirogine, 1995; Damasio, 1994).
16. Dependence on ideologically based theories – rather than scientific facts – to inform practice. An avoidance of rigorous independent minded practitioner research models which are much more likely to birth new and creative forms of working in our changing multicultural world.
17. Ever-lengthening, ever more expensive 'hours of training', continuing professional development, 'regulation of training standards' according to Eurocentrically based hierarchical developmental models applied to adults – contrary to scientific evidence that length of training is not commensurate with effectiveness of psychotherapy. 'Membership' dependent on ideological compliance. Little or no evidence of theoretical regard for research evidence.
18. Expulsion or social exclusion of dissenting voices on grounds other than theory or reason, but rather 'conformity', political expediency, obvious economic interests of 'training schools' and so forth, sometimes couched in theoretical terms.
19. Misunderstanding and/or ignorance of how culture, gender and so forth philosophically and practically influence psychotherapy practice, training, supervision and organizational life. (See, for example, Foucault, 1974.)
20. The practice of 'tacking on' workshops or assigning 'committees' to 'deal' with these issues instead of each one of us practising enacted values in all aspects of our work and relationships – and being open to confrontation and confronting wherever these 'avowed values' are violated by actions or inactions (for example, a UKCP member organization that taught trainees that 'culture' does not penetrate all forms of the therapeutic relationship but could be 'fastened' on to the others as

another 'form' of the therapeutic relationship).

21. Organization of psychotherapy training according to theoretical and historical developmental top-down 'brick-by-brick' models of teaching – contrary to all evidence from psychological and educational research about how learning actually takes place. See, for example, a recent UKCP Training Standards committee report and compare with Samuels (1981, 217): 'In general, there are three places to start a training – at the beginning, where you're told, or you can look for where the explosion is and start there.' Developmental models have further been seriously critiqued – see Brandstater (1990) and Burman (1997) for two of many examples – in terms of their racism and patriarchal power discourses, which leads to linguistic (and morally loaded) constructions such as 'developing', 'Third World', 'undeveloped' countries, 'first-year trainees' and so forth.
22. Their opinion that psychotherapy is *not* a profession but 'a club' has been well argued by Fiona Palmer Barnes (ethics chair), Helen Tarsh (chair of registration board), Ann Casement (Chair of governing board) as well as the barrister *paid for by UKCP registrants* at the judicial review of February 1999.
23. Minorities' rights in 'clubs' have a sad history. In this case, brought by Vincent Keter and myself against the UKCP Governing Board, Justice Collins ruled that the UKCP was *not* a club that could make their decisions 'above the law' but that it was in fact a professional organization with a duty to protect the public and be accountable for its decisions (Keter in Clarkson, 2000, 242–52).
24. Doesn't anybody else think it remarkable how linear white Eurocentric ethnocentric patriarchal male-led 'training regulations' can be specified by the UKCP training standards committee, 'regulated' and no doubt 'monitored' in the absence of virtually any defined consensual 'knowledge' base (as opposed to *flag-statement ideological compliance*) or even a definition of what 'psychotherapy' is?

'Where small factions are engaged in Mortal Combat, the ingenu(e) wonders why these people don't work together on some serious issue, each contributing insights according to their own expertise' (Van Dijk, 1996, 452). See also Van Dijk (1987) for many examples of racist organizational discourse.

Some textual extracts follow from the UKCP Intercultural Committee's report (UKCP Intercultural Committee, 2000) in relation to the MacPherson report on the Stephen Lawrence case with some relevant questions following each one.

Item 1

> [S]imply using traditional methods, practices and theories may unwittingly discriminate against minority groups. A 'colour blind' approach fails to take into account difference and the importance of recognising it. (UKCP Intercultural Committee, 2000, 2 – my emphasis)

Sample questions:

Whose 'traditional methods, practices and theories'? The Europeans'? Or the much older, much more traditional Africans?

How it is possible for educated white people to be 'unwitting' – unless one chooses to deliberate ignore the vast bulk

of minority voices' which have been trying to make this conscious since before the time of slavery?

Who is being colour blind?

Item 2

> [A] statement may need to be written about how, from a nation, its history and its institutions built on the underlying assumptions of the superiority of whiteness, UKCP is working towards valuing diversity and equality of service. (UKCP Intercultural Committee, 2000, 3)

Sample question:

Instead of 'a statement' that 'may need' to be written, why not research the ways in which the UKCP has been refusing to work towards valuing diversity and equality of service?

Item 3

> Institutional racism persists because of the failure of the organisation openly and adequately to recognise and address its existence and causes by policy, example and leadership. Without recognition and action to eliminate such racism it can prevail as part of the ethos or culture of the organisation. It is a corrosive disease. (6.34 of the MacPherson report.)
>
> Our goal is provide services that are applicable and accessible to all, without discriminating on the grounds of ethnic background. Change only occurs when there is sustained leadership commitment – it cannot simply be delegated to a sub-committee. It works when it becomes part of peer discussion and monitoring, for example, as being part of all conferences and general meetings, an item on all committee agendas. (UKCP Intercultural Committee, 2000, 3)

Sample questions:

Could your supervisees define, with clinical examples, how 'discrimination on the ground of ethnic background' is different from 'affirmative action'?

Did you notice that this report itself had been 'delegated to a sub-committee' by the UKCP leadership? Why do you think that 'racism' is recommended to be 'an item' on committee agendas rather than permeating the work of psychotherapy throughout all levels? This is perhaps as ignorant and racist an action as that of a colleague of mine who 'unwittingly' (?) decided to teach, against all the academic, moral, in-text and scientific evidence on which the Clarkson five-relational framework was based to 'add-on' a sixth relationship – that of 'culture'. As if race and culture, like gender and embodiment, do not permeate all of our varieties of relationships all the time! Indeed, there may be no 'response-able' place for the psychotherapist to posit social responsibility or cultural and ecological awareness different or separate from therapeutic work (Samuels, 1989).

According to two separate counts, 9% of my book *The Therapeutic Relationship* (Clarkson, 1995) specifically and explicitly addresses themes related to socio-cultural responsibility, issues of discrimination and (non-)bystanding. Careful reading of the subtext would substantially increase this percentage. My intention was both an interweaving, a context as well as a complete section explaining how all actions, all professions, even all perceptions are imbued with our values, our prejudices or cultural injuries and reinforcers. I had deliberately done this to show how racism and its correlates can be seamlessly integrated into all of our work. (See framework section below.)

Item 4

> UKCP needs to ensure that rigorous attention to ideas of equality are central to the work of the Training Standards Committee and the Continuing Professional Development Committee. A [sic] Eurocentric theoretical base,

> and lack of other diverse models of self and family, can discriminate against ethnic minorities. There should be clear guidance available to Member organisations of the standards that UKCP upholds in the training in this area. (UKCP Intercultural Committee, 2000, 4)

> To use the analogy of disability, it is no use just providing a ramp for wheelchair use, we should be designing the buildings with the whole population in mind. With the proposed setting of the General Council of Psychotherapy we have the rare opportunity to design a purpose built environment for the future of our work. UKCP has the opportunity to be the architect in this venture. (UKCP Intercultural Committee, 2000, 4)

Sample questions:

Do you think that 'an Eurocentric theoretical base' with 'its underlying assumptions of the superiority of whiteness' (and maleness) 'can' discriminate or *does* harmfully discriminate against all human beings? Don't you think that racism is a corrosive disease that damages the perpetrators as well as the victims?

How many white psychotherapists do you know who have gone into analysis to understand or 'cure' them of their racism?

Why do you think the proposed setting up of the General Council of Psychotherapy failed?

Would you trust the UKCP as an 'architect'? Aren't architectural assignments rewarded on the basis of their track record – not just their *ambitions* to be 'architects'?

Item 5

> We need to dialogue with minority groups, looking outward to society and not only inwards to ourselves. Then we may change the profession's attitudes, and the community group's attitude to the profession of psychotherapy. (UKCP Intercultural Committee, 2000, 4)

Sample questions:

The ultimate goal here is stated as 'changing the community group's attitude to the profession of psychotherapy'. Ask yourself *why* this is considered so desirable by 'we'?

In order to do that 'we [the majority group] may change the profession's attitudes'. These 'attitudes' are not defined. Could the majority group mean racist attitudes?

In order to do *that* 'we' – the majority group who is speaking here – *without any evidence* of having done any 'dialogue' themselves – 'need to dialogue with minority groups.' What is remarkable here – apart from the fact that it would be impossible to find any one 'minority group' in the UKCP for several reasons – is the notion that 'the majority group' needs to 'dialogue' with minority groups. That is, whatever happens, *individuals* need not take any responsibility for their own acts of omission or commission in dialogue at all. Or do all individuals of all majority and minority groups 'think in chorus'?

> The voices didn't join in, *this* time, as she [Alice in Wonderland] hadn't spoken, but to her great surprise, they all *thought* in chorus (I hope you understand what *thinking in chorus* means – for I must confess that I don't). (Carroll, 1986, 187 and 188, original italics)

Item 6

> . . . 'the system' can carry beliefs and attitudes implicitly without individuals being aware that they are contributing to it. We may protest that we are not racist and be genuine in our protestations. We may, nevertheless, be behaving in ways which ensure that the psychotherapy profession continues to discriminate against those from minority ethnic groups and those with other differences.

Sample question:

Is this not a most blatant example of 'thinking in chorus' without individuals even 'being aware that they are contributing to' institutional racism?

Item 7

> (1.4) Unwitting racism can arise because of lack of understanding, ignorance or mistaken beliefs. It can arise from well intentioned but patronising words or actions. It can arise from unfamiliarity with the behaviour or cultural tradition of people or families from minority ethnic communities.
> It can arise from racist stereotyping of black people as potentially too mentally ill for psychotherapy or not academic enough to train. Often this arises out of uncritical self-understanding born out of an inflexible psychotherapy ethos of the 'traditional' way of doing things. Furthermore such attitudes can thrive in a tightly knit community, so that there can be a collective failure to detect and to outlaw this breed of racism. (UKCP Intercultural Committee, 2000, 5)

Sample questions:

Why might it be interesting, educational and moral – if not profitable – to take this item word-by-word and compare it with all the points made earlier in this paper? Why should this not be the assignment for all future UKCP individual members' re-accreditation procedures – rather than depend on a close-knit peer group all belonging to the same 'school'? What do you think and feel in response to the quotation below?

> . . . founding more or less exclusive schools with their own Masters, entering sects with their own pundits and their own sacred symbols and catechisms of the True Belief, is something entirely different – especially when it is not uncommon that such scholars simply learn to ignore the rest of the people in the field or discipline. They may only read and quote their buddies, and nothing much else, and in the cosiness and familiarity of their own school, with its own style, norms, methods and aims, they feel really at home, and not threatened by alternative ways of thinking and analysing. (Van Dijk, 1996, 451)

Item 8

> 3.1 It would be useful to explore how, at the level of THEORY some psychotherapeutic tenets may unwittingly discriminate against minority groups. The effect of this may deter black and ethnic minority groups from psychotherapy training, and concomitantly, from psychotherapy services. (UKCP Intercultural Committee, 2000)

Sample question:

Which theoretical tenets do you know of that do *not* knowingly discriminate against 'minority groups' – and particularly against minority individuals? Please list . . .

Please note that 'tenet' is consensually defined as 'any opinion, principle, or doctrine which a person holds or maintains as true'.

'Theories' logically are *not* truths. Neither are they facts (Ryle, 1960, 1966; Clarkson 2002d). The only 'fact' that the best international research overwhelming has affirmed consistently over the last few decades is that 'theory' is irrelevant to the effectiveness of psychoanalysis and psychotherapy – no matter how measured.

Item 9

> 3.2 It would be profitable to think about the approach that training bodies adopt for minimum educational entry requirements.

Why does the UKCP intercultural sub-committee choose to use the word 'profitable'? It consensually means to make money. Does it perhaps mean: 'If "we" [the majority groups who enact our beliefs that whiteness is superior] let more black people in to train, we'll be able to

make more money for our "schools"?'

Surely not! It must be coincidental that the economic difficulties of running 'training schools' and their search for new sources of income is well documented in the UKCP institutional minutes – and in responses from ethics research participants who want (obviously) to remain anonymous.

But over the past 25 years, a number of criticisms have been raised by various progressive or marginalized groups in psychology, as well as by the supposed beneficiaries of these ethical codes, our students and clients. These critics – most frequently from feminist psychology, mental patient liberation groups or psychologists of colour – ask who truly benefits from organized psychology's (or psychotherapy's) formal ethical guidelines (Brown, 1997, 53).

Item 10

> 3.3. We should think about access courses and what these might look like.

(See patronizing, genetic and intellectual inferiority rationalizations above.)

Item 11

> 3.4. Training of psychotherapists should cover intercultural issues as regards both theory, practice and self-development. 3.5 Supervision and supervision training should ensure that intercultural issues are addressed. (UKCP Intercultural Committee, 2000, 6)

How is it possible to conduct psychoanalysis or psychotherapy *at all* if issues of family and cultural context are not addressed? Perhaps just as possible as to conduct psychoanalysis and even 'sex' therapy with the 'theory' of female penis envy or the false and damaging notion that *the vagina is the female sexual organ* imposed on vulnerable clients – instead of acknowledging the scientific *facts* about the size and function of the clitoris.

Social justice issues should ideally not be seen as being an 'add-on' to any of the therapeutic relationships, but an intrinsic and inextricable part of every relationship, *including* the five that I have identified on the basis of academically validated and professional research (Clarkson, 2000). As soon as 'culture', for example, is subject to such a state of 'apartheid' the distance may increase – and we know from personal experience and psychological studies that proximity can sometimes even help to reduce prejudice. A separation of content and context on these matters may be seen as equivalent to tacking on 'a module' on race or ethics in counsellor education or organisational development – instead of inviting such awareness to scent the very air we always breathe together.

Being human, we are in relationship – with each other, the rhinoceroses in Africa, the billboards, the World Wide Web, the planet itself. Context is everywhere. In some particular ways, we can never be truly separate from each other, never *not* talk to each other, never disengage from relationship – at least for as long as we live (Isham, 1995).

I am suggesting that cultural competence is the responsibility of every *individual.* 'Institutional racism' is the collective result of each individual's denial of responsibility and his or her personal bystanding.

> Cross-cultural psychology should reject the causal [Newtonian] model and the idea of culture as an independent variable. Instead human behaviour should be seen as normative and fundamentally cultural: if culture is integral to thinking, a decontextualized central processing mechanism is an impossibility. Cognition and culture are inseparable. (Maghaddam and Studer, 1997, 201)

USE OF THE FIVE-RELATIONAL MODEL AS A FRAMEWORK

The socio-cultural is not 'an additional relationship'. Culture, like class, sexuality and gender, permeates all our relationships - particularly each one of the five dimensions of the therapeutic relationship. Along with Pope-Davis and Coleman (1997) and Vannoy Adams (1996) it is one of several tools available for teaching, supervising and assessing cultural competencies in counselling and psychotherapy. (See www.physis.co.uk for independent routes to professional doctorates without having to complete a master's degree first from different universities based on these ideas.)

> Instead of advocating fruitless integration where none seems realistic, the least one can do is to make sure that we know what the others do, and how our colleagues from the other side of the corridor, or in another country, deal with specific issues. We should begin to forget about paradigms and start to learn to think in terms of problems, and the often joint and multidisciplinary ways of studying them. Maybe we have a fascinating new method or theoretical concept, but only boring academic *problems,* whilst others have an intriguing social problem but no instruments to deal with it, or vice versa. (Van Dijk, 1996, 452)

A. Respect in the working alliance

The therapeutic working alliance, of course, can be used to focus on issues of social justice, client/therapist matching, choice of treatment, equal access to services, availability of information, cultural biases in testing and diagnosis, rights and responsibilities, differential confidentialities and so on – as in the example of the black man who was given ECT in South Africa for 'psychotic aural hallucinations' until a young psychiatrist discovered that the 'voices' were those on the intercom in the mental hospital (Dobson, 1969, personal communication).

So, I'm suggesting that in terms of each individual client, it is the practitioners' individual responsibility to inform themselves before the first session, or as soon as possible thereafter, about at least three dimensions of their client's cultural and/or racial situatedness:

1. The client's collective *history* – about the most important historical event(s) in their culture, say for example five outstanding events.
2. The *geography* of their cultural heritage – about the land, the SOIL from which they sprang.
3. Their *culture:* (a) 'high culture' – greatest literary work, greatest composer, greatest architect, greatest painter/sculptor, and so forth, and their most important religious festivals and/or national holidays; and (b) their 'popular culture' – for example, current films, magazines, comics, recreational drugs and popular music.

Personal research

Identify three items under these headings of history, geography and culture for clients/trainees whose families come from (a) Jamaica (b) India and (c) Pakistan.

B. Awareness of transference and countertransference distortions / biases / prejudices / schemas in the therapeutic relationship

The therapeutic transference/countertransference relationship can highlight particularly issues of *prejudice* including the psycho-physiological or emotional/olfactory bases of intuition, judgement, attraction, repulsion and culture-based assumptions. For example, the process of projective identification in an analyst's subtle rejection,

shaming or minimization of the sexuality of a person who is paraplegic or homosexual. (See also Hubble and O'Hanlon, quoted in Hubble et al. 1990, 430, on 'theory counter-transference'.)

Personal research

Identify for yourself in personal therapy *and* in supervision your deepest held personal and collective values about (a) sex, (b) money and (c) education.

C. Provision of the developmentally needed or reparative relationship

The developmentally needed or reparative therapeutic relationship has been used to emphasize the 'tyranny of theory' and the many ways in which developmental theory can be used in therapy and in the training of therapists to support the *status quo* and delegitimize dissent or difference to the extent that junior trainers on humanistic psychotherapy programmes for example complain that their 'readiness' to teach or supervise should be decided by their 'elders' on dubious, unknown and undisclosed grounds.

Personal research

Identify for yourself in personal therapy *and* in supervision what your patient *really* needs from (a) you, (b) your training organization and (c) your professional body. Which of these are most important?

D. Enacted as opposed to 'avowed' person-to-person values

The therapeutic person-to-person relationship can be used to explore the inescapability of *valuing* as part and parcel of every therapeutic moment, every perception, every intervention – or non-intervention, every disclosure as well as every non-disclosure. I have attempted to show this here, as well as the fundamental meanings of 'working with difference' – the unavoidable 'otherness' of another, any other. (See Abrams, 1993 for example.)

Personal research

List at least ten ways in which you have modelled and imposed modelling of Eurocentric cultural hegenomy on your clients/trainees/supervisees in the last clinical working week.

E. Collective cultural answers to 'the meaning of life question' – often the transpersonal dimension in the therapeutic relationship

See Clarkson (2002b, particularly 60–4). The therapeutic transpersonal relationship implicates the nature of the universe and our place in it – the creative order found at the edge of chaos, the way in which everything is relationship, the interpenetration of observer and observed; of I and Thou; Physis rising and riding, as living and dying, the paradoxical identity of wave and particle, self and other; the culmination of *antinomian* thought; the mystery of a quantum universe; the *coniunctio* of responsibility and freedom, justice and mercy, passion and compassion (Clarkson, 2002c). Or in Lyotard's words:

> There are stories: the generations, the locality, the seasons, wisdom and madness . . . You are dependent on God, on nature. All you do is serve the will, unknown and well known, of *physis,* place yourself in the service of its urge, of the *physein* which urges living matter to grow, decrease and grow again. (Lyotard, 1997, 271)

Personal research

List the seven major sacraments of people whose families originated from (a) Jamaica (b) India (c) Pakistan under the following headings:

1. *Baptism* or cultural equivalent of birth rites and namegiving.
2. *Confirmation* or cultural equivalent of initiation into adulthood.
3. *Marriage* or cultural equivalent of marriage or partnership.
4. *Anointing of the sick and dying* or cultural equivalents in terms of dying, death, disposal of the body and mourning
5. *Ordination:* hierophancy or cultural equivalent of achieving the status of preacher/traditional healer.
6. *Reconciliation* ('confession') or cultural equivalents of healing one's relationship with oneself, one's community and one's god.
7. *Eucharist* or cultural equivalents of worship.

But remember:

> the levels (or layers) of physis are only to be separated abstractly – they are not true or false in any absolute sense. There can be no development from one layer to the next, 'since each degree "surpassed" remains in fact presupposed'. Neither are these layers of physis to suffer from 'reduction' to one level. They co-exist, have always co-existed and will always continue to co-exist. What is needed is to make explicit this horizontal totality which is not a synthesis . . . Circles including each other . . . (Merleau Ponty, 1983, 187)[1]

CONCLUSION

There are no conclusions. The UKCP Intercultural committee politely thanked me for my interest in writing the open letter and proceeded as usual with no visible changes to date. If you as an individual have better ideas, let's see you putting them *into action* – not in committee policy statements – where *we can all see* positive changes based on the findings of your personal and professional research as indicated in this paper. That is, *of course,* only if *you personally* think 'we' have a problem here.

REFERENCES

Abrams J. Self-attention and the egocentric assumption of shared perspective. Journal of Experimental Social Psychology 1993; 29; 287–303.

Ani M. Yurugu: an African-centred Critique of European Cultural Thought and Behavior. Trenton NJ: Africa World Press, 1994.

Ben-Jochannan YAA. Africa: Mother of Western Civilization. Baltimore: Black Classic Press, 1998.

Bernal M. Black Athena: The Afroasiatic Roots of Classical Civilization. Piscataway NJ: Rutgers University Press, 1987.

Brandtstädter J. Development as a personal and cultural construction. In Semin GS, Gergen KJ (eds) Everyday Understanding: Social and Scientific Implications. London: Sage, 1990; 83–107.

Brown L. Ethics in psychology: Cui Bono? In Fox D, Prilleltensky I (eds) Critical Psychology: An Introduction. London: Sage, 1997; 51–67.

Burman E. Developmental psychology and its discontents. In Fox D, Prilleltensky I (eds) Critical Psychology: An Introduction. London: Sage, 1997; 134–49.

Carroll L. Alice's Adventures in Wonderland and Through the Looking Glass. London: Chancellor Press, 1986.

Clarkson P. The Bystander: An End to Innocence in Human Relationships. London: Whurr, 1994.

Clarkson P. The Therapeutic Relationship. London: Whurr, 1995.

Clarkson P. Race and Racism in Counselling Psychology. London: BPS Counselling Psychology Conference presentation, 1998.

Clarkson P. Ethics: Working with Ethical and Moral Dilemmas in Psychotherapy. London: Whurr, 2000.

1. 'Physis as emergence can be observed everywhere, e.g. in celestial phenomena (the rising of the sun), in the rolling of the sea, in the growth of plants, in the coming forth of man and animal from the womb' (Heidegger, 1987, 14).

Clarkson P. Beyond schoolism. In Clarkson P, On Psychotherapy, Vol. 2. London: Whurr, 2002a.

Clarkson P. The Transpersonal Relationship in Psychotherapy: The Hidden Curriculum of Spirituality. London: Whurr, 2002.

Clarkson P. Everything You Ever Wanted to Know About Extraordinary Sex. Volume 1. London: UPSO, 2003.

Clarkson P. Physis – A psychophilosophical life science study of autopoeisis in psychoanalysis, Jungian psychology and other psychotherapies. Available from www.nospine.com.

Clarkson P. Philosophy of science? Epistemological category errors in psychotherapy discourse. Clinical Psychology Forum, forthcoming.

Clarkson P. Twenty-first Century Sex: or Freud's Project for a Scientific Psychology, Lilith's daughters and Jocasta's sons. Unpublished; draft available from petruska.c @dial.pipex.com.

Clarkson P, Cleminson-Afi A. Race and Racism in Psychotherapy and Counselling. London: Whurr, in press.

Damasio AR. Descartes' Error. New York: Putnam, 1994.

Festinger L. A Theory of Cognitive Dissonance. Stanford: Stanford University Press, 1957.

Foucault M. The Archaeology of Knowledge. London: Tavistock Publications, 1974.

Frank JD. Persuasion and Healing. Baltimore: Johns Hopkins, 1993.

Freud S. On Sexuality: Three Essays on the Theory of Sexuality and Other Works. London: The Pelican Freud Library, vol. 7, 1977.

Gergen M (ed.). Feminist Thought and the Structure of Knowledge. New York: New York University Press, 1988.

Heidegger M. Introduction to Metaphysics. New Haven: Yale University Press, 1987.

Hinshelwood RD. A Dictionary of Kleinian Thought. London: Free Association Books, 1989.

Hite S. The Hite Report: A Nationwide Study of Female Sexuality. New York: Macmillan, 1976.

Hubble MA, O'Hanlon WH. Theory Countertransference, Dulwich Centre Newsletter 1992; 1: 25–30.

Hubble MA, Duncan BL, Miller SD. The Heart and Soul of Change: What Works in Therapy. Washington DC: American Psychological Association, 1999.

Irigaray L. Speculum of the Other Woman. Ithaca NY: Cornell University Press, 1985.

Isham CJ. Lectures on Quantum Theory-Mathematical and Structural Foundations. London: Imperial College Press, 1995.

Keter V. Judicial Review of the UKCP. In Clarkson P (ed), Ethics: Working with Ethical and Moral Dilemmas in Psychotherapy. London: Whurr, 2000; 242–52.

Kobelt GL. The female sex organs in humans and some mammals. (First published in 1844.) In Lowry TP (ed) The Classic Clitoris – Historic Contributions to Scientific Sexuality. Chicago: Nelson-Hall, 1978.

Laplanche J, Pontalis JB. The Language of Psychoanalysis. London: Karnac, 1988.

Lyotard JF. Domus and the megapolis. In Leach N (ed.) Rethinking Architecture: A Reader in Cultural Theory. London: Routledge, 1997; 271.

Merleau Ponty M. Unpublished draft English translation manuscript of the last notes before his death. Available for perusal on request to Petruska Clarkson, 1983.

Moghaddam FM, Studer C. Cross-cultural psychology: The frustrated gadfly's promises, potentialities and failures. In Fox D, Prilleltensky I (eds), Critical Psychology: An Introduction. London: Sage, 1997; 185–201.

O'Connell HE, Hutson JM, Anderson CR, Plenter RJ. Anatomical relationship between urethra and clitoris. Journal of Urology 1998; 159(6): 1892–7.

Paget L. How to Give Her Absolute Pleasure. London: Piatkus, 2000.

Parker I, Georgaca E, Harper D, Mclaughlin T, Stowell-Smith M. Deconstructing Psychopathology. London: Sage, 1995.

Pope-Davis DB, Coleman HLK (eds) Multicultural Counselling Competencies. Thousand Oaks CA: Sage, 1997.

Ryle G. Dilemmas: The Tarner Lectures. Cambridge: Cambridge University Press, 1960.

Sampson EE. The debate on individualism: Indigenous psychologies of the individual and their role in personal and social functioning. American Psychologist 1988; 43: 15–22.

Samuels A. Fragmentary vision: a central training aim. Spring 1981; 215–25.

Samuels A. What is a good training? British Journal of Psychotherapy 1993a; 9, 3: 317–23.

Samuels A. The Political Psyche. London: Routledge, 1993b.

Samuels A, Shorter B, Plaut F. A Critical Dictionary of Jungian Analysis. London: Routledge & Kegan Paul, 1986.

UKCP Intercultural Committee. Report in relation to the MacPherson report on the Stephen Lawrence case. London: UKCP, 2000.

Van Dijk TA. Editorial. Discourse and Society 1996; 7(4): 451–2.

Van Dijk TA. Communicating Racism: Ethnic Prejudice in Thought and Talk. London: Sage, 1987.

Vannoy Adams M. The Multi-cultural Imagination: 'Race', Color and the Unconscious. London: Routledge, 1996.

Winter DA. Everybody has still won but what about the booby prizes? Inaugural address as Chair of the Psychotherapy Section, British Psychological Society, University of Westminster, London, 1997.

Woodmansey AC. Are psychotherapists out of touch? British Journal of Psychotherapy 1988; 5: 57–65.

Correspondence: Petruska Clarkson, 58 Harley St, London W1G 9QB
Email: petruska.c@dial.pipex.com.