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**Counselling across cultures: experiences of intern clinical
psychologists**

by

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Declaration

I declare that the dissertation, which I hereby submit for the degree MA: Clinical Psychology, at the University of Pretoria, is my own work and has not been submitted by me for a degree at another university.

Signature

Date

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Abstract

Most intern-psychologists carry with them the knowledge they had acquired during training, to their different internship institutions. The aim of this study is to explore and record the experiences of Black and White intern-psychologists during therapy with clients of a different culture to themselves.

A group of 6 intern-psychologists were selected by means of Quota sampling method as follows: 3 of the intern-psychologists had to be Black and the other 3 White. All of them had to be finishing their internship in December 2002 and during their 12 months internship, had to have been exposed to clients of a different culture to themselves. In the sample, 2 of the Black intern-psychologists are women and 2 of the White intern-psychologists are men. Of the Black inter-psychologists, 1 is Setswana speaking, 1 Zulu speaking and the other Xhosa speaking. Of the White intern-psychologists, 2 are Afrikaans speaking and 1 English speaking.

A context specific methodological approach was used to concentrate on the experiences of the intern-psychologists during therapy with clients of a different culture to themselves. Respondents were asked to fill in a biographical questionnaire and thereafter, data was collected by means of biographical questionnaires and vignettes that will help prompt the intern-psychologists.

The interpretation of the data showed that the intern-psychologists experienced differences during therapy with clients of a different culture to themselves as compared to

those with the same culture as themselves. Factors such as the client's race, home language, gender, cultural differences, stereotypes and historical background played an important role in the success or failure of therapy. The need for more exposure to cross cultural training and skills emerged through the interviews.

Key words

Intern-psychologists

Counselling

Gender

Culture

Therapy

Language

Race

Opsomming

Die kennis wat intern-sielkundiges opdoen tydens hul opleiding, beïnvloed grootliks die kennis wat aangewend word by hul internskap instellings. Die doel van hierdie studie is om die ervarings wat swart- en wit intern-sielkundiges opdoen tydens terapie met kliënte van ander kulture te ondersoek en aan te teken.

Die Kwota proefnemingsmetode is gebruik om ses intern-sielkundiges te selekteer. Daar is 'n vereiste gestel dat drie swart- en drie wit intern-sielkundiges gekies moes word. Al die proefpersone moes hul internskap in Desember 2002 voltooi het en moes gedurende die 12 maande van internskap, blootstelling gekry het aan kliënte van ander kulture. Twee van die swart intern-sielkundiges in die proefgroep moes vroulik wees en twee van die wit intern-sielkundiges in die proefgroep moes manlik wees. Die swart intern-sielkundiges was onderskeidelik Setswana-, Zoeloe- en Xhosa sprekend. Twee van die wit intern-sielkundiges was Afrikaans sprekend en die ander was een was Engels sprekend.

'n Konteksspesifieke Metodologiese Benadering is gebruik om die ervarings wat die intern-sielkundiges ondergaan het tydens terapie met kliënte van ander kulture te beskryf.

'n Biografiese vraelys is deur die proefpersone voltooi waarna data ingesamel is deur middel van biografiese vraelyste en karaktersketse wat die intern-sielkundiges aangespoor het.

Die interpretasie van die data het daarop gewys dat die intern-sielkundiges verskille ervaar het tydens terapie met kliënte van 'n soortgelyke kultuur wanneer dit vergelyk word met dié van 'n ander kultuur. Faktore soos die kliënt se ras, eerste taal, geslag en kulturele verskille, stereotipes en agtergrond het 'n belangrike rol gespeel in die uitkoms van die terapie hetsy positief of negatief. Daar is tydens die onderhoude 'n behoefte vir wyer blootstelling aan kruis-kulturele opleiding en vaardighede geïdentifiseer.

Kernwoorde

Intern-sielkundiges

Terapie

Berading

Taal

Geslag

Ras

Kultuur

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Appendix A

Appendix B

Counselling across cultures: experiences of intern clinical psychologists

CHAPTER 1

INTRODUCTION

1.1 A SHORT OVERVIEW

There were essentially two aspects of the development of psychology which rendered a bedfellow of the apartheid system (Nicholas, 1990). The first was a psychology that acted in the political interest of White people at the massive expense of Black¹ people. The second involved taking the politics out of psychology and thus causing it to become nominally neutral. Counselling, as such, did not exist in South Africa. In general, professionals referred to as “counsellors” were trained in university psychology departments. It is therefore important to understand the role played by psychology under apartheid to appreciate how counsellors function today.

In the past, psychology and other psychotherapeutic systems have operated as an adjunct to the political system (Whittaker, 1990). According to Whittaker (1990), several political decisions have affected the mental health movement in South Africa.

¹ The term Black is used to include all people previously disenfranchised. It would thus include Coloured, Indians and African people

The Mental Disorders Act 38 of 1916 declared the superiority of Whites and popularised a eurocentric view of mental health. Shortly thereafter, J. T. Dunston, a British psychiatrist, was appointed the first commissioner of mental health. After studying in the West, he established psychometric policies and procedures that aided the apartheid agenda. Following his lead, other scholars went abroad to conduct research that would establish the inferiority of Blacks. For example, Fick (1929, 1939) posited that indigenous people were limited in their ability to benefit from education. Biesheuvel, a renowned psychologist, contended that psychology owed its rapid progress in South Africa to its demonstrable usefulness to the armed forces and to industry (Nicholas, 1990).

After the Second World War, several psychological instruments for screening Black mine workers were developed under the guidance of Biesheuvel. R. W. Wilcocks, a psychology professor at Stellenbosch University, wrote a report recommending that Blacks not be allowed to compete with Whites for jobs (Wilcocks, 1932). In 1950, the Job Reservation Act stipulated that certain jobs be reserved for Whites. Wilcocks was a teacher of the late former President H. F. Verwoerd, who was a recognised psychologist and an architect of apartheid. In 1981, the De Lange Report defined the functions of psychologists, psychometrists and counsellors that were important to education. That same year, counselling was introduced into all Black schools (Dovey & Mason, 1984). According to Whittaker (1990), psychology became politically neutral in the mid-eighties. The neutrality was encouraged by an unpredictable political system in the seventies, by an increased number of graduate students studying abroad, and by the

recruitment of Black students into psychology. Perhaps the most dramatic indication of the shift to psychological neutrality was Biesheuvel's (1987) insistence that under no conditions should Blacks be encouraged to assume roles previously held by Whites, because to do so would cause them psychological harm. Simultaneously, Van Aarde (1987) feared that politicising psychology would diminish the reputation of the profession. In reacting to apartheid, psychologists generally pretended that it did not exist. For example, Hickson and Christie (1989) wrote an article on cross-cultural counselling in which they referred to authorities in Europe and the United States. Although the title of their piece included the subtitle "Implications for the South African context", they did not mention the word apartheid in a single paragraph devoted to these implications.

In 1983, the World Health Organisation addressed the issue of apartheid and health during its annual conference and declared in its report that oppressive political conditions in South Africa were likely to adversely influence the mental health of the oppressed people. The decades of subjugation and dehumanisation by the White minority created a psychologically and physically debilitating environment for Blacks (Cooper, 1990; Mathabe & Temane, 1993). Individuals and families socialized in a context of violence felt completely helpless. The violence that was inflicted on Blacks by the system had negative rippling effects on entire communities. For example, Black men had to depart from their communities and live in mine work camps far from home, leaving behind their wives and children to fend for themselves, a phenomenon that contributed to a matriarchal family structure. The long absence of fathers from home interrupted the

sense of love and security provided by male authority figures that is important in the socialisation of children. According to Cooper (1987), apartheid and its systematic disruption to Black families and communities created serious social and psychological problems that may linger for generations.

According to Raubenheimer (1987), there is lack of a counselling tradition in Black neighbourhoods. In the immediate past, the absence of counsellors was due to Blacks viewing them as tools of the state, designed to enslave them psychologically. Because most of the counsellors were White, they were seen as minions of the oppressive establishment. He further mentions that counselling has arrived at a dead end in South Africa because it has failed to gain the trust of the people. Raubenheimer (1987) further states that counselling in South Africa relies too heavily on outside authorities to give direction in the South African context, “instead of considering the needs of their own people, South African psychologists relied almost exclusively on the views of American counselling experts”(page). What’s more, Black people have tried and tested community-based means of addressing their psychopathological problems: witchdoctors, fortune-tellers, sangomas, etc. Healers, who invariably come from the same community or racial group, have some knowledge and understanding of the life-world and interpersonal relationships of their clients.

Kagee and Price (1994) have identified two trends in counselling that seem promising for the current South African situation. First, group counselling is gaining popularity because it enables counsellors to help greater numbers of clients. The second trend is an

increased effort to intervene in the early stages of problems to prevent them from becoming major crises. The trend toward prevention has encouraged paraprofessionals to enter a variety of mental health programs.

The nature of counsellor education is determined by the role played by counsellors in the new South Africa. Among other things, post-apartheid counsellors must be change agents. They need to facilitate the use of indigenous healing practices endemic to traditional South Africa. Counsellors should also assist in revitalising various social systems, especially the extended family, which was assaulted and dispersed under apartheid (Cooper, 1990).

Psychology, as it is applied traditionally, needs to be revised and reconstructed to accommodate the needs of the various communities. Tremendous strides in this regard have been made by various universities and training institutions. Many have embarked on outreach programmes and community psychology programmes. Some psychologists have taken up roles of consultants and facilitators of community support systems.

Because originally the Black community did not make use of or had little faith in mental health services, training of mental health professionals was aimed at the community that they would serve, namely the White community. The importance of cultural and ethnic differences existing between themselves and persons of other ethnic groups was ignored or minimized. This, therefore, meant that the effectiveness of traditional counselling and

psychotherapeutic approaches and techniques with different racial and ethnic groups was generally negated.

1.2 MOTIVATION FOR THE STUDY

A major question in motivating this study was whether or not psychotherapists are trained to be competent to do therapy in a multicultural society. Much research has been done in cross-cultural counselling and psychotherapy, which is very complex. According to Capuzzi and Gross (1995), despite the increase in attention to cross-cultural counselling in the international literature over the last few decades, this research area is still considered to be in its early stages. Although most of this research was conducted in countries outside of South Africa, some of the findings can be applied in the South Africa context.

Many authors have expressed doubts regarding the degree of effectiveness with which therapists can work with clients who are different from them in race or social standard (Calia, 1966; Vontress, 1971). There are studies that indicate less positive attitudes towards counselling and rapport, and less self-exploration when Black clients see a White psychologist. According to a study by Okonji (1986), this could be due to the "person-centred" practice used by most White psychologists. Because of the sociopolitical and historical factors in South Africa, crosscultural counselling is likely to involve a Black client and a White therapist (Swartz, 1996). For therapy to be effective, the psychologist should recognise the political history of South Africa, including the socioeconomic experiences between Black and White clients as this forms a part of their culture. When

Carl Rogers visited South Africa in 1982 and 1986, he encouraged the training of therapists working within the client-centred framework. According to Spangenberg (2003), Rogers mentioned essential attitudes that create a growth-promoting climate for individuals to become what they are capable of becoming. These are (a) congruence, (b) positive regard and (c) accurate empathic understanding. Merry (in Spangenberg, 2003, p.2) views client-centred counselling as counselling where "clients define their own goals, and counsellors strive to deeply understand the world as their clients see and experience it". In South Africa, cross-cultural counselling is made sensitive by the memories of past apartheid and oppression. Most Black people might, therefore, still experience a mistrust for White psychologists' empathy towards them and White psychologists might still mistrust their therapeutic skills when it comes to Black clients (Spangenberg, 2003, Pack-Brown, 1999).

According to Pederson (1982), cultural differences create barriers to understanding in the very areas of interaction that are most crucial to the outcome of therapy. Different experiences, beliefs, values, goals and expectations constitute areas of conflict between psychologist and client that may complicate communication and thus also compromise the therapeutic process. It is therefore of utmost importance that therapists learn about the culture and values of prospective clients, since South Africa is a multicultural society. Mental health professionals should acquire knowledge, awareness and skills for helping across cultures and be more sensitive to the effects that differences in culture may have on the therapeutic relationship, process and outcome (Hickson and Christie, 1989).

Hickson and Christie (1989) state further that, “cross-cultural competencies are of major significance for facilitating a meaningful therapeutic encounter, as well as the subsequent relevant delivery of psychological services (p. 168). These authors also believe that the interventions of South African psychologists should be aimed at relieving the suffering and broadening the knowledge of all members of society. Freeman (1991) believes that psychologists cannot only be trained to deal with people similar to themselves. Rather they have to learn about the cultures and values of their prospective clients - therefore all South African racial and ethnic groups - so that their therapeutic interventions may be more meaningful and effective.

1.3 AIMS OF THE STUDY

In the literature of the past three decades (Spangenberg, 2003), a vast number of research projects have been conducted on cross-cultural counselling and psychotherapy where the therapist is White and the client is Black. Although this research could be useful in the South African context, it is not always applicable because of the unique situation that prevailed during the apartheid years. It would be incorrect to claim that because the literature includes information about Black clients seeing White therapists in Europe and the United States, this literature gives us a clear indication of the experiences in the South African context.

The purpose of this study is to explore the experiences of both Black and White intern psychologists in their therapeutic relationship with clients of a different race or culture to themselves in. It is hoped that the insight gained from the research will be of value,

firstly for structuring orientation courses for psychologists already working in a cross-cultural setting, and secondly, as a means of enhancing the training programmes of psychologists-in-training at universities to enable them to work effectively in a multicultural society.

The study, therefore, seeks to investigate the following specific aims:

- (1) to explore and record the experiences of White intern clinical psychologists in counselling Black clients
- (2) to explore and record the experiences of Black intern clinical psychologists in counselling White clients

In chapter 2, literature concerning cross-cultural counselling will be reviewed. Because most of the research in cross-cultural counselling has been conducted in the United States and Britain, most of the literature will reflect findings from those countries, although an effort was made to explore research conducted in South Africa. This chapter will also explain terms related to multiculturalism such as race, culture, ethnicity and so on.

Chapter 3 entails a discussion of the methodology used for this research. This includes the research method, recruitment of participants, collection of data, and so on. This chapter also addresses ethical issues that could be of importance in such a study. In chapter 4, the results of this study are presented and discussed in detail, while chapter 5 provides a brief summary and conclusion of the study.

1.4 CONCLUSION

According to Clarkson, Petrusa, Nippoda and Yuko (1997), it is impossible to conduct counselling or any of its related activities out of context. This means that all therapeutic activities inevitably occur within the climate and against the background of all the cultures that impinge on it. They further state that these cultures can be related to gender, religion, organisation, sexual orientation, class, language and so on.

The above writers also mention that on many occasions, psychologists may find themselves working with people whose culture is very different from their own and there may be very little information and/or guidance for the counselling professional in this regard. Klineberg (1987) states:

“cultural factors are important to counsellors, and they have the responsibility of learning all they can about the cultural background of their clients. It is too much to ask that they become specialists in all cultures of the world; it should not be impossible for them, however, to become aware of range of values and patterns of behaviour of which human societies and individuals are capable and to learn as much as they can about the particular ethnic groups that they constitute their clientele.” (p.34).

D'Ardenne and Mahtani (1989) suggest that it is essential for psychologists and other therapists to be aware of their own cultural views and biases before dealing with clients' points of view. Lennox Thomas (1992) also draws attention to this kind of awareness when he introduces the therapeutic process of the dyads of the White psychologist and

the Black client, the Black psychologist and the White client, and the Black psychologist and Black client.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

With the increasing number of Black people qualifying as psychologists (and seeking and receiving psychological services) (Spangenberg, 2003), the importance of reducing or removing barriers which could prejudice effective treatment is important, since more people using psychological services will be counselled by a psychologist of a different race to themselves. According to the report on mental health in South Africa (Psychological Association of South Africa, 1989), the present system of training has created psychologists who, in terms of their knowledge, values and skills, are better qualified to work with a first than with a third world situation (Jampies, 1998). In order to effectively counsel clients who are from a different cultural background, psychologists should be competent and comfortable enough to counsel people of a different background than their own (Psychological Association of South Africa, 1989).

In the 1960s and 1970s, the majority of studies on counselling and race concluded that Black people responded more favourably to psychologists of the same culture. They achieved and engaged in greater self-exploration and felt they were better understood by Black than by White psychologists (Carkhuff & Pierce, 1967). Some of these studies also found that clients who did not have perceived characteristics similar to their psychologists were more likely to terminate counselling prematurely than those who had similar characteristics to their psychologists (d'Ardenne & Mahtani, 1989).

To establish a sound therapeutic relationship, Sue and Zane (1987) note that (in the USA) White psychologists working with Black clients have the important task of establishing credibility with the client. Black clients, for whom racism tends to be a very salient issue (Kiselica, 1999), are particularly sensitive to the process operating between themselves and their psychologists, and are less likely than White clients to take for granted the psychologist's readiness or ability to understand them and be on their side (Gibbs, 1985; Kiselica, 1999).

According to Jampies (1998), much research done in the United States supports the notion of client-psychologist match for effective psychotherapy. According to the same author, because South Africa is moving away from the effects of the apartheid regime, an effective cross-cultural client-therapist match is debatable. It is assumed that other factors such as self-disclosure, self-exploration, mutuality, trust, and so on, and thus a healthy therapeutic relationship, will be negatively affected in cross-cultural counselling or psychotherapy.

Regardless of affirmative action and an increasing number of Black psychologists being trained (Arredondo, 1999), Black people in South Africa have not been exposed to psychology as extensively as the White community has throughout the years. And because of the apartheid regime, White psychologists were trained to serve the White community, disregarding the Black community altogether (Arredondo, 1999). Petersen (1996) conducted a study in South Africa (the data for the study was collected in 1993). In this study it was found that the majority (63%) of the psychologists in the study

indicated that over 75% of their clients were White. In contrast, 3,3% of the respondents indicated that over 75% of their clients were Black. These results therefore indicate that the majority of clients who have access to or make use of clinical or counselling psychologists are White. Although 65% of the respondents indicated that they anticipated a role change in the psychology practice patterns in the post-apartheid South Africa, 28,8% indicated that they did not anticipate any role changes.

In the literature, the terms cross-culturalism (Wohl, 1989) and multiculturalism (Fowers & Richardson, 1996) have been used interchangeably to indicate therapy taking place between two people of different cultures. This would include psychologists and clients of a different gender, race, language, sexual orientation, religious orientation, and so on. For the purpose of this study, the terms multiculturalism, crossculturalism and transculturalism will be used interchangeably throughout the study to refer to therapy across cultures.

2.2 WHAT IS MULTICULTURALISM?

The terms multiculturalism and diversity have, correctly or incorrectly, been associated with affirmative action, quotas, discrimination, reverse discrimination, racism, sexism, anti-White, political correctness and many other emotion-arousing terms (Jampies, 1998). Most multicultural specialists seem to advocate that multiculturalism must include differences based on religion, sexual orientation, socioeconomic factors, age, gender physical (dis) abilities, and even levels of acculturation and assimilation (Sue, Carter, Casas, Fouad, Ivey, Jensen, LaFromboise, Manese, Ponterotto, Vazquez-Nutall, 1998).

According to Sue et al., 1998, those who support the multicultural paradigm suggest that it complements the psychodynamic, behavioural and humanistic frameworks of psychology and human development (all of which developed from the European/American traditions). These research traditions have focused primarily on the intrapsychic factors affecting human development and have left the study of cultural influences on people to anthropologists and sociologists. Now, however, psychology has begun to make use of the insights from other fields. Despite these insights, considerable confusion continues to surround the meaning of multiculturalism and multicultural competencies.

According to Gonzalez (in Sue et al., 1998), the multicultural movement in psychology and education is truly postmodern in that it entertains the existence of multiple belief systems and multiple perspectives. As such, it may reflect a social constructionist position in which meanings and the view of reality are developed through social interaction. The following notes are a summary of Gonzales' (in Sue et al., 1998) understanding of multiculturalism:

Multiculturalism accepts the existence of different worldviews. There are many alternative ways to ask questions about the human condition besides the logical paradigm. The way people see the world is neither good nor bad, just different.

Multiculturalism embodies social constructionism (meaning that people construct their worlds through social processes that contain cultural symbols and metaphors). This implies that each culture is unique and must be understood in itself and not by reference to any other culture. Multiculturalism is contextualist in that behaviour can only be

understood within the context of its occurrence. In psychology, it challenges a “universal psychology” because all theories of counselling and psychotherapy, for example, arise from a particular cultural context and may not be applicable to another.

2.2.1 Definitions and terms related to multiculturalism

(a) Culture

Culture is usually used to refer to “an integrated pattern of human behaviour and includes thoughts, communication, actions, customs, beliefs, values and institutions of a racial ethnic, religious or social group”(Cross, Bazron, Dennis & Issacs in Sue et al., 1998).

Culture is not synonymous with race or ethnic group. There are different ways of experiencing and viewing culture (Bakker & Edwards, 1996). For example, some people use the term culture as a reference to a certain lifestyle, for example gay culture and culture of the disabled people (Bakker & Edwards, 1996).

According to Bakker and Edwards (1996), culture defined from the therapeutic perspective may be defined as "the socialization process whereby one person becomes a member of a family, group, community, nation and interconnected global world" (p. 91).

According to Manthei (1997), culture as socialisation includes all factors that have an impact on the socialisation process. This includes age, gender, education, race, socioeconomic status, disability, and so on. Culture can also be explained as a way of perceiving or creating meaning in the events of one's life (Bakker and Edwards, 1996).

According to Pedersen (1991), "each of us belongs to many different cultures at different times, in different environments and in different roles" (p. 4). In all cultures, there are

practices and customs that may be beneficial to the well being of the individual and the group (Bakker & Edwards, 1996). Culture cannot exist without or apart from political and social realities like the spread of HIV/AIDS or denying the rights of women (Bakker & Edwards, 1996).

According to Pare (in Bakker & Edwards, 1996), culture is a frame of reference from which people can create meaning for the events in their lives. A family can, therefore, be seen as a culture because it teaches its members about the socialisation process that will later be used as a frame of reference for other events in one's life. In South Africa, there are many Black people who represent different cultures. There are, for example baPedi, baTswana, baSotho, and so on. All with their individual languages, customs and therefore, cultures.

Finally, a point made by Potgieter (1996) is relevant to any discussion of culture within the South African context. She points out that in South Africa one is more likely to hear of cultures than of a culture. She further maintains that this practice has led to problems because the architects of apartheid previously interpreted culture along ethnic lines.

(b) Diversity

Diversity could be used to describe differences in race, culture, ethnicity, gender, sexual orientation, age, religion and physical ability or disability in a given context. Diversity, used broadly, refers to the presence or absence of numerical symmetry of these

differences in our society (Sue et al., 1998). For the purpose of this study, the term diversity will be used to refer to differences in race or culture.

(c) Race

According to Atkinson et al. (in Sue et al., 1998), much confusion surrounds the definition and usage of this term. The term first appeared in literature less than 300 years ago and has become misused, misunderstood and maligned since then. The two definitions of race are based on either a constellation of biological and physical traits or internal/external social perspectives.

The biological definition of race could be, a group of people with a combination of physical characteristics of genetic origin, the combination of which distinguishes the group from the other groups (Sue et al., 1998). The physical attributes include (but are not limited to) skin pigmentation, head form, facial features and colour texture of body hair.

Jones (1997) sees racism as an attitude or action that subordinates people because of physical characteristics (e.g., skin colour and body features). He further believes that racism affects White trainee psychologists. Helms (1995) believes that the general development of White people is that of abandonment and entitlement. He also mentions that more White people are moving from a culture of racism to a non-racist White identity.

According to Duncan, Van Niekerk, de la Rey and Seedat (2001), Black psychologists have a number of challenges when they enter the professional domains that were historically occupied by White people. This could be because wherever they are stationed, Black psychologists will always be confronted by racist attitudes and behaviours. Duncan et al. (2001) also mention that wherever one is, most White service users choose to be seen by a White psychologist, whereas the Black psychologist is left to service Black clients only. According to Brown, Parham and Yonker (1996), White men and women express racist attitudes differently.

Atkinson et al. (in Sue et al., 1998) make the specific point that race as a biological concept is used for classification only and has no biological consequence. However, what people believe about race has major social consequences. These authors further state that external societal definitions have often resulted in ideological racism, which links physical characteristics of groups to major psychological traits.

Regardless of its biological validity, the concept of race has taken on important social meanings in terms of how outsiders view members of a racial group and how individuals within the racial group view themselves, members of their group and members of another racial group (Atkinson, Thomson & Grant, 1993).

Because of the nature of this study, attention will be paid on therapies between psychologists and clients of different races. This study is only applicable to those

therapies where the psychologist is White and the client is Black and therapies where the psychologist is Black and the client is White.

Different cultures have different traditions, values, language and customs, to name a few. When in therapy with a person from a different cultural background, the therapist needs to understand the role played by culture during therapy.

2.3 THE ROLE OF CULTURE IN COUNSELLING

The role played by culture has increasingly come to be recognised in all aspects of counselling, from assessment to intervention (Jampies, 1998). Culture has ceased to be an exotic and esoteric topic in the counselling literature. There is now some consensus that the cultures of both the client and therapist influence the counselling process both pervasively and profoundly (Pedersen, Draguns, Loner & Trimble, 1996).

According to Manthei (1997), all counselling is multicultural. This is because all clients are initially strangers to their psychologists. However, since clients have meanings that are shaped by their cultures, although all therapies are multicultural, some clients may be culturally closer to their psychologists than other clients (Bakker & Edwards, 1996).

Edwards (in Bakker & Edwards, 1996) states that cultural counselling sees all human beings as cultural beings. Human beings are both like all others, like some others, and like no others. The interaction between counsellor and client will, therefore, have universal and unique aspects. Cultural counselling recognises that all counselling occurs

in a cultural context and focuses on the cultural process of counselling that has been described in terms of universal and unique cultural phases.

Carl Rogers (1961) refers to the desirability of counselling students having some knowledge of their clients within their cultural setting. He observes “Such knowledge needs to be supplemented by experiences of living with or dealing with individuals who have been the product of cultural influences very different from those which have moulded the student” (Rogers, 1961, p. 437)

Multicultural therapy is a relatively new profession that attempts to respond to beliefs, needs and other circumstances prevalent among people of different cultural, ethnic and economic backgrounds (d’Ardenne & Mahtani, 1989). Race, an indelible mark that sets one group apart from another, is the key variable in any counselling environment.

According to McFadden (1999), traditional counsellors have been encouraged to match clients with existing resources and perspectives. Attempts to blend unlike social groups not only fail to achieve the goals of main stream society, but have also led to cultural deprivation of those who abandon their way of life to gain majority acceptance.

The multicultural counselling approach, emphasising active reciprocal processes in an environment acceptable to everyone concerned, is designed to bridge cultural gaps between social groups. The method not only encourages counsellors to work across diverse cultures, but also empowers those involved to travel through and beyond all

cultural barriers, emphasising and experiencing cultural meshing through transference and countertransference (d'Ardenne & Mahtani, 1989).

2.3.1 Cultural empathy in multicultural counselling

David and Erickson (in Pedersen et al., 1996) describe cultural empathy as a general skill or attitude that bridges the cultural gap between a therapist and a client. They explain that the culturally empathic therapist is able to engage part of the self in understanding, accepting and feeling with the client, while simultaneously retaining a sense of self as a separate identity. They imply that empathy involves identifying in some way with the client so that the therapist is able to feel as the client feels. These theorists also identify the purpose of empathy in this context as cultural understanding (Pedersen et al., 1996).

Cui and Van Den Berg (in Pedersen et al., 1996) define cultural empathy as the mental capacity to be flexible in dealing with the unknown and the unfamiliar. This includes a tolerance of uncertainty and ambiguity, empathy for cultural norms and an awareness of cultural differences. Ivey, Ivey and Simek-Morgan (in Pedersen et al., 1996) describe empathy in multicultural counselling as being able to view the life world of another person through that person's own eyes. This does not mean, however, that therapists have to mix their feelings and thoughts with those of the client.

Empathy based on uniqueness and differences is more appropriate for use in multicultural counselling. According to Wispe (in Pedersen et al., 1996), the act of empathising has four components: (a) self-conscious awareness of the consciousness of others; (b) perception of the other person's thoughts, feelings and physical movement; (c) use of

imagination to transpose the self into another and (d) attention to the feelings of another to the degree that one is able to feel the other's pain.

The construct of cultural empathy presented in much of the literature appears to be similar to generic empathy except that it is used in a multicultural setting to understand the client's cultural experience.

Because of the African culture's strong community orientation, it is an embedded value that individuals do not exist alone. According to Myers (1988), Black people perceive themselves to be intimately connected to their ancestors. Moerderyk (1986) mentions the concept of ubuntu and how important it is to the African culture. Ubuntu forms an inherent part of rural African life and the traditional African worldview (Steyn & Motshabi, 1996). According to Steyn and Motshabi (1996) "Ubuntu expresses the humanistic experiences in which all people are treated with respect as human beings".

The following is an excerpt of an interview from one of the researcher's cases. The therapist is a Black (woman) clinical intern psychologist and the client, a White man. C is 25 years old and came for therapy due to his aggression. He believes he is easily frustrated and would like to find out why he has a "short fuse".

C: Middag.

T: Good day.

C: Dis die eerste keer dat ek by 'n sielkundige uitkom. Ek is Afrikaans sprekend, en

ek weet nie of jy Afrikaans verstaan nie.

T: So you are not sure what's going to happen from here because this is your first time at a psychologist's office? And you are wondering if we will be able to communicate effectively because we seem to be speaking different languages?

C: Dis reg. Ek voel 'n bietjie angstig en my Engels is nie goed nie. Ek weet nie hoe goed is jy met Afrikaans nie.

T: So you think language might be a problem during therapy?

C: Ja.

T: Well, I can understand Afrikaans, but it will be difficult to conduct therapy in it.

What we can try is, you can speak Afrikaans during therapy because you will be more comfortable and I can use English. How would you feel about that?

C: Dit klink goed. As jy iets nie verstaan nie, dan sal jy my vra om te verduidelik en ek sal jou vra as ek iets in Engels nie verstaan nie.

T: Alright, so we agree to use both languages during therapy?

C: (nods)

T: How do you feel now?

C: Beter as toe ek ingekom het.

In the above illustration, the intern-psychologist helped uncover what was troubling the client without imposing any of her issues in therapy. The therapy was focused on the client and the intern-psychologist did not react negatively towards the client's suggestion of using his own language in therapy, and she checked with the client when she thought

of a solution to the problem. This helped the client relax, and it assisted in building rapport between the intern-therapist and client.

The person-centred psychologists keeps in mind that in dealing with a problematic and often hostile environment, as well as changes and losses, the client has had to develop certain coping skills. These skills can be uncovered and used to help clients achieve personal change in counselling (d'Ardenne & Mahtani, 1989). In person-centred counselling, the absence of overt techniques, in contrast with some directive counselling approaches, is an asset in a cross-cultural context, because some techniques might represent a form of cultural insensitivity and oppression (Usher, 1989). However, it should be mentioned that this form of therapy (client-centred) is not best suited to all clients and all psychologists. The choice of approach would depend upon the nature of the problem, the client coming for therapy and the therapist involved.

2.4 BENEFITS OF MULTICULTURALISM

According to Fowers and Richardson (1996), multiculturalism is a social-intellectual movement that promotes the value of diversity as a core principle and insists that all cultural groups be treated with respect and as equals. It is not possible to provide a comprehensive overview of the growing worldwide literature on diversity that is comprised of a variety of different voices. Instead, attention will be limited to some of the key philosophical premises of multiculturalism, and some of the reasons this movement has been both compelling and problematic in the United States will be discussed.

The great moral force of the multicultural argument is evident in the influence that it has gained in psychology and the society as a whole (Fowers & Richardson, 1996). It is easy to see why multiculturalism appeals to marginalised groups, but given psychology's predominantly mainstream constituency, why would the field pay attention to this kind of criticism? Psychology is often seen as an oppressive institution, primarily in its unreflective perpetuation of the status quo and portrayal of American norms as universal (Sue & Sue, 1990). If this is so, why would psychology not, for the most part, seek to maintain its power through continued oppression? If organised psychology is as oppressive and racist as its multicultural critics claim, why has it so readily accepted the validity of these criticisms?

According to Taylor (1985), multiculturalism is, at its core, a moral movement that is intended to enhance the dignity, rights and recognised worth of marginalised groups. It may be foolhardy to attempt this exploration at this time, given the tensions and pitfalls of this highly charged area. The increasing dominance of the view that humans have natural rights and inherent dignity has brought about the inevitable universalisation of these rights and the demise of slavery, colonialism and selective suffrage. This has progressed to a general campaign to comprehensively delegitimise racist and oppressive practices. Opposition to racism and oppression has become part of the moral framework of mainstream society in the United States.

It is not simply that oppression is seen as abhorrent. Even the failure to see oppression as a moral issue is widely viewed as contemptible, indicating an appalling superficiality or

the base inability to appreciate this compelling human issue. This means that the elimination of racism and oppression is not merely desirable. It is a standard against which our desires are measured. Taylor (1985) terms the recognition of this kind of crucial moral issue *strong evaluation*. In the present case, the reduction of oppression has become a good that is superordinate to our choices and desires. In other words, one might experience shame or guilt if one came to see one's desires, inclinations, or actions as racist. Seeking true equality and dignity for all cultural groups has become a standard in contemporary psychology in the evaluation of our intentions and practices.

The ideal of equality is however not the only influence on political structures. It has frequently been overpowered by other forces for self-serving aims (Fowers & Richardson, 1996). Many multiculturalists have argued that an appreciation of power is necessary to address the oppression of marginalised groups and those of other nationalities (Taylor 1985). It is also clear that the prominent ideal of human equality has often been used to further political and economic agendas that are damaging to marginalised groups. Equality, like any other ideal, can be subtly distorted and appropriated in the service of questionable ends. Despite these instances, the enduring moral power of the ideal of equality has been articulated and demonstrated in the slow and difficult expansion of basic human rights from the privileged few to include all groups and individuals, at least in principle.

Multiculturalism is, in some respects, the most recent stage of this universalisation. It calls on people to recognise the rights of all other people and its attempts to ensure the

equal dignity and first class citizenship for all (Fowers & Richardson, 1996). Fowers and Richardson (1996) also claim that racism and oppression have not yet been eliminated, but that racist and oppressive practices and their legitimating theories of racial superiority have become generally unacceptable in public discourse.

A second moral warrant for multiculturalism extends the idea of individual uniqueness to cultural groups. In so doing, it extols the right of different groups to follow their unique paths to development, free from the imposition of other group' norms and standards (Sue & Sue, 1990). This ideal of authenticity was influentially articulated by Herder, an 18th-century, German-born philosopher (Taylor, 1985). He claimed that both individuals and people can only be truly human by being true to themselves. All peoples must be allowed to unfold toward their unique destinies, which requires resisting external pressure and other inducements to mimic and thereby become derivatives of another culture. This has been a guiding principle for the development of group identity and nationalism, for good or ill, since Herder's influential writings were published.

Fowers and Richardson (1996) state that multiculturalists have gone beyond Herder's authenticity in one very important respect. Whereas Herder promoted the development of self-regulating, largely homogenous peoples, the multicultural understanding of ethnic or racial authenticity is discussed in terms of groups living and interacting in the midst of other cultural groups in multicultural societies. This is a particularly modern extension of Herder's ideal of cultural authenticity that necessarily places great importance on

intercultural relations. Yet the relations between groups constitute critical fault lines in the multicultural viewpoint, as is discussed below.

A third important moral foundation of the multicultural viewpoint began to emerge, which involved a concern for preserving life, fulfilling human needs and desires, and above all, relieving unnecessary suffering (Fowers & Richardson, 1996). These priorities were different from earlier times, in which contemplation, heroic action or priestly celibacy were seen as incomparably higher than the mundane concerns of ordinary life. Taylor (1992) characterises this shift in the moral outlook of the West as an “affirmation of ordinary life”. By ordinary life, Taylor means the activities of production and reproduction: work, marriage, love and family. These pursuits were previously seen as mainly necessary to support higher ways of life, but they are now understood as worthy in themselves (Fowers & Richardson, 1996).

2.5 Tensions in multiculturalism

According to Fowers and Richardson (1996), multiculturalists do not generally acknowledge their debt to the Western ethical traditions that honour human dignity and the authentic being, even though these ideals are seen as central to multicultural criteria for good psychological theory and practice. Multiculturalism strives to contextualise the individual and group with respect to culture and history, but it generally fails to be self-reflexivity about the contextual sources of its own ethical ideals. This lack of self-reflectivity about why multiculturalism is good results in a series of deep inconsistencies and self-undermining core beliefs (Fowers & Richardson, 1996).

Difficulties in the psychology profession lead to the recognition that multiculturalism is self-undermining in a fourth way, because it untenably combines an overarching relativism with specific universal ethical principles. Cultural relativism is a critical issue for multiculturalism because conflicts in core values across cultures must be dealt with in some way. There are three basic alternatives for dealing with these value differences. First, universal standards could be used to evaluate cultural practices and values. Most multiculturalists have rejected this as a thinly veiled eurocentrism. Second, one could use standards of one's own culture to evaluate the norms and ideals of other cultures, but this would amount to cultural imperialism. By what right, multiculturalists might ask, can a cultural group be evaluated by standards external to itself? Third, many multiculturalists reject the very idea of evaluating cultures because it is unnecessary and it undermines the inherent value and equality of cultures (Fowers & Richardson, 1996).

The equal value of all values is central to multiculturalism, and this equality seems to require a radical relativism in which each culture can only be understood and evaluated in its own terms. The cultural neutrality of multiculturalism seems to require abandonment of any standards for evaluating cultural norms and values at the risk of cultural imperialism. At the same time, the multicultural outlook relies on the universal moral principle of tolerance, respect, equality and authenticity to justify and ensure the inviolability of cultures.

Multiculturalism's relativism undermines the moral force of any universal argument, especially in light of the particularist roots of these ideals in the Euro-American cultures.

For how could one defend the principles of cultural equality, tolerance and respect within a relativistic viewpoint? Whence do these principles arise? How can they be taken as universally valid? Clearly, it is inconsistent to promote thorough neutrality towards all cultures as prescribed by central, cherished ideals of the Euro-American constellation of cultures. Moreover, membership in a culture involves an ingrained commitment to its shared meanings in a way that is bone deep. One's culture is not experienced simply as one among many. Seeing one's own way of life this way would constitute an appalling moral vacuum, for where would one find the strength or courage to carry through one's obligations if they appear arbitrary and lacking in any sort of rational or moral justification? The price of seeing all cultures as equal is nothing less than the loss of the rational defence and promotion of any way of life.

Cultural relativism appears to make it possible to incorporate attributes or aspects of other cultures in a way that enhances life (Triandis, 1989). Although such an approach to cultural differences shows admirable openness, it ignores the fact that such choices are made according to some criterion. Are the characteristics adopted because they benefit the individual? This assumes an individualistic cultural standard in which freedom for self-enhancement trumps other essential convictions or obligations. If the incorporation of cultural tendencies is guided by the standards of the culture, then their adoption amounts to co-opting some aspect of another culture for purposes defined by one's own way of life. The idea of choosing to incorporate aspects of another culture assumes that embracing them will improve life according to some criterion that precedes the adoption.

Therefore, the standard or good for which they are adopted is essential and not seen as optimal or relative.

Finally, a culturally relativist stance is itself corrosive to certain religious or collectivist communities in which wholehearted commitment to that way of life is central to the self-perpetuation of the community.

According to Fowers and Richardson (1996), philosophical hermeneutics can help to resolve the four incoherences in multicultural thought discussed above. The term hermeneutics originates in the Greek word for interpretation. Ontological hermeneutics is concerned with the conditions under which understanding is possible. It views all human action and expression as incomplete, partial and often characterised by concealments or distortions. Interpretation is necessary for understanding action for two reasons. First, actions and expressions contain an inexhaustible number of unexpressed nuances, connotations and purposes, the articulation of which can render the action more coherent and meaningful.

Second, human action is grounded in rich sociohistorical settings that provide the context within which it is intelligible. This means that understanding action is dependent on the ability to interpret it in terms of its context .

During multicultural therapy, there are factors (on the side of the therapist) that might influence effective counselling. Some of these factors are outlined below.

2.6 OBSTACLES TO EFFECTIVE MULTICULTURAL COUNSELING

Presence does not refer here to physical presence only. Bugental (1987) considers presence to be one essential ingredient of therapy. He further points out that presence is not the same as rapport. The mere friendliness of therapists is not what is called for; therapists must be willing to really give of their selfhood to the encounter (Hycner, 1993).

It is not always possible in every session for therapists to be fully present and it often happens that in a session their level of presence fluctuates. There are numerous reasons or causes that prevent therapists from being present for their client (Jampies, 1998).

2.6.1 Language differences

According to Stern (1987), the majority of people in South Africa converse in English. Because the country was for many years governed by an oppressive regime, there were many uprisings amongst other ethnic groups claiming the right to be taught in their mother tongue. In 1976, Black students began taking the initiative, disregarding parental instruction and guidance and started the “liberation before education” tide. Teaching the child another language in preparation for the future, be it academic or otherwise, has its negative effects. The parents are forced to speak to a child in a second language, which is divorced from any special feeling. It has been experienced that parents express their feelings in their mother tongue. The second language is experienced as inadequate in comparison with the maternal language to embrace the familial ways of expressing how the parent actually feels (Stern, 1987).

Because coming to terms with and being able to express one's emotions is of paramount importance in psychotherapy, the therapist should be aware of the language spoken by the client. Most conversations during therapy take place in English. Psychologist and client alike often find themselves using a language that is mechanical and detached from the language in which the problem occurred, which could lead to some emotional problems being ignored, misunderstood or distorted.

2.6.2 Prejudice and the counselling endeavour

Some research has been done to investigate the diminishing of Whites' negative and prejudicial attitudes towards Blacks. According to Snider and Tetlock (1986, p.130), "old fashioned racism, with its Trinitarian creed of white supremacy, black inferiority and racial segregation has fallen out of fashion" (p. 130). Kinder and Sears (1981, p.161) note that "symbolic racism and traditional racism prejudice are empirically distinct, and have separate and independent effects" (p.161). Many scales for assessing racial prejudice have been developed, but Lea, Bronkhorst and Colenso (1995) are of the opinion that traditional measures of racism are no longer satisfactory for assessing racial attitudes.

According to Vontress (1971), because of racism Black clients are apt to be hesitant to disclose themselves to White psychologists. Self-disclosure occurs most readily in a context of trust. Clients tend to disclose themselves to a degree to which the psychologist resembles themselves in various ways. Self-disclosure is a byproduct of the perception

or belief that the other person, to whom one is disclosing oneself, is similar to oneself (Jourard, 1971).

2.6.3 Technique

There is nothing wrong with technique per se, but it is the over-emphasis on technique that is the concern. Some therapists concentrate on the content of what is being said and their prior conceptions about client dynamics and needs to such an extent that they are not aware of the distance that exists between themselves and their client (Jourard, 1971).

Jourard (1971) also mentions another blockage to the therapist's presence, namely, the model or school of thought from which the therapist operates. Intern-psychologists often lose themselves in their academic exposure by wanting to be Rogers, Freud or Jung. Trying to apply a said technique causes therapists to be so preoccupied with the technique that they lose contact with their client. There is no bonding; the client remains a patient and the therapist a technician (Jampies, 1998).

2.6.4 Culture and the therapeutic Setting

Because culture is such an important element in an individual's life, it is of utmost importance that the helping professions give serious consideration to cultural aspects in the therapeutic setting. Axelson (1985) describes culture as a personality formed by members of a group through their interpersonal relationships or interaction. According to the same author, counselling is a process that enables people to function more effectively as individuals and with others, and a major focus of counselling is, therefore, the

relationship that each person has with himself or herself and other individuals within the context of culture and environment. People act to create their own culture and the cultural environment acts upon them.

According to Pedersen (1988), multicultural counselling occurs when the client and psychologist come from different cultures, working either in the client's culture, the psychologist's culture or in a culture unfamiliar to both of them. He further describes cross-cultural counselling as the attempt to co-ordinate and integrate our assumptions with the contrasting assumptions of persons from different cultures.

There are psychologists who prefer using universal techniques instead of regarding the effects that culture has in the therapeutic setting. According to Wrenn (1962), this could lead to therapeutic interpretations, suggestions and advice being of little value to clients of diverse cultures.

2.7 CONCLUSION

Sometimes, psychologists' behaviour results in a cultural imposition on the client.

According to Freeman (1993), clients must always initiate and define problems from their own context, in their value systems and in their own language. Sue (1981) stated that culturally respectful therapies are those where clients define solutions from their context. This therefore implies that clients generate solutions from their perspective, values and worldview. When clients generate the options, less therapist bias can be imposed. It is imperative for therapists to be honest with their clients. When psychologists in a

multicultural setting are not familiar with the client's culture and experience, they must be able to admit it to the client (Freeman, 1993).

According to Ryde (2000), in order to take culture into account, it must be kept in mind the importance of becoming conscious of your own culture. Habitual ways of thinking may arise out of cultural assumptions and not out of personal pathology. Professionals also exist in a culture that is no more or less valid than the client's but may lead them holding different values and assumptions. The dialogue between psychologist and client will throw up cultural clashes and these may be a fruitful way of understanding and negotiating cultural differences in therapy. It is good to be sensitive to the differences that might emerge both in the supervisory and the therapy relationship.

Having said all the above will, however, not be enough unless therapists have some knowledge of the differences that may arise in multicultural therapy, or they will miss important information that could be vital in the therapeutic process.

CHAPTER 3
METHODOLOGY

3.1 INTRODUCTION

The debate between qualitative versus quantitative research rages on, with some researchers claiming that a qualitative approach is more innovative, whereas others believe that scientific research has to be more structured. Malterud (2001), define qualitative research as a method involving the systematic collection, organisation and interpretation of textual material derived from talk or observation.

Following is a table of the reported features of qualitative and quantitative research methods.

Table 3.1

<u>QUALITATIVE</u>	<u>QUANTITATIVE</u>
Soft	Hard
Flexible	Fixed
Subjective	Objective
Political	Value-free
Case study	Survey
Speculative	Hypothesis testing
Grounded	Abstract

According to Morse (1994), a quantitative analysis is one in which numerical values can be assigned to a variable and then manipulated with various statistical procedures. Qualitative analysis, however, is most applicable when using variables that defy quantification or in which quantification would have no significance, like human experiences, feelings etc.

Qualitative research methods involve the systematic collection, organization and interpretation of textual material derived from talk or observation. Although there are many similarities between qualitative and quantitative research methods, some procedures are very different because of the nature and assumptions of the data and questions to be answered. Good qualitative research does not exaggerate the extent of the material. During analysis researchers should have a thorough knowledge of the study material so that they are aware of the content of the data and what they mean. This helps the researcher to be able to ascertain what in the material is relevant when trying to answer the research question (Multerud, 2001).

They further noted that qualitative data presents large amounts of information and analysis implies abstraction and some degree of generalisation. Components from the individual informant's history and expressions are used to gain knowledge applicable to others. Analysis of qualitative data involves decontextualisation and recontextualisation. Tesch (1991) explains that decontextualisation allows parts of the subject matter to be taken out and investigated more closely, together with other elements across the material

that tells about similar issues. Recontextualisation, on the other hand, makes sure that the patterns still go together with the context from which they were collected.

This research seeks to explore and describe the experiences of lived situations as reported by the clinical psychology interns of their experiences in a therapeutic relationship with clients of a different culture. Because the study is concerned with the description of a psychological phenomenon in terms of how it is experienced by people at a particular point or situation, external measures seems to be irrelevant in the conduct of the study. A qualitative method of research was, therefore, decided on as more appropriate.

3.2 METHOD OF RESEARCH

3.2.1 Methodological orientation

Academic psychology has suffered from disputes concerning its scientific status. There have been a number of schools succeeding one another as the leading school of the time. Phenomenological psychology has never established itself in mainstream psychology, although phenomenologically related psychologists have existed all along the short history of academic psychology.

Phenomenology as a philosophical tradition was founded by Husserl at the turn of the century and further developed as an existential philosophy by Heidegger, and in a dialectical direction by Merleau-Ponty and Sartre. Husserl criticised the positivist and empiricist conception of the world as an objective universe of facts. The phenomenological method involves an attempt to reach the lived world (Kvale, 1994).

Giorgi (1985) states that all psychologists are first and foremost human beings living the everyday world. They too know the kind of experiences being provided by the subjects, granted relative social and cultural stability. Such things as jealousy, depression, learning, thinking, anger, attending, aggression, dishonesty, hostility, caring, and others are phenomena both individually experienced and perceived by others at one time or another.

He further states that these phenomena do not have the clarity, precision or systematisation that one expects of a scientific perspective.

According to Karlsson (1993), phenomenology is different from the other natural sciences because it embraces a different attitude to the individual's lifeworld. While natural scientists construct theories on the basis of an unexamined belief in the lifeworld, phenomenology attempts a critical examination of the lifeworld experiences.

When doing psychological research from a phenomenological perspective, the focus of research is on human experiences and the topics of interest are approached through their presence in conscious awareness (Husserl, 1960).

Two of the most important requirements when doing qualitative research will now be discussed, namely, reliability and validity in qualitative research.

3.2.2 Reliability and validity in qualitative research

According to Kvale (1994), reliability and validity are traditional requirements of research. Because the natural sciences argue that the interview method alone does not satisfy these requirements, this method has often been denied scientific status.

3.2.2.1 Reliability

"Reliability can be described as the extent to which a measurement procedure yields the same answer however and whenever it is carried out" (Kirk & Miller, 1986, p.19). This differs from validity in the sense that one can get perfect reliability all the time with no validity at all, but perfect validity ensures perfect reliability.

It has been stated earlier that the interview should be more like a conversation (Mishler, 1986). According to Kvale (1994, p.190), "in principle it is impossible to avoid leading questions in a conversation or in an interview". In the interview, the area of importance is the theme in the lifeworld of the subject which is being investigated and, therefore, it is important to lead the interviewee towards that particular theme or themes. Leading the interviewee in the direction of expressing certain meanings about these themes should be avoided. Questionnaires, one of the instruments regularly used in other methods of research, are more prone to leading questions than should be the case in a qualitative interview (Jampies, 1998).

According to Kvale (1994), leading questions are necessary parts of many questioning procedures. Their use depends upon the topic and purpose of the investigation as well as

the subjects. The qualitative research interview is particularly well suited for using leading questions for checking the reliability of the interviewee's answers. Thus contrary to popular opinion, leading questions do not have to reduce the reliability of interviews, but may enhance it.

Would the same results be achieved if this study were carried out by a different researcher, in a different place, with different participant and different questions?

Because the nature of the study is to explore the experiences of intern psychologists, it would be difficult to consistently yield similar results. This is because experiences are different from one person to another, and this is due to the socialisation process each individual is exposed to when growing up.

3.2.2.2 Validity

Validity refers to whether one has in fact investigated what one wished to investigate. In qualitative research, this requirement involves the extent to which the interviews investigate the meaning of the life-world themes of the interviewees. (Kvale, 1994). In social science, the two major criteria for validity are whether the instrument or method measures what it is intended to measure and secondly, whether it investigates what it purports to investigate (Jampies, 1998). According to Kvale (1994,p.167), “the qualitative interview may (then), in principle, be a valid research method”. In support of his reasoning, Kvale cites Cronbach who notes that “validation is more than corroboration; it is a process for developing sounder interpretations of observation” (Kvale, 1994, p. 167). Kvale (1994, p.167) further state that, “according to Cronbach’s

open conception of validity, a research interview aiming at qualitative interpretations may in principle be a valid method”.

The problem with validity is that no experiment can be perfectly carried out. Kirk and Miller (1986) state that theoretical validity is difficult to determine by methods other than qualitative research. They further warn that hypothesis testing against explicit alternatives cannot guarantee unanticipated sources of invalidity. The only way for the researcher to find out if the theory is valid or not, is to find out during or sometimes after the completion of the research.

The main purpose of this study is to explore and record the experiences of Black and White intern clinical psychologists in therapy with White and Black clients. The validity of this study cannot be anticipated before it has been implemented and evaluated upon its completion.

3.3 RECRUITMENT AND PROFILE OF PARTICIPANTS

The participants for this research were three Black intern psychologists (two females and one male) and three White intern clinical psychologists (two males and one female) who studied at different universities but did their internship at the same training institution. The participants are from different backgrounds and different places. The table below provides a profile of the participants.

Table 3.3

Name	Sex	Age	Race	Language
M	Female	27	Black	Setswana
B	Female	26	Black	isiXhosa
T	Male	29	Black	isiZulu
A	Male	27	White	Afrikaans
C	Male	27	White	English
C	Female	26	White	Afrikaans

Of the three Black participants, the women speak North Sotho, and Setswana respectively, and the male participant is Zuluspeaking. Of the three White participants, the male is Englishspeaking, while the one man and one woman are both Afrikaansspeaking. For the Black participants, English and Afrikaans are their second and third languages respectively. For the Englishspeaking White participant, Afrikaans is his second language, while the other White participants speak English as their second language.

Because of the nature of the study, the researcher wished to recruit participants who had been directly involved in therapy with people of a different culture to themselves.

Participants drawn from the pool intern clinical psychologists at a single institution and were directly approached by the researcher and asked to volunteer for the research being carried out. The approached participants were asked about their exposure to clients of a different culture to themselves, and thereafter, the researcher made a selection from the

number who had agreed to participate and who had had more exposure compared to the rest of the group. The institution where all the participants did their internship did not permit interns to select their clients. Rather, clients were allocated as they (the clients) came into the institution for psychological services.

3.3.1 Collection of data

The researcher is fully multilingual (Tswana, English, Afrikaans and Zulu) and her home language is Tswana. The researcher and participants all agreed that English would be the best language in which to converse and write biographical essays. According to Stone (1986) and Kruger (in Jampies, 1998), subjects best suited for participation in this form of research should:

- have had experience relating to the phenomenon being researched
- be verbally fluent and be able to communicate their feelings, thoughts and perceptions in relation to the phenomenon being researched
- express willingness to be open to the researcher
- have the same home language as the researcher
- preferably be naive with respect to psychological theory

The environment where the participants work, serve clients whose home language is mainly Afrikaans and Sotho (Sotho here includes Tswana, South Sotho and North Sotho), although there are some clients who also speak English, Zulu and Xhosa. Because the

researcher is fully multilingual, the differences in have language between her and the participants was not considered to what Jampies (1998) calls a major deterrent factor.

Van Kraam (in Jampies, 1998) mentions that it is inevitable that many of the descriptions of a single subject will be incomplete or imperfect because of forgetfulness, poor vocabulary or subject's inability to express themselves clearly. Such problems can largely be overcome through the use of more than one subject. In this case, six participants, three Black and three White, were chosen. The reason for using both Black and White participants was mainly because the researcher wanted the study to be representative and to obtain different perspectives that can only be brought about by different participants.

The participants were firstly asked to complete a biographical questionnaire (see appendix A) that recorded their personal information (the identity of the interviewees will be withheld to secure confidentiality). The participants were secondly asked to write autobiographical essays of their experiences of multicultural counselling or psychotherapy during their internship. Their recall of their experiences was prompted by vignettes that were provided to them for the purpose of further data collection. The vignettes provided the participants with questions that would help the researcher collect data that is relevant to the study being undertaken (see appendix B).

The length of the autobiographical essays were not predetermined and the participants were encouraged to write as much or as little as they deemed necessary. By opting for

autobiographical essays, the researcher thought it important to get the participants' honest and fresh opinions about their experiences when in therapy with clients of a different culture to themselves, and steer the emphasis away from theoretical background or therapeutic skills.

3.4 BIOGRAPHICAL ESSAYS

The case study method contributes uniquely to that researchers' knowledge of individual, organisational, social and political phenomena. The case study method may be preferred when researchers wish to understand complex phenomena, and not manipulate the data that they obtain. According to Stake (in Denzin & Lincoln, 2000), the case study is not a methodological choice but a choice of what is to be studied. When do researchers decide to use the case study method for data gathering? According to Yin (1984), an experiment, a survey and history are other choices that one can consider when conducting research. Yin (1984, p.15) holds that "these and other choices represent different research strategies. Each is a different way of collecting and analysing empirical evidence. And each strategy has its own advantages and disadvantages". Many of the features of the case study approach that have surfaced so far are summarised in the definition proposed by Yin (1989, p.23):

The case study is an empirical enquiry that investigates a contemporary phenomenon within its real life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.

According to Yin (1984), there are research questions that researchers must ask themselves before deciding on the type of case study to use in the research. These questions can be categorised as, “who”, “what”, “where”, “how” and “why”.

If research questions focus mainly on “what” questions, either of two possibilities arises. First, some types of “what” questions are exploratory. The second type of “what” question is actually form of a “how many” or “how much” line of inquiry. Similarly, like the second type of “what” question, “who” and “where” questions, are likely to favour survey strategies or the analysis of archival records, as in economic research. In contrast, “how” and “why” questions are more explanatory and likely to lead to the use of case studies, history and experiments as the preferred research strategies (Yin, 1984).

There have been some notable criticisms about the use of case studies in social research. Yin (1984) mentions the following in his criticisms; too often, the case study investigator becomes sloppy and has allows biased views to influence the direction of the findings and conclusion. Case studies sometimes provide very little basis for scientific generalisation. He also complains that case studies take too long and result in massive, unreadable documents. This complaint may be appropriate, given the way case studies have been done in the past, but this is not necessarily the way case studies need to be done in the future.

Stake (in Denzin and Lincoln, 2002) identifies three types of case studies, namely, intrinsic, instrumental and collective case studies. An intrinsic case study is undertaken because the researcher wants to better understand a particular case. Instrumental case studies are used mainly to provide insight into an issue. The main role of the case study is to support the researcher's external idea. Thirdly, the collective case study is used by

researchers to better understand or theorise about a larger collection of cases. Stake (in Denzin & Lincoln, 2002) further mentioned that a case study, like research of all kinds, has conceptual structure. It is usually organized around a number of research questions. With complex issues like problematic relations, they invite attention to ordinary experience but also to the language and understanding of the common disciplines of knowledge, such as sociology, economics, ethics, and literary criticism

Case researchers, whether consciously or not, pass along some of their personal meanings about relationships to the reader, and sometimes do not pass along others. Readers will also have their own interpretation, inventions and additions to the research. Stake (in Denzin & Lincoln, 2000) believes that most researcher report their cases knowing they will be compared to others. He further mentions that most phenomenological researchers concentrate on describing their cases in enough detail so as to enable the reader to make good comparisons.

Because of the nature of this study, case studies are preferred because the researcher will be using the “how “ and “why” questions that seek to explore and explain. In addition, this study will be conducted in a non-controlled setting that deals with complex phenomena such as human emotion and observation that will not be manipulated by the researcher.

3.5 PROCEDURE

This study was undertaken during the final month of the respondents' internship (December 2002). The reasoning behind this was to allow the interns maximum exposure to therapy with clients from the same and different cultures, thereby enhancing their experience in this field. Before contact was made with the participants, the idea and feasibility of such a study was discussed with the research supervisor. Once the feasibility of the study and the anonymity of the participants were agreed upon, a meeting was arranged between the researcher and each participant to discuss the research project and their willingness to be participants.

Personal arrangements were made between the researcher and each intern to meet in a consulting room on a given day and at a given time to discuss what would be expected of him or her. At the meetings, the researcher explained that the study would concern the intern's personal experiences during therapy with clients from a different culture, and would not focus on their therapeutic skills. The interns had different dates and times for first meeting because they were not all available on the same day and time. The meetings took place in the room where the interns had been trained the year before because they all agreed that it would be more comfortable and less intrusive than their offices at the training institutions.

There was very little, if any, theory discussed during the meetings. The questions focused on the participant's experiences and of opinions.

3.5.1 Ethical issues

In his works on value neutrality, Max Weber makes a distinction between political judgements and scientific neutrality. He further distinguishes between value freedom and value relevance. According to Root (in Christians 2000, p.136), Weber recognised that in the discovery phase, personal, cultural, moral or political values cannot be eliminated. What social scientists choose to investigate, they choose on the basis of the values. With moral reasoning equivalent to calculating consequences for human happiness, utilitarianism presumes there is a single consistent domain of the moral, and that there is one set of considerations, which determines what we ought morally to do. Something of a contract exists between researcher and participants. This is a disclosing and protective covenant which is less formal but very important; namely, moral obligation.

3.5.1.1 Codes of ethics

(a) *Informed consent*

People taking part in research have the right to be informed about the nature and consequences of the research in which they will be involved. It is important that participants take part willingly in the research, without psychological or physical coercion. Before taking part in the research, full knowledge about the research must be divulged to the participants before they give their consent. Participants should be given complete freedom to voice their scepticism and feelings before they sign any consent form, or should possibly be given drafts revealing how they have been quoted and interpreted and for the researcher to listen to any concerns expressed.

(b) *Deception*

It is considered unethical for social scientists to deceive their participants and this includes deliberate misrepresentation. Although deception is considered unnecessary by many researchers, some still maintain that within psychology and medicine, "some information cannot be obtained without at least deception by omission" (Christians in Denzin & Lincoln, 2000, p.138). Since this is an obvious dilemma for most researchers, some believe that one can be deceitful only if "the knowledge to be gained from deception experiments is clearly valuable to society and it is only a minor defect that persons must be deceived in the process" (Christians in Denzin & Lincoln, 2000, p.39).

(c) *Privacy and confidentiality*

It is imperative for the participants to know that their identities will be safeguarded during and after the research process. This not only makes them more open during the data-gathering phase, but it also allows them to be more open with the researcher. Although it can be emphasised over and over again, it has been proved that watertight confidentiality is impossible. However, this does not imply that researchers should just inform the participants about this and leave it at that. It is important that researchers do everything in their power to make sure that confidentiality is maintained. The participants and researcher should agree on what they believe to be public and private.

(d) *Accuracy*

Making sure that the data are accurate is an important principle in social science codes as well. Fabrications, fraudulent material and omission are both non-scientific and

unethical. Data that are both internally and externally valid are the coin of the realm, experimentally and morally. In a value-neutral social science, the definitions entailed by the procedures themselves establish the ends by which they are evaluated as ethical and moral (Christians in Denzin & Lincoln, 2000).

(e) *Reflexivity*

According to Banister et al. (1994), qualitative research does not claim to be objective, but it offers a different way of working through the relationship between objectivity and subjectivity. They further mention that most researchers define objectivity and subjectivity in relation to one another, and the mistake they make is to assume that the relationship is like a conceptual zero-sum game in which a diminution of one-the erasure of subjectivity-will lead to an increase in the other, namely the production of the fully objective account.

When involved in qualitative research, most researchers believe that they should be completely separated from the research and the participants. However, this may not be possible when taking into account the research topic being chosen. This topic (counselling across cultures: experiences of intern clinical psychologists), sparked the researcher's interest because of the number of intern psychologists she encountered who claimed that therapy is the same with all cultural groups and that it did not matter what language the client spoke, it was possible to help all people without involving cultural issues in therapy. However, it emerged that from time to time, most interns would refer

patients to other therapist of the same cultural group as the client because they (the interns) did not understand some of the patient's complains, as they were culture-bound.

The researcher sometimes noticed that she was influenced by her own preconceived ideas about the research topic, and this could have caused some clouding in judgement when conducting the research. It can be assumed that this is a part of the process and it will be detected in the writing and the findings of the study. Being in therapy with a male client, is a different experience to being in therapy with a female client, so the implication is that the experience of therapy with a Black male client if one is a White woman psychologist would differ even more. Culture plays a major role in therapy and the moment it is not considered, it becomes a stumbling block in the therapeutic process. During therapy with White clients, the researcher, as a Black woman, sometimes felt self-conscious and that she had to work hard to keep her client. However, therapy with a Black client was a different experience. The researcher was curious about her colleagues' (both Black and White) experiences when in therapy with a client of a different race. Most claimed that the experience was the same for all their clients. However, when the researcher opened up about her experiences, some of them mentioned their difficulties.

Because of the South African apartheid history, it is suggested that therapy can be truly equal. Because of language differences, cultural background, and different socialisation and educational backgrounds, Black therapists and White clients and White therapists and Black clients will have different experiences of therapy. This does not mean that

therapy will be unsuccessful, but it would be different from a situation where a Black therapist is in therapy with a Black client and a White therapist with a White client.

3.6 STEPS IN THE DATA ANALYSIS

After collection of the data (biographical essays), the researcher wanted to become familiar with the autobiographical essays and thereafter categorise the material into emerging themes. This was done by going through the essays and identifying themes common to all or most of the autobiographical essays. This process took about two weeks. This was because the researcher wanted to familiarise herself with the autobiographical essays and thereafter gain insight into the participant's way of thinking. The themes extracted would be the ones that would most strongly influence the study being undertaken. Thereafter, the themes were be integrated to produce the overall finding when examined in terms of the focus of questions of the study, these being whether racial, cultural or language factors play any major role in the success of therapy between psychologists and clients of different races.

These were the main themes that emerged from the biographical essays:

1. Awareness of cultural differences
2. Discomfort
3. Feelings of inferiority/ superiority
4. Awareness of racial differences
5. Mistrust of client
6. Differences in language

7. Concern with self

The above categories were not the only emerging themes, but they were the ones the researcher deemed as dominant for the purpose of explaining the nature of the study being undertaken. The emergent dominant themes were guided by the main aims and the questions asked by the researcher in the vignettes. Not every theme was recognised by all the participants. For example, all participants mentioned their awareness of racial and cultural difference, but only the Black therapists mentioned feeling inferior during therapy with White clients, and only one White therapist mentioned feeling superior when in therapy with Black clients.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 INTRODUCTION

The records of the Health Professions Council of South Africa (HPCSA) reflect that in 2000 there were 1734 registered clinical psychologists in South Africa (HPCSA, 2000). This implies that the ratio of clinical psychologists to people who seek psychological services is 1: 23000. According to Pillay (1987), 4% of the psychologists who registered in the late 1980s were Black. This implies that most of the clinical psychologists registered with the HPCSA are unskilled in the African languages used by the majority of the country's people. The gender distribution of clinical psychologists is also very interesting. Pillay and Kramers (2003) mention that although historically more men were registered as psychologists, in the late 1990s this trend change, with most of the new registrations being made up by White women.

Pillay and Kramers (2003) undertook a 20-year study of the number, gender and race of intern clinical psychologists who completed their internship during and after the apartheid regime. They mentioned that during the apartheid era (1981-1993), 61 (77,2%) interns were White compared to 18 (22.8%) who were Black. In the postapartheid period (1994-2000), 32 (65.3%) of the interns were White and 17 (34.7%) were Black.

Following is a table of the race and gender composition of intern clinical psychologists in South Africa (1981-2000).

Table 4.1

Interns	Male Number	Male %	Female Number	Female %	Total Number	Total %
White	39	30.5%	54	42.2%	93	72.6%
African	7	5.5%	11	8.6%	18	14.1%
Indian	5	3.9%	10	7.8%	15	11.7%
“Coloured”	1	0.8%	1	0.8%	2	1.6%
Total	52	40.6%	76	59.4%	128	100%

4.2. DISCUSSION OF RESULTS

The following are the dominant themes that emerged from the autobiographical essays.

(a) Awareness of cultural differences

Although we can never generalise across cultural groups (because there is such a diversity of values, customs, rituals and beliefs within each cultural group), it is nevertheless useful for psychologists to gain as much knowledge as they can about cultural groups they are involved with. This knowledge would include information about rituals, customs, language, beliefs and values (Manthei, 1997). This information may be gained within the counselling context.

Participant P.3 (Black) illustrates this point in talking about therapy with a White client:

"... this is because maybe Black people are socialised to ask for help when they need help and that you can share your problems if they are too heavy for you alone. I think this is very different with most White people".

P.4 (White) mentioned that

"I think he and I just never really saw eye to eye, especially because I knew so little about him and his culture...We talked about children and what they mean to both the Black and White cultures. I realised that I knew nothing when it comes to most Black South African cultures and this could have something to do with why I never seem to keep my Black clients".

P.6 (White) reflected that

"I faced many challenges with regards to culture. The first was that of assessing patients whose English was very poor, or there were those patients who had no knowledge of English or Afrikaans. The nursing staff in the unit was always very helpful and you could almost always rely on them to interpret for you. But one reality was the fact that the nursing staff did not have any knowledge of the tests. So it usually delayed the testing process in the sense that it took double the amount of time".

Because culture is such an important element in an individual, it is of utmost importance that the helping professions give serious consideration to cultural aspects in the therapeutic setting.

P. 1 (Black) stated that

“The language, the cultural differences and the nonverbal cues, are very different from culture to culture”.

It is interesting to note that the Black intern psychologists were the ones who mostly talked about the impact that culture had on them during therapy. For the White interns, culture was mostly associated with language and the way that Black clients think, whereas for the Black interns, behaviour, nonverbal cues and gender were included in the cultural package.

This is what P. 4 (White) had to say about culture:

“The difference I felt was that the Black clients I saw brought mostly concrete problems to therapy. Maybe they are socialised to think like that, but it was sometimes difficult for me to connect with them on an emotional level.”

Axelson (1985) notes that culture may be described as the personality of a group that emerges from the members' inter-personal transactions. According to the same author, counselling is a process that enables people to function more effectively as individuals and with others: and a major focus of counselling is, therefore, the relationship that each

person has with himself or herself and other individuals within the context of culture and environment. People act to create their own culture and the cultural environment acts upon them.

According to the above statements, it could be said that in a therapeutic relationship, the clinical intern psychologists felt that they initially did not connect with their clients due to cultural differences between themselves and their clients. This could be because culture is embedded in an individual, and is a personality that one shares with one's cultural group. Culture has a lot to do with how one thinks, sees situations and people, and most importantly, how one behaves.

According to Pedersen (1988), multicultural counselling occurs when the client and psychologist come from different cultures, working either in the client's culture, the psychologist's culture or in a culture unfamiliar to both of them. He further describes cross-cultural counselling as the attempt to integrate our assumptions with and coordinate them with the contrasting assumptions of persons from different cultures.

There are psychologists who prefer using universal techniques instead of regarding the effects that culture has in the therapeutic setting. According to Wrenn (1962), this could lead to therapeutic interpretations, suggestions and advice being of little value to clients of diverse cultures. Taking all of this into consideration, it can be assumed that therapists and clients maybe involved in cross-cultural relationships without having the necessary tools to conduct effective cross-cultural therapy. This could be because the psychologists

do not have enough knowledge about their clients' culture and about what would be acceptable to their clients during therapy.

Ogboyanna (1994) notes that from an African worldview, a person may be viewed as a community in and of itself, including a plurality of selves. This same idea is found in cultural counselling theory where one speaks of multiple cultural identities. According to an African worldview, counselling would aim to balance and harmonise these plural selves, such as the natural, ancestral, social/communal, mental and familial selves. White people may not hold this view and some White psychologists may not be sensitive towards this worldview held by their Black clients and vice versa. In a therapeutic situation where the counsellor and client are from different cultural backgrounds, the danger exists that psychologists will use their worldview as the norm and therefore not allow clients to make their interpretations from their own worldview. This could be minimised by allowing clients to generate solutions that they think could be more effective in resolving their situation. In so doing, psychologists could (1) learn more about the client's culture, and (2) minimise their cultural bias.

(b) Discomfort

Most of the participants (three Black and two White) admitted to feeling uncomfortable during therapy with somebody of a different culture to them. For some of the intern-
psychologists, the discomfort existed during the first session only and for others, after the first session. P.1 (Black) mentioned that

"Being in therapy with somebody of a different culture can be uncomfortable, especially if you are a Black therapist. Even though we would like to believe that racism is dead in South Africa, it is not. Being Black somehow makes one work extra hard compared to being White in the workplace, and although this is not fair, it is a reality one has to work with".

Possible explanations lie in the fact that the intern-psychologists had not dealt with clients of a different culture to themselves before. P.5 (White) remarked:

"the realisation that I was in therapy with a Black person, who was in therapy because he had been a victim of apartheid, made me feel uneasy".

The above statement could imply that for this White intern-psychologist, the feelings of uneasiness stemmed from the awareness of the South African historical past and not necessarily because a Black client related to him differently. So, the feelings of uneasiness reflected the intern-psychologist's own issues rather than the client's reaction to the intern-psychologist. The Black intern-therapist's experienced this differently.

This is what P. 2 (Black) had to say:

"I am very comfortable doing therapy with Black people. This is not because I am a Black person as well, but the respect I got from White clients is very little compared to the respect I got from Black clients."

Another explanation could be the therapist's upbringing and beliefs about people of other cultures. Most of the Black intern-psychologists mentioned that their discomfort made them work extra hard with their White clients for fear that they would be perceived as

inferior in therapy. For the Black intern-psychologist, this entails trying hard to make the client feel welcome, being more patient when the client takes longer to trust the intern-psychologist, and even when the intern-psychologist felt as if the client was being disrespectful. For the White intern-psychologist, it seemed that the discomfort stemmed from embarrassment about their past and how this history affected their Black clients now. In this regard P.6 (White) stated:

"This made me quite uncomfortable and also quite sad at times. I usually fetched my patients from the ward for their therapy sessions and I had to walk past the other patients in the ward. I often wondered what the Black patients thought about the psychologist seeing mostly White patients for therapy".

It was interesting to note that one participant (Black male intern-psychologist) thought his interaction with White clients differed when the client was male to when the client was female. This is what P. 3 (Black) had to say about it:

"My experiences of being in therapy differed from White males to White females... The wife seemed hesitant when they came in together and I could feel that she was uncomfortable. She moved around a lot and kept straightening her clothes, which made me feel very uncomfortable during therapy".

P. 3 believes that the reason that this therapy failed was mainly because he concentrated so much on his female client's behaviour that he completely lost her in therapy. This type of discomfort was also mentioned by P.2 (Black). She said:

“Sometimes you wonder if they believe what you say, especially if you are a Black woman in therapy with a White man.”

It seems that the feelings of discomfort went hand in hand with trust in therapy. It also seems as though the racially different male-and-female therapist-client match, added to the sense of discomfort other during therapy. This is possible why P. 3 (Black) mentioned that he had been happy when he was successful with one White female client, because he has bad luck with White female clients.

(c) Feeling of inferiority/superiority

All three of the Black participants acknowledged their feelings of inferiority when in therapy with clients of a different culture to themselves, in this instance, White clients. None of the three White participants mentioned feeling inferior during therapy with a Black client. Two of the White participants, however, mentioned feeling 'privileged' during therapy. They were quick to mention that their feelings of being 'privileged' had nothing to do with their client's (skin) colour, but more to do with their background, education and the fact that they are White. Two of the White intern-psychologists admitted that they do not think this is right, only that this is how it is. According to James and Lever (in Hamilton, Huntley, Alexander, Sergio & James, 2001), a racial hierarchy emerged in the educational system in South Africa. Each racial group

had their education administered separately and White people were received of the best education. They further stated that the "White" education facilities were financed by the apartheid government, which made sure that "the best went to those who already had and the worst for those who had little" (Hamilton et al., 2001, p. 43).

P.4 (White) mentioned that he felt that he could not help one of his black clients because

"I felt that what he was talking about was ancient and backwards. I mean, who still believes in ancestors and witchcraft? No wonder Africa is called the dark continent".

According to Steve Biko (1978) the contempt that the western culture shows towards the indigenous culture seems to be a dominant theme. To justify its exploitative basis, the Anglo-Boer culture has at all times been directed at bestowing an inferior status to all cultural aspects of the indigenous people.

The three Black participants made their feelings of inferiority very clear in their essays.

P.3 mentioned that when he was seeing a client and her husband, he wondered

"how she would have behaved if I was a White psychologist. I questioned myself and my therapeutic skills a lot when with White people. Somehow, it seemed to me like whatever I did was never enough. I always felt like I had to prove myself. This could have nothing to do with the fact they were saying something to me

about my therapeutic skills, but I felt that Whites have always looked down on Black people, so as a Black therapist, I had to work very hard to prove that I could be as good as the next (White) therapist”.

His status as an intern-psychologist was threatened by the fact that he thinks his White client would have behaved differently towards him had he been a White intern-psychologist. It can be concluded that the therapist’s feelings of inferiority do not stem from his feelings of incompetence as a psychologist, but from his being Black. This seems to stem from the historical background of the therapist and client. The same sentiments were shared by P.1 (Black). She mentioned that

“throughout therapy, he made me feel incompetent and made me question myself a lot during our sessions. I felt like I had to work extra hard to prove myself to him, because I did not want to come across as inexperienced. But the harder I tried, the more mistakes I made”.

According to Ramphela (in Hamilton et al., 2001, p.69),

“the burden of being a suspect of being intellectual inferiority and having to cope with the ignorance imposed on one by the denial of educational opportunities is an enormous one. Many Black people have managed to triumph over this dual burden, but an increasing proportion of young, poor Black people are being crushed by it.”

P. 5 (White) reported:

“Ever since I can remember, I have always been privileged when it comes to most things, for example, education and material things. I was brought up to believe that having what I wanted was my birthright because I am White and deserve it.”

According to Cooper (1987), apartheid and its systematic disruption of Black families and communities created serious social and psychological problems that may linger on for generations. Jampies (1998, p.79) states that

“the association between "black" and "inferiority" is something that has been drilled into the Black people's being with his mother's milk. It is a concept that he/she has never been able to discard despite all his academic and professional training. Apartheid South Africa society has thus severely distorted the self-esteem of many blacks and their families, in turn, through enculturation have distorted the self-esteem of their children.”

The psychic traces of apartheid remain to imprint an indelible sense of inferiority on an individual. In the South African context, this fact is likely to influence many aspects of peoples' lives in the postapartheid society. The feeling of inferiority may also impede Black people's aspiration to enter areas that have been traditionally denied to them (Mathabe & Temane, 1993).

None of the Black intern-psychologists felt superior to their clients, whether Black or White. All the Black intern-psychologists who mentioned feeling inferior stated that they felt like that because they thought the colour of their skin made White clients believe that they could not be as good as their White counterparts. This had a significant impact on

the way the Black intern-psychologists viewed themselves in therapy with White clients and it also affected the length of therapy. A similar process may have operated in terms of the White intern-psychologist's feelings of superiority. The White psychologist may have felt a need to prove to the Black client that he does indeed share the client's point of view and problems, which may not be the case.

(d) Awareness of racial differences

Throughout the essays, therapists distinguished themselves from their clients by using the words black or white. It seems as though race and its effect on multicultural counselling was very prominent for the intern-psychologists. According to P. 2 (Black),

"... this is not because I am a Black person as well, but the respect I got from White clients is very little compared to the respect I got from Black clients."

Some research has been done to investigate the diminishing of Whites' negative and prejudicial attitudes towards Blacks. According to Snider and Tetlock (1986, p.130), "old fashioned racism, with its Trinitarian creed of white supremacy, black inferiority and racial segregation has fallen out of fashion". Kinder and Sears (1981, p.161) note that "symbolic racism and traditional racism prejudice are empirically distinct, and have separate and independent effects". Many scales for assessing racial prejudice have been developed, but Lea et al. (1995) are of the opinion that traditional measures of racism are no longer satisfactory for assessing racial attitudes.

P.3 (Black) mentioned that

“I know that different clients react differently to different therapists. This is not because the therapist is good or bad, but because the therapist is Black or White. The colour of one’s skin has a lot of impact on how you conduct therapy, how clients react to you and how they treat you during therapy”.

According to P. 3, it could be said that he experienced that most of his White clients related to him as through the colour of his skin, and not as a therapist.

P. 5 (White) had this to say about race:

“Being White has its advantages in the workplace. I believe in a situation where most of the colleagues and clients are White, one will be listened to simply because you are White. Sometimes, it is heartbreaking to see two people work really hard at what they are doing, not being rewarded the same because one is Black and the other White.”

According to Vontress (1971), because of racism Black clients are apt to be hesitant to disclose themselves to White psychologists. Self-disclosure occurs most readily in a context of trust. Clients tend to disclose themselves to a degree to which the psychologists resembles themselves in various ways. Self-disclosure is a byproduct of the perception or belief that the other person, to whom one is disclosing oneself, is similar to oneself (Jourard, 1971). South Africa used to be governed by a central parliament elected on the basis of adult suffrage by White persons only. In the social

field, the predominant theme was segregation. Residential areas and amenities of all kinds were reserved for the use of the different racial groups. In almost all cases the system of separate amenities operated to the advantage of White group and to the detriment of the Blacks, Black amenities being either inferior to those of Whites, fewer in number or in some cases, non-existent.

According to Jampies (1998), the issue of colour is more salient for blacks than it is for any other racial groups. Whites and Coloureds are less likely to experience the problems associated with racial identity because they find that their skin colours raises no barriers. He also mentions: "the awareness of race permeated not only the therapy sessions, but coloured also the therapist's perceptions of prospective clients outside the therapy rooms"(Jampies, 1998, p.71).

(e) Gender and race

According to P. 2 (Black),

"Sometimes you wonder if they believe what you say, especially when you are a Black woman and in therapy with a White man. I suppose our history makes us not to trust each other and because Black people were seen as inferior, it always comes up in therapy, whether by the client's doing or not."

According to Hanley (1991), Western culture (and the apartheid culture) has a strong opinion about the sexual desires of the Black man. It is assumed that the Black man has an exaggerated and ungovernable sexual appetite, and the White woman is presumed to be unable to resist his lure.

According to P. 6 (White),

“It was very difficult for me not to think about what he could be thinking about me. This Black man was sitting across from and I could feel his eyes all over me. I don’t know if I was scared or not, I just remember feeling cold”.

In his reference to a specific white female client who seemed reluctant to establish a relationship with him, P.3 (Black) says,

“I started wondering how she would have behaved if I was a White psychologist. I knew I could not trust her to be honest with her feelings in therapy...”

According to the participants' reports, it sounds as though gender also plays a vital role in therapy. They seemed to agree that therapy with same sex, culturally different clients, as well as with opposite-sex, culturally different clients each presented its own challenges. Although, the two white male therapists did not mention anything on therapy across the gender line, the other intern-psychologists felt that there is an issue with trust in therapy with a client of a different gender. The Black male intern-psychologists wondered how his client might have behaved if he had been a White male intern-psychologist, and the White female intern-psychologist was concerned about what the Black male client was thinking, about sitting across from her, and reported feeling "cold".

According to Jampies (1998), it can be assumed that currently psychologists' mistrust of their clients is engendered by past experiences with other people with a different culture to them; it does not arise from anything that was done or said in the present situation.

This assumption is confirmed by the autobiographies of the participants in the current study. He further mentions that one cannot rule out that what the therapist is displaying is a manifestation of a generalised group mistrust which has its roots in experiences with other ethnic groups; nor can the possibility be overlooked that the mistrust could be attributed to people's dealings with significant others.

The mistrust that the intern-psychologists in this study felt towards their clients could be the reason why they did not trust themselves in therapy. None of the participants mentioned feeling distrust towards clients of their own race, culture and gender, This implies that the mistrust is based on prior concepts about the client's gender and culture, and is manifested either by the behaviour of the client during therapy or by the therapist's own unresolved issues.

(f) Differences in language

All the participants mentioned their awareness of differences in language during therapy.

P. 2 (Black) mentioned that

" Most of my therapies with White people were a disaster because of the language problem".

P.3 (Black) mentioned that during his dealings with some White Afrikaans clients, most of them mentioned that it would be better for him to learn Afrikaans because he was going to lose a lot of clients due to his inability to converse in the language of his clients.

His thoughts were,

"if I can learn Afrikaans because I want to help my clients with their problems, surely my clients can learn English so that they can be helped with their problems".

According to P. 4 (White):

"The language was also a negative factor in therapy. It was difficult to explain some things to them because their level of English was not as high as mine".

Undergoing therapy in one's own language creates the opportunity to establish an alliance from the start, thereby diminishing feelings of alienation. Furthermore, when the language of the therapy is the patient's mother tongue but not the therapist's, then the patient can possess at least one domain of relative advantage vis-à-vis the therapist. In other words, the choice of language expresses not only the desire for a higher degree of communication and of closeness, but also a complex of underlying motives. Such motives include establishing a relatively superior position of power and control.

P.5 (White) had the experience of a south Sotho-speaking client whose English was not good enough to express herself in during therapy. The client's Afrikaans was not good either so it made therapy very difficult for both of them.

P.5 (White) describes his difficulties as follows:

"it seemed like we missed each other a lot during therapy and this hampered the therapeutic process".

P.1 (Black) relates that her Afrikaans male client had mentioned just before therapy started that he expected therapy to be conducted in Afrikaans because this was his mother tongue. Although she did not mention it in her essay, it was apparent that she anticipated problems with regard to language since her client made it clear that Afrikaans was his language of choice and that her Afrikaans was not good enough. P.6 (White) mentioned her difficulty as being that

"observation patients whose English was very poor, or there were patients who had no knowledge of English or Afrikaans".

Stengel (1939) has discussed the ramifications of practising psychoanalysis when the analyst is not fully conversant with the patient's language. This situation involves some special characteristics: as long as the patient knows that the therapist understands what the patient says, and as long as the patient understands, then there's no real need for the therapist's mastery of the language to be letter-perfect. Sereno (1949) stresses the power of control that is attached to language, and the possible political-repressive abuse of such power: "Language is the basic means by which those who establish norms of human action in social life not only formulate such norms, but apply and enforce them; as a consequence it is the all-pervasive device of control" (serene, 1949,p. 167).

No participant omitted the language factor in his or her essay. This could be because effective therapy requires proper communication. For the Black participants, it seems as though the language of therapy was determined by the clients coming in. The White participants, on the other hand, seem to have had more control over the choice of language used in therapy.

(g) Concern with self

Almost all the intern-psychologists wrote about their preoccupation with the impression that they gave to their clients of a different culture. It is very difficult even for experienced therapists to stay with a client when absorbed by their own feelings. This experience is very different from feeling inferior. Being concerned with oneself during therapy means that no matter what the client does, the psychologist is unable to trust his or her therapeutic encounters with the client. This can be due to feelings of inferiority or the therapist's own issues of competence in therapy.

Presence is the most important aspect of a therapeutic relationship. Presence refers, not only to the physical but also to the emotional aspect. It is important especially when trying to establish a relationship with a client.

P.1 (Black) wrote:

"I felt that I had to work extra hard to prove myself to him... It is difficult being in therapy when you have to work too hard to make the other person realise that you are competent and sometimes, I wondered if I was competent enough, which I never did when seeing a Black person."

P.3 (Black) mentioned that

"I questioned myself and my therapeutic skills a lot when in therapy with White people".

According to Jampies (1998), when a client is of another culture or race, psychologists may initially be over-concerned with the quality of service they will render. P.5 reports:

"I worked so hard to prove to my client that because we are culturally and racially different, does not mean that we cannot have a successful therapeutic relationship. It was difficult when she left after three sessions and looked for another therapist because I did not listen to what she was saying to me in therapy".

When P.5 (White) mentions how hard he worked with his client, it comes across as though he is putting on a show (trying to impress his client) because he seems almost too eager to help his client. The word "prove" is significant as it suggests a need on the part of the therapist to convince the client (and, it seems, himself) that the anticipated resistance or anxiety will be overcome, which is not necessarily true.

It seems as though the concern is based on the need to meet clients' perceived expectations of their psychologist's competence. According to Hycner (1993,p.12), "the healing process of psychotherapy requires, even demands, great personal involvement on the part of the therapist".

From what the participants wrote about their experiences with clients of a different culture, it sounds as though their preoccupation with themselves in therapy has its roots in the fact that their clients are of a different culture to themselves. It can be said that this

concern with self in therapy is unhealthy because, as reported by the intern-psychologists, it led to the therapists losing their clients, both literally and figuratively.

4.3 SYNTHESIS

The cross-cultural encounter between intern-psychologist and client evoked certain feelings and experiences. These arose when the intern-psychologists were trying to form a relationship with clients of a different culture to themselves. In the South African context, this encounter is made unique by the political history of the country.

As mentioned above, "the feelings and attitudes referred to would have on the formation of a partnership, and on the development of a therapeutic relationship that would lead to the establishment of the "between"" (Jampies, 1998 p.91). A pervasive assumption within the profession of counselling is that the definition of what is normal is universal across social, cultural, economic and political lines. As P. 2 (Black) mentioned:

“Psychology, in my mind, is mono-cultural, and this makes it very difficult when conducting therapy with people of other cultures”

This assumption is potentially destructive as behaviour changes according to the situation, cultural background of the person being observed and the time frame during which the behaviour is being observed (Jampies, 1998). It is important for transcultural psychologists to understand such differences and to be enriched with diverse perceptions so that they transcend the boundaries of their own self-reference to examine issues on the basis of the cultural outlook of their clients (McFadden, 1999).

Multicultural counselling is a relatively new profession that attempts to respond to beliefs, needs and other circumstances prevalent among people of different cultural, ethnic and economic backgrounds (d'Ardenne & Mahtani, 1989). Race, an indelible mark that sets one group apart from another, is the key variable in any counselling environment. Traditional counsellors have, however, been encouraged to match clients with existing resources and perspectives.

Attempts to blend unlike social groups not only fail to achieve the goals of mainstream society, but have also led to cultural deprivation of those who abandon their way of life to gain majority acceptance (McFadden, 1999). According to Jampies (1998,p.92), "therapeutic healing depends upon the relations between therapist and patient, but if this is flawed for whatever reason, healing cannot take place".

Although most of the cross-cultural encounters reported here were experienced by the intern-psychologists as negative, some of the participants mentioned that they did learn something (especially about themselves) during the "failed" therapies with clients of a different culture. P.1 (Black) mentioned that *"the one thing my experiences taught me, was how to be patient"*. P.3 (Black) had this to say about his experiences, *"When she terminated therapy after six months, she thanked me for being such a good therapist and for helping her with her problems. I was very happy to hear that from her especially because I have had such bad luck with White women as clients"*. P.6 (White) mentioned that she *"really learnt to have empathy"* during the therapy sessions she had with Black clients.

Because it was not the nature of the study to determine the competence of the intern-
psychologist, or to gauge their therapeutic skills, this subject was not taken into
consideration when analysing the autobiographical essays. It may be worth mentioning
that from their essays, it can be assumed that most of the negative feelings and attitudes
about the client's culture or race, did not arise from the intern-psychologist's competence
and/or skills during therapy, but from the fact that they was either Black or White.

It should be mentioned that gender also seems to play a role in the way in which therapy
is conducted. The intern-psychologist's reports indicate differences in the experience of
cross-cultural therapy with opposite sex clients. The explanation of this phenomenon
does not fall within the scope of this study; however, it promises to be a worthy field of
enquiry.

According to Jampies (1998), although much research has been done in cross-cultural
counselling and therapy, much emphasis has been placed on the differences in race and
ethnicity, culture and class, and on the influence and the effects they may have on
different aspects of counselling and therapy. Such therapeutic factors are self-disclosure,
rapport, trust, the counselling process, the outcome of counselling and psychotherapy and
the therapeutic relationship itself.

The manner and extent to which the intern-psychologist's in a therapeutic encounter are
affected is largely dependent on the involvement of each intern-psychologist. Such a
relationship between two or more individuals suggests ipso facto the establishment of a
bond between the interactants (Vontress, 1971).

Vontress (1971) suggests that the White psychologists find it difficult to establish and maintain adequate rapport with Black clients. In South Africa, the colour of one's skin has been made the basis for racial separation, which in turn reinforces cultural differences. Crites (1969) notes a similar experience in the United States.

According to Rogers (1962), the relationship which the psychologist forms with the client is the most significant aspect of the counselling process. It is more important than the knowledge of tests and measurements. A relationship characterised by sensitive and accurate empathy, congruence and genuineness on the part of the counsellor, promotes growth for more than knowledge of theories and techniques. Rogers further points out that personal growth is facilitated when the counsellor is a real person, in other words when psychologists are genuine in their relationship with the client.

Sue and Sue (1977), note that the psychologist and client must be able to receive, appropriately and accurately, both verbal and nonverbal messages for effective counselling to happen. They assert, "breakdowns in communications often occur among members who share the same culture; (however), the problem becomes exacerbated among people of different racial and ethnic backgrounds" (Sue & Sue p. 420).

Moss (in Valle, King & Haling, 1989p.194) say that, "In order to understand and reach a patient, the psychotherapist must enter a mutual experiences of the patient's unique world of experience with its own time, space and interpersonal forms". It is a difficult task to

enter the world of another person and the therapist's ability to enter this world depends on the client's willingness to allow the psychologist to do so.

Ivey, Ivey and Simek-Morgan (1993) accept the difficulty of entering the world of the client. They maintain that, "if you can enter your client's worlds for a time and join them on their journey, you may find a new understanding and respect for how their worlds are different to yours" (p.2). There is a need for the clients to be understood and receive positive responses to their experiences (Bugental, 1987). Psychologists need to be flexible to allow themselves to enter into the world of their clients so as to experience as fully as possible their different ways of being-in-the-world (Hycner, 1993).

Compared with those that have positive feelings about themselves, people with feelings of inferiority are not inclined to accept promotions readily. According to Hickson (1992), on an interpersonal level, feelings of inferiority can deter the development of effective human relations. Defensive behaviours are often a direct result of an inferiority complex.

CHAPTER 5

CONCLUSION

5.1 OVERVIEW

The role played by culture has increasingly come to be recognised in all aspects of counselling, from assessment to intervention. Culture has ceased to be an exotic and esoteric topic in the counselling literature (perhaps fascinating to many, but alien to the practical concerns of most counsellors). By this time, there is some consensus that the cultures of both the client and therapist influence the counselling process both pervasively and profoundly (Pedersen et al., 1996).

Carl Rogers (in d'Ardenne & Mahtani, 1989) refers to the desirability of counselling students having some knowledge of the clients within their cultural setting. He further mentions that such knowledge must be supplemented by experiences of dealing with individuals who are products of cultural influences different from those which have moulded the student.

Understanding counselling requires understanding the philosophies embedded in the counselling process. There are those who ignore the philosophical aspect of counselling when dealing with the profession. Philosophical laws view life as a here-and-now and deal with it interns-psychologists of interest in pleasure. Social development, as a science, has evolved from many different kinds of interpersonal interactions.

Our experience of these interactions plays a major role in our social and psychological growth and development. Research emphasising systemic models indicates that locating the nature of problems within person-environmental interactions encompasses both personal and environmental characteristics. It is important to work to minimise or even eliminate elements that interfere with communication (McFadden, 1999).

A unique situation regarding culture and counselling exists in South Africa. Cultural differences and ideologies often have to be dealt with in counselling. Past experiences of discrimination are likely to affect counselling relationships because of clients and therapists' historically ascribed status of the oppressor and the oppressed. Because these labels have been embedded in the individuality of both client and therapist, they may be a hindrance when trying to form and sustain a therapeutic relationship. It is imperative that therapists are aware of the differences between their value and belief systems and those of their clients, and not to assume that what is sane and healthy in their culture may be the same in their client's culture.

Jones (1972) believes that Western society has long practised some form of cultural racism. He sees this as exemplified in their strong belief in the superiority of achievements, arts, crafts, language, religion of one group of people (White American), attempts to impose the desired standards, beliefs and ways of behaving of the dominant culture and a belief in the inferiority of all different cultural achievements (that is, non-White). When doing any kind of therapy, it is important that psychologists set aside their

biases or prejudice to be able to assist their client. However, this may be easier said than done, especially if therapists are overly concerned with themselves during therapy.

Most of the participants readily acknowledged that their exposure to cross-cultural training was limited. This is possible one of the key issues that should be addressed in training. In a society where 79% of the population is Black, it is unlikely that a White psychologist will never have therapeutic encounters with Black clients. Furthermore, in a situation where most of the people using psychological services are White, most (if not all) Black psychologists will have a therapeutic encounter with White clients.

A cross-cultural approach must offer conditions that respect the client as an individual, while simultaneously providing a bond of commonality through which two human beings can relate. This requires that a defined interpersonal environment be established. The environment should provide a communication system in which the therapist is freed from making assumptions about the client, where there is less likelihood of imposing on the client. The communication, then, must originate in the client-from the client's point of view. For this environment to be created, the psychologist's role is to respond to the client and limit the therapist's initiation in therapy.

5.2 PROBLEMS AND SOLUTIONS

There are certain behaviours on the part of the therapist that may assist in limiting the psychologist's cultural imposition on the client. To avoid initiation or leading, which may originate from the psychologist's perspective, the therapist must make sure that the client always initiates topics during therapy. The psychologist responds, positively

reinforcing the client's contribution while reflecting and clarifying what the client has communicated. Thus, clients define the problem in their own context, according to their own values and in their own language.

According to Wrenn (1962), questions are inescapably "culturally encapsulated" directives and are detrimental to the goal of respecting clients as individuals within their own personal context. Questions generated by therapists will also be generated from their own cultural point of view - from their experiences, socialisation and educational background. They might direct the client to think about what the therapist judges to be worthy of consideration, from the therapist's perspective. In a culturally respectful counselling environment, clients also must define solutions from within their own context. Any solution generated by the psychologists comes from the therapist's own perspective, values and worldview (Sue, 1981).

When clients generate their own options, less therapist bias can be imposed. Because of the training provided by most psychology departments in South Africa, most therapists provide clients with solutions that are more applicable to the Western way of thinking. This might imply that the therapist is being disrespectful to the solutions that might be generated within the value system of the client. In a cross-cultural context, the client has the benefit of detailed, culturally relevant information, and thus is the most qualified to generate ideas.

It is important for therapists to be honest with their clients during therapy. When psychologists in a cross-cultural situation are not familiar with the experiences of the

client, they must be able to admit a lack of knowledge and, hopefully, a desire to learn. If psychologists fail to do this, their pretence will eventually be exposed to the detriment of the counselling relationship. In most cross-cultural relationships, clients might challenge the understanding of the psychologist. When a client implies that the psychologist does not understand because of the differences in culture or experience, an honest response is to acknowledge that the client does have different experiences, and then to explore the possibility of the psychologist's ability to assist the client in working through the situation even though their experiences are not the same.

It is important to note the feelings of one White male participant who stated:

“According to me, I would not mind not seeing Black clients. It will take long to learn other people’s cultures in-between perfecting my therapeutic skills”.

The question befitting this sort of comment would be: what if all clinical psychologists felt like that? What happens to Black clients when they are in therapy with a White psychologist who holds such sentiments, and vice versa? And most importantly, how do we deal with such feelings?

Effort should be made by training institutions to promote cultural awareness and tolerance during the training of psychologists. During their internships, intern psychologists should be exposed to as many different cultures as possible. Although it is indeed difficult for an individual to learn everything about a different culture, it is also very important to make the effort to understand the culture of the client for therapy to be effective. For most people coming for therapy, it is difficult enough without having a

psychologist who not only does not take time to learn their culture, but also judges them on the basis of this lack of understanding.

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