Moving With the Times? Clinical Psychologists Views of Cultural Diversity: Reflections on Fear and Uncertainty.

by

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Declaration

This thesis was carried out under the supervision of Dr Angela Williams and Dr Douglas Howat, who helped design the study. Dr Angela Williams is a consultant clinical psychologist for CAMHS for Sandwell Mental Health and Social Care Trust and is also the chair for the National Race and Culture Special Interest Group. Dr Douglas Howat is a senior lecturer in Psychology at Coventry University and course leader for the BSc Psychology Programme. His teaching and research interests lie in prejudice and stereotyping. I accessed participants from my own networks in the workplace and carried out all interviews myself. Apart from the above stated collaborations; the thesis is my own work. Any publications which arise from this thesis will have shared authorship with stated supervisors. This thesis has not been submitted for a degree to any other university. The literature review will be submitted to the British Journal of Social Psychology (Myatt, Howat and Williams) and the main paper will be submitted to Psychology and Psychotherapy, Theory, Research and Practice, (Myatt, Williams and Howat). The brief paper will be submitted to the British Journal of Clinical Psychology (Myatt, Williams and Howat). Notes for contributors for the afore mentioned journals can be seen in Appendix 1. (Papers may have to be reduced in length in order to adhere to word limits).

Summary

There has not only been a lack of research in this area but also a trend towards pathologising those from minority ethnic backgrounds. Research has focussed on the black rather than the white and the client rather than the therapist. Some have argued for a paradigm shift within psychology, to place more emphasis on cultural factors, (Hong and Chiu 2001). However, others have stressed that emphasising difference creates an in-group, making difference a problem, (Reicher 1999). 10 clinical psychologists representing various levels of qualification, experience and interests were interviewed. Recorded interviews were transcribed and analysed using a grounded theory approach, (Strauss and Corbin 1997). The central theme of the data was uncertainty and fear of making mistakes. Due to the sensitivity of the topic, psychologists were afraid to admit a lack of knowledge, for fear of being seen as politically incorrect. In order to move forward with these issues, fear of not knowing needs to be reduced. Lack of knowledge should be accompanied by curiosity and seen as strength in cross-cultural work. According to Wetherell et al (2001), versions of the world are seen as actively constructed through talk and categories of race are not fact but ideological constructions which become collectively shared. Analysis showed how language was used to support ambivalence and to justify a lack of responsibility and action. Clinical Psychologists employ discursive devices that serve to maintain the status quo and these are also representative of wider society. I think it is imperative that the profession is more aware of its own values; and how our discourse represents this, as being in the powerful position of therapist we may knowingly or unknowingly impose these values onto others. This area of research often attracts scrutiny and criticism. Yet, we should not

allow this negative attention to deter future researchers and prevent the opportunity to develop our understanding in this area.

Chapter I Moving With the Times? A Critical Overview of Clinical Psychology's Response to a Changing Political and Social Arena

Abstract

This review of literature highlights some of the ongoing debates in the area of cross-cultural therapy. The notion of culture at the level of the individual is compared with the reliance upon protocols for psychologists working in the NHS. There has not only been a lack of research in this area but also a trend towards pathologising those from minority ethnic backgrounds. Research has focussed on the black rather than the white and the client rather than the therapist. Some have argued for a paradigm shift within psychology, to place more emphasis on cultural factors, (Hong and Chiu 2001). However, others have stressed that emphasising difference creates an in-group, making difference a problem, (Reicher 1999). This is an area which attracts scrutiny and criticism. Such negative attention may deter future researchers and prevent the opportunity to develop our understanding in this area.

1.1. Introduction

This review includes some of the many issues present in the area of cultural diversity in society and is not exhaustive. The focus is on placing the profession of clinical psychology in context by exploring political history, professional obligation and recruitment. The research history of this area is examined; both in terms of emphasis, such as pathology and barriers which may have contributed to a lack of activity. The final part of this review considers the future both in

specific terms, such as recruitment drives and general terms such as a paradigm shift.

In October 1901 ten people formed a psychological society; in 2001 34,000 members of the British Psychological Society celebrated a centenary of psychology in Britain. At the 2001 annual BPS conference entitled 'Psychology - Next 100 Years' Owusu - Bempah and Howitt, talked of how Society must be centrally located within psychology. They also claimed that psychology is a cultural product rather than a science. One of the most pertinent themes was culture being at level of the individual; and therefore in constant state of flux. They argue that there are as many differences between individuals as there are between 'distinct' cultural groups and that each individual has their own culture.

1.2 Political History

These ideas are in stark contrast to the current rhetoric of scientist –practitioner and evidence – based practice where outcome data and protocols take precedence over the individual narrative. "Applied research is a skill developed to doctoral level in training and is one that is becoming more and more valuable in the drive towards evidence-based practice", Division of Clinical Psychology (2001), p4. Nieboer et al (2000) are in agreement with Owusu-Bempah and Howitt (2001), viewing the gathering and presentation of evidence as a social construction, which has the power to ration healthcare. They claim that this has been seen as a scientific development, without reference to the moral, political and social implications. This is a valid viewpoint as it places the developments of the profession in a broader context, accounting for societal factors.

In terms of the social construction of society, Owusu-Bempah and Howitt state that the psychology we refer to today is a western invention, having derived from Northern American and Western European cultures. However, now we have much higher levels of integration with the East, with mass immigration of those from Africa and Pakistan in the 1950's and in recent times refugees or asylum seekers from many countries have become resident in England. There have been some problems with this integration which have been evident in clinical practice. The black revolution in the 1960's brought awareness of the differences between blacks and whites. Clinical research reflected this, showing that 'negroes' were significantly less willing to explore personal issues with white counsellors, (Carkhuff and Pierce 1967). These authors concluded that the improvement for negroes was limited due to the lack of representation on the treatment staff. Almost thirty years later, the same phenomena were being researched. Fernando (1995) argued that we should not be imposing one groups perspective on anothers problems but entering into a dialogue in order to understand cultural norms. As an advocate of cross-cultural therapy, Fernando has suggested that we should not evaluate those from markedly different cultural groups by the same criteria, negating Carkuff and Pierces findings. This is in support of those who place importance on societal factors in psychological interventions, (Nieboer et al 1994, Owusu- Bempah and Howitt 2000).

Owusu-Bempah and Howitt (2001) suggest that psychology is a cultural product, but it seems the profession reflects only the cultural values of the dominant

group, responding to *some* of the cultural and social influences over the last forty years. Some of these responses have been academic and have not infiltrated into clinical practice. For example, policies have been created which specifically refer to recruitment of staff from minority ethnic groups, such as the equal opportunities policy, British Psychological Society (2000), but it seems little has changed in terms of models and practices. Culture is not explicitly included in current psychological models, instead responsibility falls to the culturally sensitive clinician. For example Cadvill (2000) talks of the need for non-western, non-scientific, culturally driven solutions in working with refugees. It appears that although psychologists are trained in appreciating and understanding differences, our models are rigidly adopting a traditionalist stance. They only reflect the values of the dominant social group, rather than moving with the times to appreciate the current diversity in the communities we serve.

1.3 Professional Obligation

As a profession, psychologists have demonstrated their concern in this area academically, " The establishment and monitoring of effective ethnic monitoring systems are critical in identifying discriminatory practices, although such systems alone cannot identify psychological practices which do not take into account cultural differences" (British Psychological Society Briefing Paper 1999 p4). The British Psychological Society (BPS) (1999) states that psychologists are obligated to provide an equitable service which is acceptable to black and ethnic minority people by (amongst other things) facilitating ethnic monitoring to assess inequality in the provision of services. Whilst monitoring may increase

awareness of service provision across ethnic groups, it could be argued that it does not support Owusu- Bempah and Howitts' (2000) claim of culture at the level of the individual. Owusu-Bempah and Howitt (1999) argue that psychologists only work with the individual and not at the level of society. Psychologists have claimed a pressure to provide individualised services prevents them from being more active in the community, (Reicher 1999). Hong and Chiu (2001) refer to individualism – collectivism as one of the most widely studied 'pan cultural' dimensions. They argue for a paradigm shift from a pan-cultural (individualist) approach which defines cultural difference in terms of a finite set of universal psychological dimensions, such as self-reliance versus inter-dependence, to a dynamic constructionist approach grounded in context which is based on understanding implicit cultural theories, such as physical events being caused by external causes. Studies such as these put pressure on psychologists to be more active in the community.

Although this constructionist, contextual approach may be equally as pathologising and it should not be confused with group labelling. The risk is that appreciating the person in the context of their social and political group may be a way of accentuating differences in comparison to the dominant group. This seems to be contrary to the stance that Owusu-Bempah and Howitt believe we should take. Reicher (1999) argues that psychology has moved on from suggesting that black people are a problem because they are "inferior" to suggesting that they are a problem because they are "different." The clinical implication here is that services may conclude that they are not equipped to see a person from a different culture because they need an entirely different set of

skills due to their differences. This could be seen as the same argument as some of the research which has suggested that black people are inferior, Clarke and Clarke 1947(in Owusu-Bempah and Howitt 1999) and that black people lack the psychological sophistication for therapy, Adebimpe 1981 (in Abramowitz and Murray 1983). Both viewpoints have the same conclusion: that black people are a problem. Perhaps shifting from a pan-cultural to a dynamic constructivist approach may stop this quantification of difference, but not the idea that difference is a problem.

1.4 Research History

1.4.1 *Lack of activity*

The research history of this area within psychology is sparse and repetitive. Harrison (1975) stated that there was lack of research dedicated to race and social factors in client-counsellor interactions. Ambramowitz and Murray (1983), wrote of the neglect of research on the racial politics of treatment, which has been documented for decades, yet, almost twenty years later it seems research in this area is insufficient. Focus on the neglect has been diverted and to an extent, lost in debates of methodology. One of the most central debates concerns archival versus analogue methods. Records may be subject to error due to differences between individuals in recording observations and therefore less reliable. However analogue methods, designed to investigate how differences are viewed in a clinical setting, may compromise validity if clinicians discover true objectives and attempt to portray themselves and their profession in a favourable light. This highlights the flaws of quantitative and qualitative methodologies respectively. Perhaps a combination of these methods would lead to a discovery

of the complexities in this area. Such dispute has meant that research has been carried out in a variety of ways and yielded scattered and inconsistent results. This has probably made it easier for professionals to discount such research and contributed to the neglect in this area.

Within this neglect, a minority do continue to explore the subject. For example, Nimisha et al (2000), produced a training manual, specifically aimed at helping practitioners to include those from minority ethnic groups. As the focus of this text is training; the authors appear to have concluded that training is the best solution for changing the current situation. Indeed this conclusion seems to have been a starting point for their research previous to constructing the manual; as they surveyed courses and trainees about teaching of race and cultural issues. It would be interesting to consider what potential service users from minority ethnic backgrounds would think about this research and indeed whether they want to be included. However, Nimisha et al (2000) have used previous research findings in the area of identity development to inform the training programmes they deliver; this may constitute some view from minority ethnic groups themselves. In an area which may be described as sensitive, it is encouraging to have such a concrete and accessible resource.

1.4.2 *Pathology*

There has been a historical trend within psychological research and treatment to pathologise behaviour of those from minority ethnic groups as inferior, Clark 1947 in (Owusu-Bempah and Howitt 1999), or a problem through their difference, (Reicher 1999). Phoenix (1999) is critical of such essentialism, which exaggerates differences by treating racial groups as forever differentiated. Owusu-Bempah and Howitt (1999) refer to the doll studies by Clark (1947) in which children are asked to make a choice between a black doll and a white doll in terms of whether they like themselves. They suggest that psychologists are still holding up such studies, as evidence that black children's self-concept is defective (because they have chosen the white doll). Owusu-Bempah and Howitt suggest that Clarkes study shows that black children demonstrate a preference with the white doll because they are aware that it is a more attractive social position rather than a more attractive doll.

They purport that findings of 'black self-hatred' led to a series of studies, which showed that black childrens self-concept was defective e.g. Milner 1975, Alhibai-Brown 1981, (in Owusu-Bempah and Howitt 1999). Owusu-Bempah and Howitt claim that the general interpretation of such findings exerts a powerful influence over professional practice. Black people have been stereotyped as not being psychologically minded, lacking psychological sophistication and motivation necessary for therapy, being too jolly to be depressed and too impoverished to experience loss, Adebimpe 1981 (in Abramowitz and Murray 1983). Owusu-Bempah and Howitt (1999) argue that

the myth of black self-hatred is a form of downgrading and that psychology continues to promote black inferiority.

1.4.3 *The operation of cross-cultural factors in therapy*

Bishop and Richards (1987) argue that although many studies have demonstrated problems in cross-cultural counselling, few have examined how they operate. There has been little attention to views and attitudes of the counsellor. Focus has remained not only on the black rather than the white but also the client rather than therapist.

Some research has addressed this discrepancy. Harrison (1975) conducted an extensive review of the research literature, concluding that counsellees preferred a counsellor of the same race, particularly if they were black. This notion has been echoed more than twenty years later by Coleman et al (1998). It is an argument that has been used in clinical practice to separate social groups, referring these people on to others. Although, the evidence from Harrison's review demonstrates this general trend, there are other factors which have been shown to affect outcome. Indeed, in Harrison's (1975) review: Mims, Herron and Wurtz (1970) found that counsellor sex was a more important consideration than race, Silver (1972) demonstrated that counsellor style would be more important than counsellor race and Cimbolic (1972) showed that preference was a function of counsellor experience. These other factors weaken the argument against cross-cultural therapeutic work.

According to Harrison (1975), although there are few studies concerned with the effect of client race upon counsellor performance, limited evidence exists that prejudice affects counsellor facilitation. In their study, counsellors were asked to rate their clients on 10 variables which included client anxiety level, ease of expression, motivation, level of personal like/dislike and potential for change. There was a significant difference between black and white clients in rating their potential for change, black clients were rated more positively. (There were no significant differences in rating of the two groups on any other dimension). This positive bias has been interpreted by the author in the context of a paternalism in which black clients are regarded more favourably because they are not expected to meet the same standards as white clients. Nevertheless this research could be considered encouraging, as it argues a positive rather than a negative bias, (previous research has labelled black clients as less motivated and less appropriate for treatment, Shipp 1983). The research is also encouraging from the point of view that judgements about black and white clients were equivalent on 10 of the 11 variables. However, the authors have criticised this, arguing that the counsellors may not have appreciated the qualitative differences between the black and white clients and should therefore have rated them differently. This seems to be an area of research where criticism is high. Previous research has criticised counsellors for regarding black clients differently; yet this study criticises counsellors for regarding black and white clients equally.

Atkinson (1983), offers a concise summary of this conflict. He argues that there are two perspectives: advocates of *intracultural* therapy and advocates of *cross-cultural therapy*. He states that those who believe in intracultural counselling

argue that counsellors who are ethnically similar to their clients are in a better position to understand their problems. Whilst those who believe in cross-cultural counselling argue that a culturally sensitive therapist should be able to transcend cultural differences in the same way that they do with other differences such as gender and religion. Although this analysis seems restrictive in that it does not give rise to the broader perspectives present in both of these arguments, it is a valuable summary of a complex area.

1.4.4 Empowerment

Despite these conflicts, some research has focused on empowering groups that may have been seen as disadvantaged. Coleman et al (1998) interviewed African or African – Caribbean agency workers in Manchester about their views on clinical psychology services. Content analysis of the interviews revealed three central themes. These were: (1) stigma and fear of the service (the view that it was staffed by white middle class people who would lock black people up), (2) that the service should be identifiable to black people (psychological models were considered inappropriate as they did not have a spiritual dimension) and (3) the need for collaborative work between agency workers and clinical psychologists. The conclusions of this research seem both valuable and reassuring. These suggestions are already happening in some practices. Flasquerud (1986) have echoed these recruitment issues and Falicov, (1995) has discussed the lack of scope for our present models to include cultural aspects of the person. What is of concern is that these participants have identified such projects as marginalized and often the responsibility of black psychologists. Indeed, this project did use a black assistant psychologist, which the research

team viewed as an advantage to access black communities. However, the responsibility of this position and the difficulties it may have brought in terms of a dual identity was acknowledged and mediated by other members of the team.

It seems these issues can be a perpetual dilemma. In order to facilitate access, a researcher from the same minority ethnic group is useful. Yet this can bring the criticism that responsibility with that groups mental health remains with members of that group who have entered our profession. The research participants also expressed scepticism about the use of the results. This seems understandable considering the research history they and their ancestors have experienced. It would have been interesting to carry out this research without a black member of the team. Perhaps the access would have been more difficult, maybe the mistrust more problematic. The irony is that recruiting those from minority ethnic groups into clinical psychology is infrequent, yet in order to make these alliances it is often the people from these groups that we rely upon. It is difficult to know how this situation could be improved. It seems that not only are the results and interpretations of research in this subject area highly criticised but the methodologies are too. These barriers may deter people from carrying out research in this area, the consequent lack of information leading to a perpetuation of the status quo and maintaining our stereotypes, Lippman 1922 (in Hamilton 1994).

1.5 Stereotyping

1.5.1 *History*

In order to understand stereotypes, it is useful to consider where they originate and how they have developed. The word 'stereotype' was used in 1922 by a journalist, Walter Lippman, (in Hamilton 1994) to refer to the way people categorized events. He claimed that the rapid pace of life meant that we noticed traits which marked a well known 'type.' The term 'stereotypy' was first used in clinical psychology to describe the repetitive motor movements of neurologically damaged individuals. There have been many references to cognitive processes and the role they play in stereotyping, in the form of categorization (Allport, 1954, Tajfel 1969), and expectations (based on preconceptions), (Darley and Gross 1983).

1.5.2 *Cognitive processes*

Allport 1954, (in Tajfel 1969) describes this process of categorisation as a way of simplifying the complexities which exist between different groups. However, if we are provided with evidence which challenges these categories, we are still able to preserve them, Tajfel (1969). They suggest that negative feedback which challenges stereotypical assumptions is much easier to ignore in social situations, when there is an investment such as stronger in-group identity. This resonates with Quattrone and Jones (1980) who suggest that an individual may search for out-group homogeneity to provide an understanding of how to behave towards members of that group.

Darley and Gross (1983) report that the expectancy-confirmation process links social perception to action. This two stage process consists of a behavioural stance based on previous ideas, followed by a cognitive confirmation in which aspects of an exchange are selectively attributed to a pre-existing idea. Research has shown the existence of ***self-fulfilling prophecy***, where expectations lead to actions that cause the expectations to come true, Merton 1948 (in Kendrik et al 1999). Rosenthal and Jacobson 1968, (in Kendrik et al 1999) found that children who were expected to perform better than their classmates did so. Teachers expectations resulted in increased interaction with these children and the provision of more complex class materials. Perhaps if a clinician expected a client to progress in therapy, their expectations would alter their behaviour and the outcome.

1.5.3 *Research problems*

According to Hamilton (1994) when the word stereotype was first used, many definitions were considered. These ranged from those that were rich and complex to more narrow constellations of trait adjectives. As the phenomenon could not be defined, it could not be measured. Katz and Braly 1933 (in Hamilton 1994), gave college students a list of trait adjectives and asked them to assign these characteristics to members of a particular group. The frequency of matched traits to a particular group was taken as a measure of the stereotype for that group. This method became a protocol for carrying out stereotype research for decades, (Brigham 1971, Ehrlich 1973, Haslam et al 1995). Hamilton et al (1994) argue

that the method does not address why or how the stereotype is assigned. Also subjects may be reporting but not endorsing the current stereotype of a group.

1.6 The Future

1.6.1 *A paradigm shift*

Hong and Chiu (2001) state that a major change is needed within cultural psychology to offer psychological models that capture the dynamic processes of culture. Hermens and Kempen (1998) argue that cultural dichotomies are an oversimplification which do not take account of globalisation processes, and the reduction of barriers between different groups. This argument supports Hong and Chui's notion of people having more than one cultural identity. Family therapy models are often deemed the most likely to include cultural characteristics. Indeed Falicov (1995) advocates a Multidimensional Comparative Framework within family therapy models as an opportunity to think culturally. This multidimensional stance goes beyond the one-dimensional explanation of culture and encompasses many variables, such as gender, family configuration and political ideology. Although this model emphasises the problems of assuming diversity is only determined by ethnicity, it also refers to a 'psychology of migration.' It seems there is a difficult balance for a multicultural therapist here, in maintaining an awareness of factors such as the uprooting of meaning, Marries 1980 (in Falicov 1995) or the dis-empowerment of parents who raise children in a different culture to their own but also being aware that people are not solely defined by their culture or ethnicity.

Interestingly, Victor (1981) talked about a gradual movement away from obsession with normality and the pathological classification of 'disorder' to a more existential style within psychology. He argued that the focus should become more about self-actualisation and the need for close relationships with others. All of this was framed in the context of Euro-Americans taking on the values of black people, an acculturation effect. Twenty years later, the relativity of the concepts is striking. At the level of clinical practice, it seems the profession has not moved away from an 'obsession with normality' and categorising those who 'deviate', struggling to include existential thinking in its core competencies. Hong and Chiu (2001) support this view, arguing for a context –specific approach rather than discrete categorisations of cross-cultural behaviours. It would seem logical to reach the conclusion that over twenty years little has changed.

1.6.2 *Recruitment*

It seems there are some issues that cannot be resolved with a paradigm shift but rather require a change in recruitment. Flasquerud (1986) rated service-users on nine established components of a culturally compatible approach to find out whether these correlated with drop-out rates. She found that (1) *language match of therapist and client* (2) *ethnic/racial match of therapist and client (3) agency location in the community were best predictors.* The latter of these is easiest for professionals to address in the short-term and in fact clinical psychology has de-centralised to become 'community psychology' with moves from large hospital departments to individual clinics. The former two components are somewhat

more difficult to achieve. Minority ethnic groups are by definition smaller groups within a society and by virtue of this will have a smaller representation within any professional group, including clinical psychology. There may be characteristics of the professional identity that attract particular cultural groups.

Morten and Atkinson (1983) found that the level of 'minority identity development' (MID) among black college students was significantly related to whether race of counsellor was important. The model, developed by Atkinson et al (1979) has three levels of identity: ***1 conformist*** (preference for values of dominant group and a dislike of their own minority group), ***2 resistance and immersion*** (positive attitudes towards themselves and negative attitudes towards the dominant group) and ***3 Synergetic Articulation and Awareness*** (positive attitudes towards self, own minority and dominant group). The majority were at stage 2 or 3. Those at stage 2 preferred a black counsellor; those at stage 3 reported no preference. This study shows that there is a need for awareness of intra-group differences. Morten and Atkinson's (1983) methodology is somewhat more rigorous than that of Flasquerud (1986) as they have explored the reasons for the participants views in terms of a 'minority identity development model'. Flasquerud (1986) who found client/counsellor racial difference was a predictor of drop-out, only asked individuals to choose from pre-selected criteria and did not explore their choices more fully. In a review of studies which investigate the role of ethnic similarity in counselling psychology, Atkinson (1983) has criticised the majority of studies on the basis that they have ignored within group differences when investigating preference for counselor ethnicity. He examined a four stage identity model proposed by Jackson 1975 (in Atkinson 1983) and that

of Cross 1971, Hall, Cross and Freedle 1972 (in Atkinson 1983) which suggests stages of immersion and internalization. Atkinson (1981) concluded that preference for counsellor race was found to be related to racial identity attitudes but not racial self-designation.

Perhaps those that dropped out in Flasquereud's study were at stage 2 of the Atkinson et al (1979) minority identity development model. There may be other important intra-group differences which predict service use that have yet to be discovered. It would be interesting to replace the black experimenter with a white experimenter and investigate MID. This may reveal higher rates of stage 1 (comformist to dominant group) and lower rates of stage 2 (negativity towards dominant group). Indeed Morten and Atkinson comment on the in-group disapproval of those identifying openly with white society. Yet it seems that the findings do suggest that same race professionals in a service would improve take-up rates (Morten and Atkinson 1983) and lower drop-out rates (Flasquereud 1986).

1.7 Conclusion

1.7.1 *Recruitment*

Owusu-Bempah and Howitt (2001) claim that psychology is a cultural product rather than a science. This is in contrast to the professions commitment to evidence-based practice, where outcome data and protocols take precedence over the individual, Nieboer et al (2000). Supporting Owusu-Bempah and Howitts' claim, clinical research has shown that people from minority ethnic groups may be reluctant to seek help from a therapist of a different background, suggesting

the existence of cultural factors. According to Carkhuff and Pierce (1967) 'negroes' preferred a counsellor of their own race. Twenty years later, research was producing the same information. Flasquerud (1986) found that ethnic/racial match of therapist and client and was one of the best predictors of drop-out rates. Coleman et al (1998) interviewed African or African – Caribbean agency workers in Manchester who held the view that therapy services were staffed by white middle class people who would "lock black people up". It seems little has changed and that intra-cultural counselling rather than cross-cultural counselling is advocated.

1.7.2 *Focus on service users*

However, it could be argued that much of the research has been carried out to support this idea, preserving the culture of the profession. A historical trend exists within psychological research and treatment to pathologise behaviour of those from minority ethnic groups, (Clark 1947, Adembimpe 1981 (in Abramowitz and Murray 1983). Focus has remained not only on the client rather than therapist but also the black rather than the white. According to Harrison (1975), there are few studies concerned with the effect of client race upon counselor performance although limited evidence does exist that prejudice affects counsellor facilitation. Bishop and Richards (1987) argue that although many studies have demonstrated problems in cross-cultural counselling, few have examined how they operate.

1.7.3 *Stereotyping*

Intra-cultural differences may be exaggerated where stereotypes are present, giving further support to the argument for intra-cultural counselling. Quattrone and Jones (1980) have suggested that individuals search for out-group homogeneity to provide an understanding of how to behave towards members of that group. Perhaps clinical psychologists are aware of their professional responsibility to provide an equitable service but are concerned about forcing their ideas onto other cultural groups. This view would assume out-group homogeneity and that cultural groups are distinct.

1.7.4 *Future*

In terms of future strategies, Hong and Chiu (2001) argue for a paradigm shift from a pan-cultural (individualist) approach which defines cultural difference in terms of a finite set of universal psychological dimensions to a dynamic constructivist (collectivist) approach grounded in context. However there is a risk of accentuating differences in comparison to the dominant group. Tajfel (1969) offered great insight when he claimed that people's views were more accessible than their motives. Certainly more research is needed but if the high criticism and scrutiny continues, researchers may feel discouraged from contributing to this area, so the neglect may continue.

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Chapter II: What Are We Afraid of? A Grounded Theory Analysis of Clinical Psychologists Views of Cultural Diversity

Abstract

This study examines clinical psychologists views of cultural diversity. 10 participants representing various levels of qualification, experience and interests were interviewed. Recorded interviews were transcribed and analysed using a grounded theory approach, (Strauss and Corbin 1997). The central theme of the analysis was uncertainty and fear of making mistakes. One of the fears was imposing a culturally different service and changing the cultural rules of groups. Due to the sensitivity of the topic, psychologists were afraid to admit a lack of knowledge, for fear of being seen as politically incorrect. In conclusion this paper argues that in order to move forward with these issues, fear of not knowing needs to be reduced. Lack of knowledge should be accompanied by curiosity and seen as strength in cross-cultural work.

2.1 Introduction

The desire to carry out this study arose from the professional experience of the researcher, working in a multicultural area. Low access rates from minority ethnic groups were in contrast to the surrounding multicultural community. There was also a lack of cultural factors in psychological models which seemed to hinder therapeutic progress of those from a different culture. Research in the area of cross-cultural therapy and access to psychological services across ethnic groups is sparse. Many of the existing studies were carried out in small American communities where the health system operates quite differently and results

cannot easily be generalised to the British NHS. Also it may be difficult to access views about sensitive topics, which can restrict research. For example when talking about prejudices, it has been shown that respondents may be more covert in answer to prescriptive questioning. Darley and Gross (1983) argue that attitudes concerning prejudices which may be viewed as extremely politically incorrect may be embedded in related topic areas and therefore more accessible within flexible discussion. It is true that much research which aims to generate theory about sensitive topics uses a qualitative methodology, (Lee 1993).

2.1.1 Grounded Theory

When generating theory is the researcher's principal aim, grounded theory methodology is now the most widely used. Grounded theory is a data-driven approach (Strauss and Corbin 1997), where data inform hypotheses and theory development.

Data-driven approaches are highly sensitive to the context of raw information and more likely to achieve validity against construct and criterion variables. The analytic process involves interacting with data: asking questions, thinking, developing hypotheses, small frameworks (and then using these to further analyse the data). Denzin and Lincoln (1994) challenge the long held view that quantitative research is "firm" and "real" and qualitative is "fuzzy" and "weak"; with their notion that all research is biased with the interplay of class, gender, age and culture. The strength of qualitative research is that this is acknowledged rather than ignored.

Following analysis, themes which emerge should be grounded in existing literature but also used to inform current understanding. In accordance with grounded theory methodology, Strauss and Corbin (1990, 1997, 1998), the following literature review discusses some of the themes which have emerged from the final stage of a grounded theory analysis of the data.

2.2 Literature Review

2.2.1 Being the Oppressors

Historically, slavery and domination were widespread practice in Western society (Kovel 1988). It has been suggested that modern Western culture has created a racist psychology, which exaggerates the difference between races, making difference a problem (Reicher 1999). Perhaps due to historical events, the application of modern Western psychological interventions to a multicultural society has been criticised. An example of the criticism which has been levelled at Western psychological services follows, "In what ways are your programmes going to benefit the oppressed.....black pupils in white societies;....." Richardson, 1990, p53 (in Owusu-Bempah and Howitt 2000). For the westerner, this presents the dilemma of whether to acknowledge difference, or to assume universality. It seems that in this social and political context, either could bring criticism or become oppressive.

2.2.2 Sensitivity

Research settings exist within a wider social and political context (Lee 1993). Much of the research around sensitive topics uses qualitative methods, as they

acknowledge the wider context, including the attitudes of the researcher, (Coleman et al 1998). Sensitivity of the research topic can not only have an effect on the methods used but also dissemination of the results. Smaller sample sizes used in qualitative research, can mean individuals may be more easily identified and in the context of sensitive topics this may influence decisions about publishing, (Adler and Adler 1989). Controversial results may also bring consequences for the researcher who is already identified. It is clear that the social and political context of the research area have great impact upon research activity.

2.2.3 Lack of Preparation by Models

Moving from research to practice, it seems the challenges are as great. According to Owusu-Bempah, and Howitt (2000), Western psychology's models of normal development have their roots in Judeo-Christian religion and philosophy. They argue that psychoanalytic criteria of normal development stigmatises Africans, Asians and others as lacking the self-reliance which is seen as success in western society. It seems we should be dis-orientating ourselves from western psychology in order to be more open to other psychologies. Allen 1997, (in Owusu-Bempah and Howitt, 2000) suggests that Western claims of rationality and objectivity that have been inherent to the profession, reflect imperial goals of domination. It seems that our models are not designed for those of non-western origin, or those who do not hold Western values.

2.2.4 Knowledge/skill

If we do not have models which are appropriate for cross-cultural work, perhaps we do not have relevant knowledge and skills. Fernando (1995) has suggested that a sensitive cross-cultural intervention would involve having a dialogue to discover what cultural norms exist for dealing with problems. This dispels the idea of a finite set of knowledges which are always culturally useful according to the groups they are applied to. Indeed Clarke (1987) has also argued that culture should be seen as a complex, multidimensional variable rather than a simple categorical variable. This suggests universality, in that it would be possible for people from different cultural groups to share the same psychological characteristics. Yet some research has focussed on understanding culturally defined groups as homogenous in their service needs, (Atkinson et al 1989). It seems the debate is not yet resolved.

2.2.5 Language Differences

Language barriers may prevent the use of existing clinical knowledge and skills. However, this assumes that talking approaches are most appropriate or useful. This potential mismatch of cultural norms was illustrated when western mental health professionals travelled to Albania to help the Kosovar refugees. "None of them spoke Albanian, yet their aim was to counsel refugees directly," (Cavill 2000 p553). Cavill goes on to explain that these refugees naturally used poetry or dancing to express feelings. Interpreters can bring problems for clinicians. For example, in an assessment situation, the psychologist needs to explain issues such as confidentiality, and avoidance of prompting, Fradd and Wile (1990). In

overcoming language differences, adherence to models may not be useful, creativity and flexibility is required to remove this barrier.

2.2.6 Responsibility

The individual practitioner may be more inclined to reduce barriers if they feel that they are responsible. The British Psychological Society (BPS), Division of Clinical Psychology (DCP), (1999), states that all psychologists should contribute to the provision of an equitable service. The policy outlines several ways in which they are to do this, including: directly providing psychological therapies which take account of cultural differences and facilitating ethnic monitoring to assess inequality in the provision of psychological services. This suggests that all departments of psychology should be monitoring uptake of services by minority ethnic groups and that psychologists should work at adapting models to acknowledge cultural factors.

2.2.7 Recruitment

There is also responsibility for recruitment. The British Psychological Society (BPS) has an Equal Opportunities policy statement which is part of the code of conduct, ethical principles and guidelines handbook. This states that, "The society will monitor the composition of committees and boards by gender, ethnicity and disability," p35, BPS (2000). It is important to note that although the policy stipulates "monitoring the composition" it does not refer directly to recruitment strategies. Wu and Windle (1980) argued that an increase in minority staff is one of the more appropriate steps to counter under-utilization by non-whites, although they were aware that this may be seen as tokenistic and cause

resentment among staff. It is interesting to note that these authors do not refer to the resentment this recruitment initiative may cause among those from minority ethnic groups themselves.

2.2.8 Social Action or Imposition

Psychologists have demonstrated their concern about imposing a westernised perspective onto service- users from non-western cultures, (Fernando 1989, Owusu-Bempah and Howitt 1999a, Cadvill 2000). Perhaps this concern is only applied to service-users (and not professionals from minority ethnic backgrounds) because of the power differentials involved in client –therapist relationships. Coleman et al (1998) found that African community health workers perceived psychology services to be for white middle class people. Participants of this study indicated that the lack of a spirituality dimension meant current models could lead to negative outcomes for black people. Findings such as these are likely to deter psychologists from practising cross-cultural therapy.

2.2.9 Whose Barriers?

Much research has focussed on clients' preferences of ethnicity of counsellor (Harrison 1975, Morton 1983 Atkinson et al 1986). Little has focussed on preferences (and potential biases) of counsellors in terms of ethnicity. Maybe counsellors (and psychologists) would feel unable to voice preferences and would need to promote their professional exterior. This may lead to covert racism. Bishop and Richards (1987) found that there were no significant differences in counsellor judgement of black and white clients. This brought criticism for a lack of appreciation of qualitative differences between black and

white clients. Perhaps this reflects the counsellors need to be seen as politically correct. Overall it seems that more attention has been given to the barriers of clients than those of professionals, (Owusu-Bempah and Howitt, 1999). In order to move forward we also need to investigate the barriers of service providers.

2.2.10 Summary

It seems the challenges in this area are great. Historically Westerners have been the dominant oppressors and have exploited others. It appears that this political history has significantly affected the chances of facilitating inclusion today. Psychological models are derived from Western ideals and on this basis attempts at inclusion of those from different cultural backgrounds has brought criticism. This criticism has perhaps contributed to psychologists' perception of themselves as lacking in relevant knowledge and skills. Perhaps as a consequence, Western psychologists have much anxiety about facilitating access of different ethnic groups, fearing that they will be imposing their culture. However, despite these barriers which clearly belong to the service provider, research has focussed on the barriers of service users.

This study aims to find out more about the barriers of service providers.

2.3 Methodology

2.3.1 Introduction

Application of grounded theory techniques

Interviews were carried out according to the principles of grounded theory proposed by Straus and Corbin (1990) and guidelines for qualitative research proposed by Elliot et al (1999) (Appendix 2) were followed.

It was decided it that it was not appropriate to follow these principles and guidelines in two respects-:

1) The premise of grounded theory methodology is to be participant led in discussions. However, in this study the researcher had nine prompt areas (Appendix 3), in order to help the participant if the task of speaking freely for a length of time was too difficult. They were not raised if there were no long pauses or if these areas did not follow naturally within the conversation. The prompt areas were guided by the limited literature available. They were also areas that interested the researcher. For example, prompt area 4 arose from literature on cross-cultural therapy, both for and against, and prompt area 1 arose from professional experience of the researcher in encountering low access rates of minority ethnic groups in a multi-cultural areas.

2) Strauss and Corbin (1990) suggest that although a set of procedures and techniques are recognised as grounded theory, these are not rigid and should be applied according to the characteristics of the study. In accordance with this, codes and conceptual labels assigned to the data were not validated by the participants following analysis. This was because stereotypes were likely to be covert and refuted by the participant. Banister et al (1994) argues that this validation of codes could also be interpreted within the analysis, as there may be investment for accepting or refusing particular interpretations particularly when participants may be concerned about covert attitudes such as prejudices being revealed.

2.3.2 Participants

These were 10 clinical psychologists who varied in terms of gender, age, level of qualification and specialty in an attempt to achieve representation of the profession. Overall they were 6 males and 4 females with an age range of 25 to late fifties. The majority were white; Welsh, Irish and Asian nationalities were represented. Level of qualification represented was from trainee to head of department and all core specialities were present including clinicians who were lecturer-practitioners on clinical courses.

2.3.3 Recruitment

Participants were accessed from the researcher's networks within the workplace. They were recruited using 'opportunity' methods and one person was recommended by another participant. Colleagues who were also close friends were excluded as social desirability and knowledge about the researcher's views may have significantly influenced their views in the research situation. Participants were approached either by telephone, email, or face to face. All approached agreed to take part.

2.3.4 Ethical considerations

Participants were told that they would be asked to enter into a conversation about cultural diversity with the researcher. They were asked permission to record the conversation and it was explained that these recordings would have to be stored for five years in accordance with university guidelines. They were told that

recordings would be transcribed and during analysis the researcher would be working from anonymous transcripts. It was explained that tapes and transcripts would be numbered and their names would not be accessible to anybody, even the researcher. They were made aware that it may be possible for others to recognise their voice if security of data storage was breached (i.e. if the researcher was burgled and tapes were stolen).

2.3.5 Interviewing

Interviews were carried out at the workplace of the participant, to maximise convenience and increase the likelihood of participation. Participants were also more likely to feel most comfortable in surroundings familiar to them and thus more able to participate in the interview. Interviewees were asked to allow thirty minutes and most were longer, at the choice of the participant. Interviews were tape recorded as note-taking would have been too laborious, preventing the researcher from fully participating in the exchange. Video recording was not considered as it would have been more difficult to protect the identity of participants. The researcher pre-tested that both voices were audible from a trial tape recording before beginning the interview. Participants were reminded of the information concerning topic confidentiality and analysis. The researcher began each interview with an opening question, prompt area 1, (Appendix 3). The style of the interview was as participant led as possible. Prompt areas were incorporated at moments that directly followed a related view expressed by the participant or after a lengthy pause.

2.3.6 Transcription

Following the interviews, the tape recordings were transcribed by the researcher, (App 4). All tapes were listened to twice. If the voices were difficult to decipher, it was recorded that there had been information which was unintelligible. Characteristics of speech such as overlapping in conversation, adjustments in pitch and tone of voices and additional features such as laughing, sighing and coughing/clearing of throat were included in the transcription.

2.3.7 Coding

According to the principles of grounded theory, Strauss and Corbin (1997) there are three stages of coding. The researcher followed these principles for the purposes of the study. These are *open coding*, *axial coding* and *selective coding*. *Open coding* is the naming and categorization of phenomena through examination of the data. Whilst *open coding* breaks down the data in order to identify categories, *axial coding* puts the data back together by making new connections. In *axial coding* sub-categories such as the context in which a category is embedded and the causal conditions that give rise to it are specified. *Selective* coding is the conclusive phase of coding, where data are conceptualised into a picture of reality which is grounded in the data. This is achieved by identifying the central category in the data and relating this to other categories, validating those relationships with evidence from the data. These observations are recorded using memos. Memos can take a variety of forms; from the diagrammatic to those exclusively using words. In this study the memos consisted of words in capital and bold lettering to indicate links and

categories/sub-categories, with examples from the data as evidence (Appendix 8). These are known as coding memos, (Strauss and Corbin 1998).

2.4 Results and Analysis

The aims of this section are to present and discuss the themes that have emerged from the data at each level of coding. Quotations which demonstrate evidence for the construction of coding categories can be seen in appendices 5, 6 and 7. The themes will be discussed in relation to theory development and previous literature.

2.4.1 Open Coding/Initial Analysis

Open coding produced fourteen categories (Table 1), (see also Appendix 5 for data evidence of categories).

Table 1 Categories Produced During Open Coding

1	Recruitment to reflect community
2	Knowledge/skill
3	Sensitivity
4	Prepared by training/models
5	Experience of Diversity in Private versus Professional Life
6	Language differences
7	Explanations of Low Access
8	Should Minority Groups be accessing Our Services? Are we Imposing our Culture?
9	Their Barriers or ours? An integrated society?
10	Being the Oppressors
11	Responsibility
12	Awareness of Own Culture
13	Awareness of Inequality
14	Other Differences e.g. gender, socioeconomic

The numerical ordering of the categories represents the order in which they were discovered by the analyst from the transcripts.

Eleven of these categories can be directly linked to the prompt areas of the researcher, (App 3). The categories of: (3) sensitivity, (6) language differences and (14) other differences e.g. gender, socioeconomic etc, were not directly related to prompt areas. Although categories were linked to prompt areas, there was considerable variation between participants responses in the same category; many of their comments being unexpected.

The links between categories discovered and prompt areas may suggest that participants were reluctant to freely associate during the interview. It may also suggest that participants were led by the researcher's prompt areas. Naturally, participants who were reluctant to talk freely may have drawn more direction from the interviewer. On reflection, although every attempt was made to encourage the participants to talk freely and to encourage them to give more information at the end of a response, participants would talk for a while and then wait to be asked another question. This demonstrates some of the difficulties in applying grounded theory to a sensitive topic.

Properties and dimensions emerged during open coding analysis which indicated pertinent characteristics of categories.

Participants felt there were inequalities in accessing the service because if you were of a minority ethnic background you would be unlikely to see somebody of your own culture. Psychologists thought that it was a hard task to be an appropriate service for all ethnicities and were also worried about using the wrong terms to describe people and their backgrounds. They felt embarrassed about this. However, although they were concerned about not knowing enough, they found workshops piecemeal and tokenistic. They felt there was a lack of realistic debate and that free discussion should happen. *Overall these properties suggests an awareness of the gaps in service provision and a fear of admitting ignorance and making mistakes.*

Psychologists commented that they had no access to information when they needed it. Many believed that we are missing the problem, tests don't have appropriate standardisations and people from the non-dominant culture are misunderstood. Psychologists indicated that the profession was in some ways oppressive. They talked of the profession being an in-group, whose central beliefs were essential to the definition of it. Some of those who were interviewed believed that a paradigm shift was required and that it was important to communicate about difference. People talked of the fluid nature of culture, reactions to change, group processes and bigotry.
These properties seem to indicate an awareness of the limitations in cross-cultural work and a fear of changing the status quo.

One of the more interesting constellations of dimensions was: helpfulness versus harmfulness, everyone should access our service versus our service should

change, east versus west and medicine versus spiritualism. It could be suggested that these dimensions are related to anxiety about whether to maintain the status quo and preserve the identity of the in-group or to allow the profession to diversify in its beliefs and ideals. This point is further supported by the evidence of dimensions such as: narrowness versus broadness, stasis versus flexibility and conservation versus risk.

2.4.2 Axial Coding/Further Analysis

The following is a discussion of findings for parts of the axial coding process (Appendix 9) that were most pertinent to the final stage of coding, (selective coding), (see also Appendix 6 for data evidence of categories).

Psychologists felt that recruitment failed to reflect the community it served in terms of ethnicity, "The therapist population doesn't reflect the target population" (T4). This was seen as one of the key reasons for low access rates among those from minority ethnic groups. Cultural groups being drawn to certain professions was seen as contributing to this phenomena, " Male Asian doctors are more likely than male Asian nurses" (T1), rendering the psychologists unable to recruit in accordance with equal opportunity policies. This seemed to suggest that psychologists felt helpless. *Although they had an explanation for low access of those from minority ethnic groups they felt powerless to change anything due to a fear of imposing our professional culture and models onto others.*

The participating psychologists believed that they had a lack of knowledge and skill and were concerned about potential offence through ignorance. They felt that this lack of skill was caused by their lack of experience in cross-cultural therapy. "I've never done much therapy with people from different cultures" (T2). However they also expressed that learning should be rooted in experience rather than tokenistic teaching. "I wouldn't have thought you could have much training that prepares you, " (T2). These phenomena are tautological as lack of clinical knowledge about other cultures may be perpetuated by rejection of training and low numbers of those from minority ethnic groups in the field. It seems that the profession has not yet produced a solution for this dilemma.

Some psychologists believed that we should not push an existing service onto others before finding out what they want first and were concerned about intrusion into people's communities being another form of oppression. "Its very easy to start pushing for what you want rather than listening to others" (T8). Others advocated taking a more radical community stance, "working within their environment" (T6). This ambivalence seemed to be caused by a reluctance (within the profession) to move out of the way they currently worked, "it is that people are choosing not to come" (T10). *It seems that some of the apparent ambivalence may be indifference.*

2.4.3 Selective Coding/Final Analysis

During selective coding the central phenomenon is selected and the axial codes which have emerged are related to this as sub-categories, (Appendix 9), (Fig 1). See also Appendix 7 for data evidence of categories.

Figure 1 Conceptualization of the Storyline

Results for this stage of coding are displayed diagrammatically for the purposes of clarity and to adhere to the word limit.

Central phenomenon/core category: - Uncertainty, fear of making mistakes

↓

Causal conditions

- Not prepared by training /models
- Sensitivity

↓

Properties: Not talking about it for fear of using the wrong words, reluctance to use interpreters as the work would become more complex; beyond their skill, unsure of whose **responsibility** (fear of overstepping the mark), afraid of imposing model/intervention. Not conditioned to think about culture, have never had to think about their own culture due to being from dominant majority.

↓

Dimensions

Wanting to be **socially active** versus not wanting to **impose a model**

↓

Context

- Experience of diversity in private versus professional life
- Language differences
- Being the oppressors (historically)

↓

Strategy

(attempts of) Recruitment of those from minority ethnic groups

↓

Intervening conditions
(Perception of) lack of knowledge/skill (linked to experience)

↓

Consequence
(Uncertainty about) Their barriers or ours? An integrated Society?

The central phenomena of the grounded theory analysis were: uncertainty and fear of making mistakes. This theme can be seen to be underlying every category during the analysis. Psychologists made the observation that people in therapy services are mainly white and that this may deter clients from minority ethnic backgrounds, "We don't have a mix that matches the community we serve," (T1). However, there seems to be a fear of not taking account of culturally based career preferences in trying to recruit from minority ethnic groups, "your cultural background informs the things you are interested in," (T4). Psychologists were afraid of not knowing enough about cultural issues and using the wrong words, "It is difficult to find words that aren't insensitive" (T1). Yet they feel patronised by training and argue for, "awareness rooted in experience." Perhaps rejection of organised training is caused by a fear of revealing their lack of knowledge in front of others, one participant reflected on her colleagues, "I think theres a reluctance to ask about people's religion, particularly among white people, fear of being made to look as though they don't know what they're talking about perhaps." (T3)

The presence of fear can also be seen in issues regarding language. "The normal interchange you'd have with someone is completely impaired when doing it through an interpreter" (T10), "I might think oh yeh CBT is the best approach but if English isn't their first language" (T4). These quotes seem to illustrate a fear of incompetence.

In support of this, it seemed psychologists generally viewed cross-cultural work as more complex, "Clinicians would feel when there were cultural issues involved that it would be more complex work" (T8). In addition to fearing incompetence, there may be reluctance to take on more complex work as a result of feeling presently overworked and unrewarded for current investment in the job.

There was much uncertainty about how to engage with minority ethnic groups. Some talked about radically different ways of working, others believed that our system should not change, "Its not that we are saying people can't come" (T10). When talking about facilitating access, psychologists were afraid of imposing, "we can do less in terms of changing the cultural rules of groups" (T2). This suggests confusion about responsibility and consequent lack of action. It seems that psychologists have not acted because they are afraid of making the mistake of imposing their culture. This demonstrates an awareness of their professional and personal culture as the dominant majority but a lack of awareness of potential strategies for inclusion. For example, there seems to be a fear of imposing by changing the cultural rules of other groups but perhaps there are

rules and models of our profession that could be more flexible in order to facilitate inclusion.

2.4.4 Summary of Results

The results show that psychologists have an awareness of the inequality in access of ethnic groups to psychological services. However, they are uncertain of whether they should work harder to facilitate this access and of how to achieve this. They feel that they do not have the appropriate knowledge skills and materials such as culturally sensitive tests. They also feel that they are inexperienced. They are concerned about imposing their westernised models and practices not only onto service users but also other professionals in their recruitment drives. There are those who are ready for a paradigm shift, to include more cultural understanding in their practice, and those who believe they are offering a service which is explicitly open to all groups as it is. Above all, the participants demonstrated a fear of making mistakes and this seems to account for the lack of action.

2.4.5 Reflection on the Position of the Researcher

For the purposes of qualitative research, it is considered good practice to explicitly state the personal perspective of the researcher, Elliot et al (1990), (see Appendix 10).

The desire to carry out research in this area arose from professional experience. Working in a multicultural area, I noticed that I rarely met with non-white clients and this fuelled the desire to find out more about this area.

Whilst carrying out the research I reflected upon each stage of the proceedings. During the interviews participant's reactions towards me varied. Some were open and genuine, others guarded and even suspicious. Some were curious about my interest in this area, perhaps because I am from the dominant majority. The dynamic of being a white person interviewing another white person may have reduced fear for the participant. Perhaps it increased uncertainty, as I was not what they expected in terms of my cultural heritage. At times I felt like an intruder, as much of the work in this area is carried out by those from minority ethnic groups who have experienced the difficulties this position can bring.

Although I have been truly engrossed in carrying out this research I have been aware of the sensitivity of the topic and found myself worrying about what the outcome will be. Will I have to say that our profession is institutionally racist? My interest in this area has changed the way I have been perceived by family and friends; who have begun to describe me as 'very politically correct.' Perhaps this is an indication of how politically sensitive this area is, although interestingly none of the participants thought it was. I have been forced to think about my own identity, professionally, politically and personally. Through this my understanding has evolved to be much richer than it was previously. I have also reflected upon the parallels of my anxiety about the outcome and the findings of uncertainty and fear as a central theme from the data. Perhaps the participants were afraid of revealing their profession as institutionally racist too, leading to fear, ambivalence and reluctance.

I have also been aware of the parallels between researching this area and being a minority voice in the profession myself. This area could be considered taboo, as it is rarely talked about. Also, being a qualitative researcher could be described as a minority identity in this profession.

2.4.6 Implications for Clinical Practice

It seems there are many implications for clinical practice. The central strategy for addressing the issue of low access rates among clients from minority ethnic groups is to recruit psychologists from these cultural groups. However, there is the perception among psychologists that some of the difficulties with this may be due to the culture of our profession as Westernised and Eurocentric. Low access of service users who are from minority ethnic backgrounds means that psychologists do not have much clinical experience with clients from different cultural backgrounds to their own. This fosters a lack of knowledge and perhaps due to the sensitivity of the topic renders psychologists unwilling to admit ignorance, for fear of being seen as politically incorrect, "I just wonder if everybody else is saying something quite profound" (T2) This participant is talking about her fear that she has not said either enough, or the things that she should have said.

2.4.7 Recommendation and Development of a Future Model

Fear of making mistakes, or not saying the right things appears to generate ambivalence. Ambivalence may have contributed to lack of action and confusion about responsibility. In order to move forward with these issues there is a need to reduce fear and consequent ambivalence. The creation of an environment

where not knowing is seen as positive rather than politically incorrect would aid this process. Not knowing should be accompanied by curiosity rather than indifference. This is more likely if not knowing is acceptable and seen as a strength, rather than a weakness in cross-cultural work.

Indeed some of the family therapy literature has promoted the idea of curiosity and 'safe uncertainty' in therapeutic work, (Mason 1993). In family therapy there has been a move from the position of expert knowing to one of 'not knowing' which allows exploration. According to Mason (1993) this exploration prevents paralysis and perpetuation of the status-quo. This is certainly applicable to this area in terms of future directions. It seems that in developing a model, it is important to feed this idea of permission for curiosity directly into practice. I have been offered several opportunities to disseminate the results of this research, which would help to achieve this. These include being present on committees which aim to consider diversity in the teaching of professionals, presenting at conferences and being part of a road show operation which visits different departments to discuss issues of race and culture in clinical work.

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Chapter III: How Do Clinical Psychologists Support Their Ambivalence and Lack of Responsibility in Cross-Cultural Work: A Discourse Analysis

Abstract

This study examines the discursive devices used by clinical psychologists in their talk about cultural diversity in practice. Versions of the world are seen as actively constructed through talk and discourse analysis can reveal how these versions are constructed, (Wetherell et al 2001). It has been suggested that categories of race are not fact but ideological constructions which become collectively shared, (Wetherell and Potter 1992). 10 clinical psychologists of varying age, gender, ethnic group, level of experience and interests were interviewed. Interviews were transcribed and then analysed according to the Wetherell et al (2001) model of discourse analysis. Analysis showed how language was used to support ambivalence and to justify a lack of responsibility and action. This paper concludes that Clinical Psychologists employ discursive devices that serve to maintain the status quo and that these are also representative of wider society.

3.1 Introduction

The aim of this study was to find out how discursive devices were being used to support views about cultural diversity among clinical psychologists. Discourse Analysis (DA) can be used to understand the use of language in relation to large contexts, such as society and culture, (Wetherell et al 2001). This process involves *deconstruction* of language itself and the concepts it creates, such as 'race' and 'culture', (Willig 1999). For example, the language of labelling and classifications will be implicated with the values and motives underlying it. Proponents of anti-racist language argue that language is constitutive; the way

something is talked about influences how it is positioned in society. DA is concerned with how discourse is constructed to perform social actions, investigating how motives, memories and attributions are played out in context, Potter and Wetherell (in Smith et al 1996).

3.1.1 Discourse Analysis and the Language of Racism

Potter and Wetherell (1992) argue that if academic investigations of racist language are to influence practice, racist discourse should be located within a wider ideology and social context. This has been referred to as extra-discursive material, as some types of DA focus solely on language, (Wetherell et al 2001). Discourse may be an intentional campaign not to be seen as racist, or it may represent the ideas of a particular group. However, it is difficult to ascertain whether society has influenced the discourses of individuals and groups, or if these discourses have influenced society. One type of discourse analytical work, critical discursive psychology, acknowledges that people are both producers and the products of the discourse. The purpose of analysis would be to reveal the discursive practices through which race categories and prejudices are constructed and legitimized. "The aim of the analyst is to identify patterns of language and related practices and to show how these constitute aspects of society and the people within it", (Wetherell et al 2001 p9).

3.1.2 Positioning and Reflexivity

Discourses make available positions for a person to take up, (Langenhove and Harre 1995). A person can be positioned according to various orders, such as moral or personal. For example when driving a car, one is positioned according to a traffic order and also moral and personal positions within this. The researcher is also seen as a social product, who cannot be neutral or objective and influences analysis of the data according to their own positioning. Wetherell et al (2001), argue that the language user is heavily constrained in their choice of language and these constraints also apply to the analyst. The analyst needs to be reflexive in order to understand their own contribution in terms of positioning and constraints, as these may impact on their analysis. "This sort of reflexivity is required if we are to address our own constructions of the social world", Potter 1997, p63 (in Willig 1999). It seems that we must ask of ourselves the same questions which we put to our participants, in order to understand our own ideological position.

3.2 Method

3.2.1 Participants

These were 10 clinical psychologists who varied in terms of gender, age, level of qualification and specialty in an attempt to achieve representation of the profession.

3.2.2 Recruitment

Participants were recruited using 'opportunity' methods from the researchers networks within the workplace. One person was recommended by another participant. Colleagues who were also close friends were excluded. Participants were approached either by telephone, email, or face to face. All agreed to take part.

3.2.3 Ethical considerations

Participants were told that they would be asked to enter into a conversation about cultural diversity with the researcher. They were asked permission to record the conversation and it was explained that these recordings would have to be stored for five years in accordance with university guidelines. They were told that recordings would be transcribed and during analysis the researcher would be working from anonymous transcripts. It was explained that tapes and transcripts would be numbered and their names would not be accessible to anybody, even the researcher. They were made aware that it may be possible for others to recognise their voice if security of data storage was breached (i.e. if the researcher was burgled and tapes were stolen).

3.2.4 Interviewing

Interviews were carried out at the workplace of the participant, to maximise convenience and increase the likelihood of participation. Participants were also more likely to feel most comfortable in surroundings familiar to them and thus more able to participate in the interview. Interviewees were asked to allow thirty minutes and most were longer, at the choice of the participant. Interviews were

tape recorded as note-taking would have been too laborious, preventing the researcher from fully participating in the exchange. The researcher had nine prompt areas (figure 1, p33) which were guided by the limited literature available. They were also areas that interested the researcher and it was hoped that they would help the participant if the task of speaking freely for a length of time appeared too daunting.) The style of the interview was participant led. Where possible the prompt areas were incorporated at moments that directly followed a related view expressed by the participant or after a lengthy pause.

3.2.5 Analysis procedure

A discursive action model, Horton-Salway 2001 (In Wetherellet et al 2001) was used to analyse the transcript extracts.

Procedural Steps

1. It was necessary to immerse oneself in the data again.

2. Data were analysed according to "remembering", "attribution" and "fact construction" and how these translate into action.

3. Data were examined for specific discursive devices such as "joint remembering", "consensus and corroboration" and "stake inoculation". Stake inoculation is the means by which a speaker discounts the possibility in personal investment in their utterance; to make their assertion seem entirely factual.

4. Conclusions were grounded in the data through using quotations and referring to particular lines of text in the extracts used .

5. Following preliminary analysis, credibility checks in the form of clinical supervision, were used, Elliot et al (1999).

3.3 Analysis and Discussion

The extracts in this study were chosen as they illustrated some of the central themes which emerged from the main study. In these extracts, various discursive devices are used to support *ambivalence* and a *lack of action*. It was not possible to find an extract which illustrated fear, (one of the central themes), as this was derived from three levels of coding and is essentially a meta-theme which is embedded in material about a range of topics.

3.3.1 Extract 1

This extract shows the use of language constructions to support ambivalence about making greater efforts to facilitate inclusion of those from minority ethnic groups in the service.

Researcher: think a lot of emm research has shown that we don't have a great variety of cultural groups accessing our services in clinical psychology **Participant**: service users? And we don't tend to be quite as culturally diverse as service providers (quietly) or as a group of service providers, as some of the communities in which we work we do tend to be rather white, middle class (laughs) even em this is a problem for the health service in general (R em) with culture and ethnicity and gender and so forth, interacting with each other. We have lots of non- white male doctors, lots of non-white female nurses but we don't have a mix that matches the community we serve on that basis I don't think we are very well in ....I don't think we're very knowledgeable collectively as a service, I don't think we're very

12 knowledgeable about ethnicity issues and even when we have the
13 knowledge I don't think we're very good at being am equally accessible,
14 appropriate in our service provision to multiple ethnicities, that is a very hard
15 task anyway to be geared up to multiple ethnic backgrounds you know to
16 have one service that's geared towards em a multiplicity of things that people
17 might want, values of service users might have.....and
18 just matching expectations (R yeh)... easier I think to gear a service to one
19 particular ethnicity and have several parallel services than it is to get it right
20 for everyone at once, which is not saying we shouldn't try I think it's a hard
21 task but I don't think we do as good a job as we might do.

This participant is ambivalent towards the provision of services for service users from a variety of different cultural backgrounds. He says that it's a very hard task to be geared up to lots of ethnicities (line 14-15) and its easier to gear a service to one ethnicity (line 18-19) but that he is not saying they shouldn't try (line 20) and that the service does not do as good a job as they might (line 21). The *attributional business (*the process of assigning causes to events*)* of this account is to widen responsibility to the entire NHS (line 6-7) and a "group of service providers" (line 4) rather than just clinical psychology. The *interpretive repertoire (*defined as a lexicon of terms and metaphors which are used for a shared social understanding, Wetherell et al 2001), being drawn on here is one of inequalities between staff and service users and also between various categories of staff. The *central metaphor* (which is the main idea within the *interpretive repertoire*) is one of simplification through categorization and this brings vivid

descriptions of these categories, such as "non-white female nurses" and "non-white male doctors." Categorizing in the form of binary oppositions is a way of ordering the world in terms of contrasts and is often seen in talk about ideological dilemmas. This way of talking further illustrates the participant's ambivalence.

Superficially this account seems sensitive to the problem of unequal access but deconstruction of the language shows contradictions and variability. According to Potter and Wetherell (in Smith et al 1996), variability may be the key to dilemmas in an ideological field as patterns of variation and inconsistency alert the analyst to the *interpretive repertoires* used by the speaker. In lines 5-6 the participant refers to groups of service providers being white and middle class, broadening this attribution to include other services as well as clinical psychology. However, in lines 8 the participant refers to having lots of non-white male doctors and non-white female nurses, indicating that other sections of the health service may not be so white and middle class in their demographics. In support of Potter and Wetherell's view, variability in this account is certainly indicative of the interpretive repertoire, which is categorization in the form of binary opposition. This also resonates with the idea of ambivalence, which is defined as "having or showing two conflicting attitudes or emotions, (Collins 1993, p 22).

3.3.2 Extract 2

This extract shows how language is used to justify a lack of responsibility for action.

Researcher Do you think we should be more active than we have been?
Participant am I think that we.. I don't think theres should, I don't think theres necessarily a should here at all, I think theres a lot of scope for developing how much we appreciate diversity, cultural diversity how much we appreciate people who are different to us or might be who don't seem to be using services that...this service I, there are many different reasons why people do use services but I think that em if this service is really going to be able to say that it's a parallel to people in the community I think em I think we need to all the time em .....without saying should (laughter) I its difficult to find another word (pause)
R Is it about opportunity something you said earlier about there being theres always scope (P yeh) and that led me to think about opportunity
P Yes theres always scope to appreciate diversity for, for example I made use of the opportunity to talk to the lady at SURESTART so emm how a situation is so emm think its important to appreciate cultural diversity but I'm not what we should do I'm saying that em I believe thats what happens when you do is that you break down differences how..... people make use of the services.....and as long as we're making efforts to communicate about difference then that's important

Here the participant can be seen to refute the idea that something 'should' have happened, lines 2-3. The word 'should', can be linked to a direct responsibility for facilitating inclusion of various ethnic groups, which the participant does not believe belongs to him or his profession. Instead he asserts that he and his profession have responsibility to communicate about difference, line 18-19. The Participant manages the risk of having his account discredited due to being motivated by self-interest by using a *stake inoculation device.* This is when the speaker finds a way of disclaiming their personal investment in their position to make their utterance seem factual. He says that," there are many different reasons why people do use services", which weakens the *agency* and *accountability* of him and his service on whether people use the service, exonerating them from blame. The participant also uses *narrative* to support the construction of his report as a factual account. Here he is talking about a conversation with an Asian lady about the cultural preferences for child rearing in her family. This use of *narrative* (13-14) strengthens his account as a factual account by showing that he is doing the very thing which he recommends, communicating about difference.

The word 'should' can also be linked to certainty, truth and expectations and the participants dislike of this word may be linked to a fear of imposing a culture or set of rules onto others. It may also reflect a dislike of the imposition of responsibility on himself and his profession. Indeed, line 2-3 where P2 states that he doesn't think there is a should but there is scope, could almost be re-worded as 'I don't think we have to but we could.' Like P1, P2 refers to other kinds of difference, when he talks of 'diversity' and 'cultural diversity', (line 4). This serves to broaden the focus, providing the opportunity to talk about other

differences. P2 struggles to achieve consistency in this account, when he attempts to move away from using the word 'should', saying, "I think we need to all the time em.....without saying should", lines 8-9. This is a great illustration of the ideological dilemma which dominates this account, *that we don't have to but could.*

3.3.3 Summary

Results show that participants are using a variety of discursive devices which support lack of action and responsibility and a fear of imposition. The participants position themselves differently in relation to the dilemma. Participant 1 takes the perspective that services may not be capable of including all ethnicities due to a lack of knowledge and skills and participant 2 takes the view that this responsibility should not be imposed on services but that individuals within services have scope for appreciating diversity.

3.4 Final Conclusions

A close examination of the language using discourse analysis shows that clinical psychologists are using a variety of linguistic devices to support their views. This supports the idea that versions and categories, including race, are constructed through language rather than being entirely factual. It is also interesting to consider how these participants have positioned themselves in relation to the issue. It would have been useful if space had allowed, to have carried out a discourse analysis for all the participants to examine other positionings. It would seem that, in terms of clinical practice, a psychology department would be

greatly influenced by the ideological positionings of those within it, particularly those with more power.

Whilst it has been a useful analysis, and the efficacy of the methodology has been supported by the results, it is now more difficult to imagine a solution. If these attitudes are so thoroughly embedded in language, how is it possible to change them? Although the initial aim was to discover attitudes rather than change them, in developing a model as part of the grounded theory study (main paper) I had not realised that attitudes would be so deeply embedded in language. Language is a product of society (Wetherell et al 2001), and psychologists are part of a wider society. This means that any change for the psychologists in attitude may be counteracted by the attitudes of society which they are exposed to. It is not a matter of changing one word, which is done frequently in order to be politically correct but a matter of changing attitudes to ensure a reconstruction of discourse and social action. Perhaps a paradigm shift would be accompanied by a reconstruction of the language and social positioning in society.

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Chapter IV: Incidental Learning and Unanswered Questions: Reflections on a Thesis

Abstract

This paper outlines the continual thought and reflection which accompany a doctoral thesis. It is a truly reflective space which allows the articulation of this valuable learning. Difficulties in applying methodologies are discussed alongside changes to the researcher's personal, professional and political identity. Most importantly future directions for the research, the researcher and the profession are considered.

Introduction

I welcomed this task of writing a reflective paper. This is because I find the area I studied so thought provoking, I am a reflective person by nature and reflection is a crucial part of the methodology. In carrying out the methodologies I found unexpected limitations which have added to the richness of the study. I have worried about identifying participants and about my own identity in relation to this research and future career. I have reflected upon being a minority voice in the profession, struggling for an identity and how this may be similar to being from an ethnic minority group in a dominant majority. I feel I have been forced to consider my future and how I may seek support for a minority stance.

4.1 Limitations of Methodologies

Grounded theory is often used to generate a model, in areas where there is little research, (Strauss and Corbin 1998). Previous research can provide a starting point for enquiry which is useful in creating a research focus and generating

questions for interview. I had expected that the grounded theory methodology would solve the problem of not having previous research and an obvious starting point. However this approach had limitations too.

4.1.2 Interviewing

The approach suggests that when interviewing participants, the researcher should be as participant led as possible. I anticipated that some people may have been unwilling or unable to talk freely on the subject of cultural diversity for half an hour. This prediction came from observing natural conversation, where people either changed the subject away from race and culture or simply said little. I prepared some prompt areas to counteract this expected problem. My expectations were confirmed as during the interviews participants seemed to want to be led by the interviewer. Despite using all my skills in paraphrasing, reflection and summarising, interviewees seemed to be waiting for the next question.

It is also important to realise that some of the problem may have been due to my capability as an interviewer. Clinical psychology training courses are more geared to the acquisition of skills in structural interviewing rather than those of a client – led style. The interviewees themselves, being clinical psychologists, who have been mostly trained in this way may also have struggled with an interviewee led style and so sought out more structure. Another area where I doubted my capability as an interviewer was in facilitating participants to disclose. Almost all participants were concerned they hadn't said enough, or that I was looking for something profound. Whilst as a researcher I reflected on the

curiosity of this in relation to the topic area, I also wondered if this was a reflection of my interviewing style. After discussing this with my supervisor, I learned that it was a familiar theme in this research area.

4.1.3 Confidentiality

Another limitation of this methodology is that it is difficult to protect the identity of participants. Grounded theory methodology requires that themes are thoroughly grounded in the data which involves quoting participants. Discourse Analysis (brief paper) requires quoting long extracts of interviews and it is almost certain that people would be able to identify themselves. According to Lee (1993), identification is a central anticipation to research on sensitive topics. I believe it is important to consider this issue in context. There are few psychologists, so people tend to know each other and the profession also attracts those who are curious about others. With a small number of participants (which this detailed method dictates in the time limit) this combination of factors could lead to disastrous results. Due to this I have restricted identifying details of the sample. However I have questioned my anxiety in relation to this issue of identification. Would it really be that much of a problem if people did identify themselves? After all participants had been informed that their interview material would be analysed and published and had consented to the study. Was I anxious because I didn't want my views to be disclosed? Was this the same worry for the participants, when they wanted to be lead in interviews?

Carrying out the analysis, I found myself worrying about what the outcome will be. Will I have to say that yes our profession is institutionally racist? Will I be a

whistle blower and shake up the profession? How good is that going to be at the beginning of a career? Is this why I didn't want people to be identified – because I felt guilty about what the results may bring for them and myself? It is also important to consider the positive aspects of bringing prejudice to light. This openness enables prejudice to be explored and the profession to take ownership of the views within it. It also facilitates change.

4.2 How the Research Has Changed Me

Through carrying out research in this area I have been forced to consider my professional, personal and political identity. There are some interesting parallels between this process and the identity crises of some people from minority ethnic backgrounds. There is much research on the identity development of minorities, Atkinson et al (1979) but not those of the majorities. It is assumed that the identity is well defined for those from the majority. Did I bring an identity crisis on myself when I could have had it easy?!

4.2.1 Personal Identity

Since beginning the research, I have been described as very politically correct (PC) by my family and friends. I don't really consider myself as politically correct, more as somebody who sees through the constructions of our society and attempts to treat everybody with respect for their potential. I'm not even sure that I really believe in equality; which for some is linked to political correctness. There will always be people who strive for equality but competitiveness is a human quality and there will also be those who strive for superiority by stigmatising others in various ways.

I have also had an effect on others by being interested in this research area. I have noticed that certain members of my social circle have altered their language in my presence to be more PC. Does this mean that I am an oppressive force? I would much rather people are truthful about their views. It seems that the fear of being prejudiced is so strong. I believe that we all have stereotypes about everything. I believe prejudice about cultural difference should be seen as a dimension and that I have prejudices that I am unaware of in this area too.

I have become really aware of what a persons' cultural origins are, as if I have been sensitised to it. I am not sure whether this makes me more or less prejudiced than I was before. I am aware of conflicting views on whether people should pay attention to difference in cultural origin. Some believe that difference is used as a form of downgrading as it can be used to suggest that people are a problem through their difference, (Reicher 1999). Others believe that not paying attention to difference equals a lack of cultural understanding, (Harrison 1975). The question remains unanswered for me. A tentative resolution may be to pay attention to difference but not for the purposes of exclusion. The problem is, as Tajfel (1969) put it so eloquently, that peoples views are more accessible than their motives. In other words, people may pay attention to difference to support their argument that potential service users should be excluded, because they are *so* different, rather than to learn or understand about the differences.

4.2.2 Professional Identity

People have assumed that my thesis is about solving the problem of prejudice in the world (as if I could single handedly do that) and I have been advised that I will never manage it. I have had to remind others and myself that my task as a researcher has been to explore and not solve. Grounded theory methodology does involve the development of a model and I have constructed this model in relation to the profession of clinical psychology. This focus has made the task seem more manageable, rather than considering society as a whole (although I do acknowledge that the profession is part of wider society). I have been offered several avenues to disseminate the results of this project; all of which I have gladly accepted. However I am aware that this area of interest could become my entire professional identity. It is such a strong theme; in that it carries so much energy and weight in peoples minds, I fear my other interests would be forgotten and opportunities to promote those would not be so easily found. I think this is an important balancing act to judge.

4.2.3 Political Identity

What is happening politically with refugees and asylum seekers is highly linked to my research area. I have mixed views about the new 750 bed refugee homes that are being built. I can envisage lots of problems with 'dumping' people as if they were toxic waste in the middle of nowhere. There are few facilities; these people will struggle to get jobs at least for a while until they are helped with language and who is going to take the responsibility for attempts at integration? On the other hand, these people may be traumatised and have been extradited from their country and we have agreed to help people in such circumstances.

Personally I believe the ideal would be to integrate refugees from the beginning in terms of accommodation and support but in realise this would require a huge paradigm shift within society. I can see many problems from both ends. But what view should I have if I am supposed to be somebody who represents cultural sensitivity? I wonder if the participants had similar thoughts about what they were allowed to think according to what they represent, i.e. in terms of their profession. Studying this area has greatly influenced related political views.

4.3 Future Directions

Completing this thesis is a signal for the end of the formal training required to qualify as a clinical psychologist. It is also a signal for the beginning of the next part of my career. I imagined the training was just a 'hoop' to jump through and did not envisage that I might be completely different, personally and professionally.

4.3.1 Professional

I always had my struggles with the more traditional approaches in psychology. As an assistant psychologist I challenged my supervisor (who was very much in favour of CBT and the more directive therapies as I see them) on the notion that the client could actually be the best judge of their own distress. I was *for*, my supervisor *against*. However, I believed that members of our profession were eclectic, practising several different kinds of therapy and this perception kept me on target to enter clinical training and qualify as a clinical psychologist. My experience suggests differently; that CBT is the dominant discourse of our profession. I am not against practising CBT; in fact I find some of the principles

very containing for clients who are particularly distressed. What I dislike about it is the philosophy. The approach assumes that people are rational; which I disagree with. I agree with Wetherell and Potter (1992), who argue that rationality and objectivity are western constructions which attempt to support global domination and imperialism. They are a way of claiming superiority to the eastern world.

While quantitative research methods lack the acknowledgment of researcher bias and cognitive –behavioural therapy is based on western construction; I continue to be shocked at how little we appreciate social factors in clinical psychology. Class differences between psychologists and their clients never seem to come up in conversation; they're certainly not discussed in teaching. To me they seem integral to everything. Whilst I understand that social psychology is a separate discipline and that each discipline needs to define itself; couldn't there be more integration? There are obviously parallels between this idea and my personal stance of being against the idea of defining races separately and wanting more integration.

With this lack of attention to our own biases and social factors comes a lack of awareness of our own profession's values. Again, there is an interesting parallel here between the dominant majority being unaware of their own cultural factors and a dominant profession being unaware of its own values. I would sum up the values of our profession as: western, liberal, white, middle class, successful and dominant. I would be keen to get others' views on this. I think it is imperative to be aware of our own values; as by the nature of what we do we impose them on

others. At a micro-level; this would mean personal therapy for those practising therapy, so that personal sensitivities were not unwittingly imposed on clients. At a macro-level it would mean maintaining awareness of the values of our profession; so that these are not unwittingly imposed on clients. For example when we try and teach stress management and assertiveness we may actually be doing more harm than good. If people try to assert themselves in difficult environments that they are forced to live in for reasons of poverty; they may actually come to some harm. It seems that these theories and practices are created from the perspective of the middle classes, or people that have been largely successful in life.

Yet in all this, part of me wonders what other professions are doing about their awareness of themselves and their profession. I suspect nothing. Should this be a reason for us doing nothing too? I don't believe that lack of action of others is a justification for lack of action myself. It is worth commenting that the profession of psychology tends to draw in those who are self-critical and questioning. Not only are we the only profession who aim to be reflective at some level but we also criticise ourselves for a lack of reflexivity. Again I am aware of the parallels between doing nothing about increasing awareness of our professional values and doing nothing about facilitating the inclusion of minority ethnic groups.

4.3.2 Personal

Whilst reflecting on this thesis I have been unable to ignore the parallels between researching issues about those from minority ethnic groups and being a minority voice in the profession myself. This has caused some anxiety about how I might

survive professionally post –training. Initially the anxiety was about identifying participants and being a whistle-blower; later it was about the knowledge that I really am different from the majority. For a while I was convinced I would have to retrain. However, having spent time with various figures in the profession who would be considered controversial and in the minority, I have seen that the presence of these different perspectives is needed in our profession.

I am very aware that like many in this profession I have a tendency to take on too much and have difficulty in delegating. Being a minority voice could actually mean that there is a huge need for action as changing the majority is extremely difficult and that there is no-one else to do the work. Owing to this, I have given great thought to where my support will come from, if I spend a career providing challenges to the system. One of the things I have learnt is that it is important to separate criticism of the system from criticism of the people within it. After all, there is little chance of changing a system if the people who make up that system feel persecuted. This only results in polarisation as people cling to their truth in defence and a distinct lack of support for the persecutor.

4.3.3 Conclusion

Coming from a humanist background, I see people as basically good. Of course there are the human qualities of selfishness, competitiveness, greed etc but underneath all of these I think people are surviving as best they know how to. I think this is why I have never struggled to form alliances both in my year group and on placements and have felt supported by others. I have worked on how to use this support more effectively through personal development groups. I also

think it is important to cultivate family relationships and relationships with those outside of work in order to keep perspective and stay grounded. I take comfort from a generic training but I realise that people become interested in different things during training and eventually specialise. I think my special interest has become the social constructions of the profession and a critical reflexive stance which looks at the political relevance of our institution. Opening the profession up to consider different ways of working and embrace cultural diversity among service users and staff is an integral part of this. A key focus post-training would be to promote equitable service provision for all.

4.4 References

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Appendix 1

British Journal of Social Psychology

Notes for Contributors

The *British Journal of Social Psychology* publishes original papers in all areas of social psychology. We encourage submissions addressing a variety of issues, and employing a variety of approaches and methods, both quantitative and qualitative. Topics covered include attitudes, group processes, intergroup relations, self and identity, social cognition, social influence, and social psychological aspects of affect and emotion, and of language and discourse. The following types of paper are invited:

empirical papers that have theoretical significance or implications;

theoretical papers, which may be analyses or commentaries on established theories in social psychology, or presentations of theoretical innovations, extensions, or integrations;

review papers, which should aim to provide systematic overviews and evaluations of research in a given field of social psychology, and identifying issues requiring further research;

methodological papers dealing with any methodological issues of particular relevance to social psychologists.

1. Circulation

The circulation of the Journal is worldwide. There is no restriction to British authors; papers are invited and encouraged from authors throughout the world.

2. Length

Pressure on Journal space is considerable and papers should be as short as is consistent with clear presentation of the subject matter. Papers should normally be no more than 5,000 words, although the Editor retains discretion to publish papers beyond this length.

3. Refereeing

The journal operates a policy of anonymous peer review. Papers will normally be scrutinised and commented on by at least two independent expert referees (in addition to the Editor) although the Editor may process a paper at his or her discretion. The referees will not be made aware of the identity of the author. All information about authorship including personal acknowledgements and institutional affiliations should be confined to a removable front page (and the text should be free of such clues as identifiable self-citations ('In our earlier work...')).

4. Submission requirements

Four copies of the manuscript should be sent to the Editor (Dr Stephen Reicher, Journals Department, The British Psychological Society, St. Andrews House, 48 Princess Road East, Leicester, LE1 7DR, UK). Submission of a paper implies that it has not been published elsewhere and that it is not being considered for publication in another journal. Papers should be accompanied by a signed letter indicating that all named authors have agreed to the submission. One author should be identified as the correspondent and that person's title, name and address supplied.

Contributions must be typed in double spacing with wide margins and on only one side of each sheet. All sheets must be numbered.

Tables should be typed in double spacing, each on a separate piece of paper with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript with their approximate locations indicated in the text.

Figures are usually produced direct from authors' originals and should be presented as good black or white images preferably on high contrast glossy paper, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Paper clips leave damaging indentations and should be avoided. Any necessary instructions should be written on an accompanying photocopy. Captions should be listed on a separate sheet.

All articles should be preceded by an Abstract of between 100 and 200 words, giving a concise statement of the intention and results or conclusions of the article.

Bibliographic references in the text should quote the author's name and the date of publication thus: Smith (1994). Multiple citations should be given alphabetically rather than chronologically: (Jones, 1998; King, 1996; Parker, 1997). If a work has two authors, cite both names in the text throughout: Page and White (1995). In the case of reference to three or more authors, use all names on the first mention and et al. thereafter except in the reference list.

References cited in the text must appear in the list at the end of the article. The list should be typed in double spacing in the following format: Herbert, M. (1993). *Working with children and the Children Act* (pp. 76-106). Leicester: The British Psychological Society. Dickerson, P. (2000). 'But I'm different to them': Constructing contrasts

between self and others in talk-in-interaction. *British Journal of Social Psychology*, *39*, 381-398.

Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full.

SI units must be used for all measurements, rounded off to practical values if appropriate, with the Imperial equivalent in parentheses.

In normal circumstances, effect size should be incorporated.

Authors are requested to avoid the use of sexist language.

Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations etc for which they do not own copyright.

For more information on submission requirements, please refer to the online Guide to Preparing Manuscripts for Journal Publications at: http://www.bps.org.uk/publication/jAuthorGuide.cfm or contact the BPS Journals Department. For Guidelines on editorial style, please consult the *APA Publication Manual* published by the American Psychological Association, Washington DC, USA (http://www.apastyle.org)

5. E-mail and Web submissions

Manuscripts may be submitted via e-mail and the BPS website (http://www.bps.org.uk/publications/jsubmission.cfm). The main text of the manuscript, including any tables or figures, should be saved as a Word 6.0/95 compatible file. The file must be sent as a MIME-compatible attachment. E-mails should be addressed to journals@bps.org.uk with 'Manuscript submission' in the subject line. The main body of the e-mail should include the following: title of journal to which the paper is being submitted; name, address and e-mail of the corresponding author; and a statement that the paper is not currently under

consideration elsewhere. Web and e-mail submissions will receive an e-mail acknowledgement of receipt, including a manuscript reference number.

6. Ethical considerations

The code of conduct of The British Psychological Society requires psychologists 'Not to allow their professional responsibilities or standards of practice to be diminished by consideration of religion, sex, race, age, nationality, party politics, social standing, class or other extraneous factors. The Society resolves to avoid all links with psychologists and psychological organizations and their formal representatives that do not affirm and adhere to the principles in the clause of its Code of Conduct. In cases of doubt, authors may be asked to sign a document confirming the adherence to these principles. Any study published in this journal must pay due respect to the well-being and dignity of research participants. The British Psychological Society's Ethical Guidelines on Conducting Research with Human Participants must be shown to have been scrupulously followed. These guidelines are available at http://www.bps.org.uk/about/rules5.cfm

7. Supplementary data

Supplementary data too expensive for publication may be deposited with the British Library Document Supply Centre. Such material includes numerical data, computer programs, fuller details of case studies and experimental techniques. The material should be submitted to the Editor together with the article, for simultaneous refereeing.

8. Proofs

Proofs are sent to authors for correction of print but not for rewriting or the introduction of new material. Fifty complimentary copies of each paper are

supplied to the senior author, but further copies may be ordered on a form accompanying the proofs.

9. Copyright

To protect authors and journals against unauthorised reproduction of articles, The British Psychological Society requires copyright to be assigned to itself as publisher, on the express condition that authors may use their own material at any time without permission. On acceptance of a paper submitted to a journal, authors will be requested to sign an appropriate assignment of copyright form.

10. Checklist of requirements:

A signed submission letter

Correspondent's title/name/address

A cover page with title/author(s)/affiliation

Double spacing with wide margins

Tables/figures at the end

Complete reference list in APA format

Four good copies of the manuscript (or an e-mail attachment)

Psychology and Psychotherapy: Theory, Research and Practice

Notes for Contributors

Psychology and Psychotherapy: Theory Research and Practice (formerly the *British Journal of Medical Psychology*) is an international journal with a focus on the psychological aspects of mental health, psychological problems and their psychotherapeutic treatments. Its aim has been to bring together the psychiatric and psychological disciplines and this is reflected in the composition of the Editorial Team. Nevertheless we welcome submissions from mental health professionals and researchers from all relevant professional backgrounds. The traditional orientation of the Journal has been towards psychodynamic and interpersonal approaches, which have defined its core identity, but we now additionally welcome submissions of original theoretical and research-based papers of any theoretical provenance provided they have a bearing upon vulnerability to, adjustment to, assessment of, and recovery (assisted or otherwise) from psychological disorders. The Journal thus aims to promote theoretical and research developments in the fields of subjective psychological states and dispositions, interpersonal attitudes, behaviour and relationships and psychological therapies (including both process and outcome research) where mental health is concerned. Submission of systematic reviews and other research reports which support evidence-based practice is also welcomed. Clinical or case studies will be considered only if they illustrate particularly unusual forms of psychopathology or innovative forms of therapy which carry important theoretical implications.

Counselling Psychology: A special section on counselling psychology has been created in the journal in recognition of the importance of this area within

psychology and psychotherapy. This section aims to promote theoretical and research developments in the field of counselling psychology. Authors who wish to submit their papers for consideration in this section should state this in their covering letter.

1. Circulation

The circulation of the Journal is worldwide. There is no restriction to British authors; papers are invited and encouraged from authors throughout the world.

2. Length

Pressure on Journal space is considerable and papers should be as short as is consistent with clear presentation of the subject matter. Papers should normally be no more than 5,000 words, although the Editor retains discretion to publish papers beyond this length.

3. Refereeing

The journal operates a policy of anonymous peer review. Papers will normally be scrutinised and commented on by at least two independent expert referees (in addition to the Editor) although the Editor may process a paper at his or her discretion. The referees will not be made aware of the identity of the author. All information about authorship including personal acknowledgements and institutional affiliations should be confined to a removable front page (and the text should be free of such clues as identifiable self-citations ('In our earlier work...')).

4. Submission requirements

Four copies of the manuscript should be sent to the Editor (Professor Phil Richardson, Journals Department, The British Psychological Society, St. Andrews House, 48 Princess Road East, Leicester, LE1 7DR, UK). Submission

of a paper implies that it has not been published elsewhere and that it is not being considered for publication in another journal. Papers should be accompanied by a signed letter indicating that all named authors have agreed to the submission. One author should be identified as the correspondent and that person's title, name and address supplied.

Contributions must be typed in double spacing with wide margins and on only one side of each sheet. All sheets must be numbered.

Tables should be typed in double spacing, each on a separate piece of paper with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript with their approximate locations indicated in the text.

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All articles should be preceded by an Abstract of 200 words, giving a concise statement of the intention and results or conclusions of the article.

Bibliographic references in the text should quote the author's name and the date of publication thus: Smith (1994). Multiple citations should be given alphabetically rather than chronologically: (Jones, 1998; King, 1996; Parker, 1997). If a work has two authors, cite both names in the text throughout: Page

and White (1995). In the case of reference to three or more authors, use all names on the first mention and et al. thereafter except in the reference list.

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a) Neeleman, J., & Persaud, R. (1995). Why do psychiatrists neglect religion? *British Journal of Medical Psychology*, *68*, 169-178.

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5. E-mail and Web submissions

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manuscript, including any tables or figures, should be saved as a Word 6.0/95 compatible file. The file must be sent as a MIME-compatible attachment. E-mails should be addressed to journals@bps.org.uk with 'Manuscript submission' in the subject line. The main body of the e-mail should include the following: title of journal to which the paper is being submitted; name, address and e-mail of the corresponding author; and a statement that the paper is not currently under consideration elsewhere. Web and e-mail submissions will receive an e-mail acknowledgement of receipt.

6. Brief reports

These should be limited to 1000 words and may include research studies and theoretical, critical or review comments whose essential contribution can be made briefly. A summary of not more than 50 words should be provided.

7. Ethical considerations

The code of conduct of The British Psychological Society requires psychologists 'Not to allow their professional responsibilities or standards of practice to be diminished by consideration of religion, sex, race, age, nationality, party politics, social standing, class or other extraneous factors. The Society resolves to avoid all links with psychologists and psychological organizations and their formal representatives that do not affirm and adhere to the principles in the clause of its Code of Conduct. In cases of doubt, authors may be asked to sign a document confirming the adherence to these principles. Any study published in this journal must pay due respect to the well-being and dignity of research participants. The British Psychological Society's Ethical Guidelines on Conducting Research with Human Participants must be shown to have been scrupulously followed. These guidelines are available at http://www.bps.org.uk/about/rules5.cfm

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Tables/figures at the end

Complete reference list in APA format

Four good copies of the manuscript (or an e-mail attachment)

British Journal of Clinical Psychology

Notes for Contributors

The *British Journal of Clinical Psychology* publishes original contributions to scientific knowledge in clinical psychology. This includes descriptive comparisons, as well as studies of the assessment, aetiology and treatment of people with a wide range of psychological problems in all age groups and settings. The level of analysis of studies ranges from biological influences on individual behaviour through to studies of psychological interventions and treatments on individuals, dyads, families and groups, to investigations of the relationships between explicitly social and psychological levels of analysis.

The following types of paper are invited :

Papers reporting original empirical investigations;

Theoretical papers, provided that these are sufficiently related to the empirical data;

Review articles which need not be exhaustive, but which should give an interpretation of the state of the research in a given field and, where appropriate, identify its clinical implications;

Brief Reports and Comments (see below).

1. Circulation

The circulation of the Journal is worldwide. There is no restriction to British authors; papers are invited and encouraged from authors throughout the world.

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For articles containing original scientific research, a structured abstract of up to 250 words should be included with the headings: Objectives, Design, Methods, Results, Conclusion. Review articles should use these headings : Purpose, Methods, Results, Conclusions (more details on Structured Abstracts can be obtained by contacting the Journals Department).

Bibliographic references in the text should quote the author's name and the date of publication thus: Smith (1994). Multiple citations should be given alphabetically rather than chronologically: (Jones, 1998; King, 1996; Parker, 1997). If a work has two authors, cite both names in the text throughout: Page and White (1995). In the case of reference to three or more authors, use all names on the first mention and et al. thereafter except in the reference list.

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Moore, R.G., & Blackburn, I.M. (1993). Sociotrophy, autonomy and personal memories in depression. *British Journal of Clinical Psychology*, *32*, 460-462.

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consideration elsewhere. Web and e-mail submissions will receive an e-mail acknowledgement of receipt.

6. Brief reports and comments

These allow publication of research studies and theoretical, critical or review comments with an essential contribution to make. They should be limited to 2000 words, including references. The abstract should not exceed 120 words and should be structured under these headings: Objective, Method, Results, Conclusion. There should be no more than one Table or Figure, which should only be included if it conveys information more effeciently then the text. Title, author, name and address are not included in the word limit.

7. Ethical considerations

The code of conduct of The British Psychological Society requires psychologists 'Not to allow their professional responsibilities or standards of practice to be diminished by consideration of religion, sex, race, age, nationality, party politics, social standing, class or other extraneous factors. The Society resolves to avoid all links with psychologists and psychological organizations and their formal representatives that do not affirm and adhere to the principles in the clause of its Code of Conduct. In cases of doubt, the Journals Department may ask authors to sign a document confirming the adherence to these principles. Any study published in this journal must pay due respect to the well-being and dignity of research participants. The British Psychological Society's Ethical Guidelines on Conducting Research with Human Participants must be shown to have been scrupulously followed. These guidelines are available at http://www.bps.org.uk/about/rules5.cfm

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Tables/figures at the end

Complete reference list in APA format

Four good copies of the manuscript (or an e-mail attachment)

Appendix 2

Guidelines for publication of qualitative research studies in psychology and related fields

1 ***Owning one's own perspective*** e.g "authors should specify their own theoretical orientations and personal anticipations both as known in advance and as they become apparent during the research.", p221

2 ***Situating the sample*** e.g. "The authors provide basic descriptive data about their sample", p220

3 ***Grounding in examples*** e.g. "The author offers one or two specific examples of each theme," p221. These should be concrete examples from the data

4 ***Providing credibility checks*** e.g. Asking a colleague with relevant clinical experience to look over the data.

5 Coherence e.g. organsising presentation of the data around a memorably named category and providing a clear verbal narrative of this.

6 Accomplishing general vs specific research tasks "Where a general understanding of a phenomenon is intended, it is based on an appropriate range of instances and the limitations of extending the findings to other contexts are specified." P223

7 Resonating with readers "the reader is struck by how the researcher has brought the interviewees experiences to life," p224

Reproduced from Elliot et al (1999)

Appendix 3

Prompt Areas For Interviewing

These were written down in question form but phraseology may have differed during the interview. The order in which these may have been executed in the interview was not fixed.

1 Inequality in access of psychological services across ethnic groups:

e.g. "just to sort of ask you whether you've noticed any inequalities in groups, different cultural groups that access psychological services." (T6)

2 Cultural diversity addressed within clinical psychology training

e.g." do you think that your own clinical training prepared you for sort of appreciating cultural diversity?" (T7)

3 Cultural diversity addressed within current clinical psychology training:

e.g." as a supervisor now do you feel that issues of cultural diversity get raised." (T1)

4 Exposure to cultural diversity in terms of working with clients:

e.g." So, just taking it onto clinical practice, how did you find it seeing people from different cultural backgrounds that you do or have seen coming from a professional training such as that?" (T9)

5 Participants own culture:

e.g. "Ahh how would you describe your own culture if you had to sort of put it together in a couple of sentences." (T4)

6 Relevancy of considering a clients culture in the context of clinical work.

7 Clinical psychologists' activity in encouraging people from a variety of cultural backgrounds to use psychological services.

8 Attitudes in colleagues which you feel may be biased towards one culture or another.

9 Responsibility of clinical psychologists to address the imbalance in cultural groups who access psychology services:

e.g. "do you think we have a role in monitoring how different ethnic groups access our services and trying to provide for those?" (T5)

Appendix 4

An example of a transcribed interview

R so just to kind of start you off are you aware of any inequality in access to psychological services across ethnic groups?

P aam I spose from my own clinical experience, I don't see many people from ethnic minorities, so aaaa

R mmm

P so whether that's a reflection of unequal opportunities, I'm not sure or whether its something about cultural differences in terms of wanting to access it. Theres 2 parts to it.....tape runs out

R (prompting), theres two different reasons perhaps

P yeh, 2 reasons for not seeing so many, one is mainly cultural differences so for example people from an Asian background may look towards their own family in the first instance, this is just from my own understanding, then maybe people from a white population are more likely to access services as a first port of call, maybe not have that family support. As much and the other thing about actually making the service more accessible to people from ethnic different ethnic backgrounds, different cultural backgrounds (R yeh) and that's about producing

leaflets in Gucheratti for example things like that and I don't think we're…I think in Coventry actually we're probably quite good services in that respect, somewhere more rural like in Hereford for example, we're probably that's less……you know most leaflets are produced in English or welsh actually (R yeh) I mean there is self recognition but I think theres probably inequality there, and certainly theres inequality in terms of therapists are white middle class, certainly there are inequalities in terms of maybe if you wanted someone from your own cultural background, who would have an understanding I think there are inequalities …….. the therapist population doesn't reflect the….target population, the general population

R right, you've painted quite a broad picture there how do you think we could, could they be addressed the inequalities and if so how?

P amm, I think they can be I mean I know in Coventry in the adult mental health have actually are actually creating a team looking at cause theres high population, Asian population looking at a team that of Asian practitioners that work with Asian families

R mmmm

P which I think is a good idea aaaam so I think there are ways we can do that, we can certainly produce documents and things in different languages an things, make things accessible I don't…. I think we can do less in terms of changing cultural rules of groups..an the meaning of that is I understand it in the Asian…I

choose Asian cos I think Coventry has got a high Asian population but within their culture help is sort within the extended family and within the religious.... And maybe that's imposing our....beliefs that people should go elsewhere, that people should go to their doctor you know that's a very....(Rmmm) that's a very western image that medicine... whereas eastern you maybe go to your community leader or spiritual leader or something like that, so I think sometimes you can't make things, I mean theres a difference between equal opportunities and forcing people to come round to your stereotype and your way of thinking that people you know should and see a doctor and that will make them better in some way where actually that may not be what they prefer in an Asian population, a Jamaican population an African Caribbean population and we have to respect that.

R mmm that's interesting, has that sort of come to light from your own experience in clinical settings or

R yeh from hearing other people speak.... I think I think ehhh I feel theres a persecutor drive which may get..... in trying to do the right thing (I'm not criticising that) in trying to make things equal opportunity....they may put there own agenda onto that drive and therefore aaamin create something that isn't there, or create something..... or drive something from their own perspective. I'm trying to explain....but also from here I've worked with an Asian family well quite a few Asian people actually clinically and I'm just very aware of my own lack of knowledge of their cultural backgrounds and therefore from that perspective the best ....I feel oh yeah CBT is the best approach here but

if English isn't their first language…(R yeh) or if you see a therapist in a very different light to how somebody is white may see a therapist, or you know its I would find that …… ….. well I have found that very difficult , I think you need to have some understanding of the culture if you're working with it, so I mean in that respect, there is an educational value that this could have to promote

R in terms of educating about what we do in our services?

P well education for therapists in terms of different cultures

R (mmm)

P I would find it difficult to work with somebody, an Asian person, not because of the the race or ….but because I would find it more difficult because I don't have the staring point of the commonality of culture and therefore my first port of call would be to or my first…..part of the therapy …get into the therapy would be how to understand the culture

R yess

P ahhh could do training days around different cultural aspects I don't think we get that (R no) in the NHS I think we can do a bit more, even just sitting around with a group of colleagues and saying well I see it like this, how would you you know from your cultural background how would you see it…….that opportunity just often isn't there for us.

R does that relate back to your thing about sort of not many therapists who are not sort of majority culture,

P there is something on the ground level…ahhh recruitment and … but then again going back to the original thing that I was talking about it may be that people from different cultural backgrounds don't see psychology as a career for…. Not from an equality point of view, its not they're stopped but it maybe from a cultural beliefs point of view it maybe that the healer is a religious figure and therefore the path for that would be through through the church or something like that d you see what I mean?

R that's interesting view cos some people say that if psychology was broader and less westernised, we'd get more therapists weren't from majority culture and clients but I spose whats interesting about that is that you're saying they have a different model completely for accessing help than actually what we offer and whether the two should converge on that is quite a big

P I think we're moving towards that with sort of the more eastern sort of different therapies and existential type therapies and things like that aaa you know and I mean far eastern ideas about Karma and yoga are they just therapy in a different form and do they attract different cultural groups and different sorts of people to them, you know I sure this idea about matching workforce so for example police force, you know, should the policeforce reflect the general population, in terms of ethnic mix, is there..in that case I think it should but is

there cultural are there cultural reasons why people don't join you know thinking of isues of power, about how power is.... are some cultural groups policed with in themselves, you know that sort of thing its not a I don't think its as black and white as saying all engineers should reflect the general population in terms of cultural background because your cultural background informs the things you're more likely to be interested in (**R** mmmm) I'm not saying there shouldn't be an equal opportunity but because of our different cultural backgrounds then we have different interests (**R** yes) and in trying to pigeon hole people into that amm it can be ...well its destroying peoples culture in that way, do you see what I mean? (**R** yeh) well I mean potentially, I think that's quite strong.

R yeh and just something I ask everybody, is what do you think of your own culture?

P in terms of?

R ahh just how would you describe your own culture if you had to sort of put together a couple of sentences?

P right I suppose its probably changed I mean British white middle class as it is now aaamm, I think I've had quite a lot of different culture influences amm I think a welsh influence so theres probably a Celtic element, a working class element but I went to public school so I could see or had an experience of upper class, so I wouldn't say that Christian culture I wouldn't say I was any one thing but a bit of a mongrel really ahhh living in Coventry is quite a multicultural city I

think that's what attracts me I mean I've got friends who are Asian or white, or Afro-Caribbean I mean they do have very different cultures but we do have similarities

I think sometimes its difficult for white middle class person to put themselves into a culture without being put upon about em I don't know identifying yourself as being racist and all that sort of thing (R yeh)you know I do think that's aaaa and about displaying your culture in this country can be problematic because quite rightly people bring culture to the fore an you know say about discrimination but the negative side of that is that it can be it can be detrimental as it can prevent people from showing their culture particularly those that are seen as the oppressive, the oppressive ones So I find it quite difficult to define

R is that the same for anybody's culture do you think , would you say that it would be a mix of different things?

P I think unfortunately people are still judged in terms of how they look. and actually Race and culture are two different things in my head so just because you are Asian and have dark skin doesn't necessarily mean that you are Muslim for example and have a wide family and a supportive family in the Asian sense it could be that you are very Westernised and have different ideas

P Romans, , we have Anglo Saxons, Celts, Asians and Afro Caribbean Empire we are whether we like it or not a mixed race, mixed cultures society and we

always have been not just back to when most people. Commonwealth and the empire an all that we've always been a mixed bunch.

R so just bringing it back to psychology, do you think there are things we can do in terms of addressing inequalities?

P I think Theres a massive diversity in our profession aamm I think certainly as a move towards more existential models and the incorporation of different therapies while I may not be as accepting of other therapies such as feng shui P Systems theory for example could be use din wider Asian families and liaising with heads of community. That people don't end up creating something equally as discriminating against a majority?

We have to be careful

R yeh you were saying about not wanting to quantify it…

P You know equal numbers of people representative samples I'm not sure that's right

P Ideally if you had two people presenting with the same problem from different cultural backgrounds you'd want both to feel that they could both go to a practitioner but one may want to and one may not.

R any final comments?

P I'd be interested in the results

R yeh I'll certainly get you a copy

Appendix 5

Table to show data evidence for open coding

Name of Code	Quotes to demonstrate link between data and code development
Recruitment	T6 'employing people from different backgrounds is really helpful'. T4 'the therapist population doesn't reflect the target population' T7 Recruitment on training courses needs to be looked at.
Knowledge/skill	T2 'My knowledge is definitely lacking'. T1 ' I don't think we're very knowledgeable about ethnicity issues' T10 'It may be beyond your ability to respond.'
Sensitivity	T5 'Its sensitive.' T4 'We can say things we don't really mean.' T7 'People are frightened of being racist.'
Training	T3 'Its something that should be integrated.' T6 'University training on differences was patronising.' T5 I don't remember discussing it or raising it.'
Diversity on professional versus personal life	T10 'But you can use your personal life that's the thing.' T9 ' Every year the BPS organises the September meeting on Horoshima.' T5 'There's always scope to appreciate diversity.'
Language Differences	T9 'Services don't advertise in alternative languages. T8 'The interpreter we had to stop.' T3 'Theres no word for psychology and psychiatry in South Asia.'
Low Access	T5' Informal networks.' T6 'No time to organise an interpreter.' T5 'Paternalistic families.'
Imposition?	T9 'Our models are eurocentric.' T7 'Nobody actually asked them what they wanted.' T4 'Your cultural background informs the things you are interested in.'
Barriers	T7 'Needing to take a more radical community stance in a flexible way.' T10 'Its not that we're saying you can't come its that people are choosing not to come.' T3 I hope the same issues aren't being flagged up in ten years time.
Being the opressors	T4 'Its difficult for a white middle class person to put themselves into a culture.' T2 'Oppression from my peers has tainted the society we live in.' T5 'Don't make the assumption that people from those ethnic minorities will want to introduce marginalized ideas.'

Responsibility	T8 'It's a team responsibility.' T6 We should work hard at including people.' T7 'Trainees should become aware of what they perceive as in-group and out-group.'
Own Culture	T8 My own culture amm my own culture?' T6 What do you mean by that? T7 – could you define that a little bit.'
Inequalities	T2 'Over-representation of ethnic groups on psychiatric wards in London. ' T10'Other cultures don't ask for help.' T6 'People have wanted a service but they've not been able to access it due to interpreting difficulties.'

Appendix 6

Table to show Evidence for Axial Coding

Name of Code	Quotes to demonstrate link between data and code development
Recruitment	T4'If you wanted someone from your own culture there are inequalities.' T9 'Trying to guess whether percentage of minority ethnic people using service is representative.' T1'Recruitment failing to reflect the community in terms of ethnicity' of population.
Knowledge/skill	T5'Manufacturing inclusion versus natural integration.' T1'It's a hard task to be geared up to multiple ethnicities.' T2'Its knowing what to do with that awareness.'
Sensitivity	T2'I wonder if everybody else is saying something quite profound.' T3Fear of looking as though you don't know what you're talking about.' T8'I think em empowerment is a sensitive issue and culture is part of it.'
Training	T8' Having somebody in the field at the right time is helpful.' T4 'Awareness should be rooted in experience.' T9'Models that we focus on here are developed from white western populations.'
Professional versus personal experience of diversity	T9 The profession does not recognise other cultures T5 'There's always scope to appreciate diversity.' T5 'Mainstream psychology doesn't allow you to take account of diversity.'
Language	T8 'No access to information, extra work.' T10'Doubly hard work, booking two people to turn up at the same time. T6'We can certainly produce documents and things in different languages.'
Imposing	T8 People may put their own perspective on to a drive to help T9 Our models are eurocentric. T4 Some cultures can't bear the shame of referrals'.
Barriers	T7 'Reluctance to move out of the way we work at the moment.' T10 'This is our service, use it if you want to. ' T 8'Tempting to only deal with the people who can speak your language.'
Opressors	T5 'There is as much diversity in other cultural groups as our own.' T2 'It can prevent people from showing their culture.'

	T3 'Clinical psychology has been maintaining the status quo.'
Responsibility	T8 'Service providers generally have a responsibility.' T7 'We have an implicit role.' T2 'Paradigm shift required.'

Appendix 7

Table to Show Evidence for Selective Coding

Name of Code	Quotes to demonstrate link between data and code development
Fear and Uncertainty	T8 'Does the team jump to conclusions about level of risk (because hes an afro-carribbean male)?' T7 ' Alot of people are frightened of being racist and try and obscure what their major prejudices are which clouds the issue. T3'I think theres a reluctance to ask about religion (culture) for fear of looking as though you don't know what you're talking about.'
Training	T9 'I don't have much faith in simply training in whatever.' T4 'Opportunity often isn't there for us.' T5 'I don't remember discussing it or raising it.'
Sensitivity	T5 'Its sensitive because I'm aware of how little I know when its raised.' T2 'It's a bit of a hot topic at the moment working with differences T1 'Concerned the wrong words will offend.' T4 'I think you need some understanding of the culture if you're working with it.' T9 'gender wasn't on the agenda let alone culture.' T4 'Through placement or friends.'
Language	T8 'A lot of the stuff is written in English.' T10 'You've got these masters of the English language to deal with.' T2 'They were a lot more expressive, the affect was at a greater level.'
Opressors	T7 'Find out what their expectations of a service are.' T2 'You have to become very aware of whether you've become complacent.' T3 'Those that are seen as the oppressive ones.'
Recruitment	T1 'Need a service that represents community.' T9 'Therapists are white middle class.' T4 'It may be that people from different cultural backgrounds don't see psychology as a career.'
Knowledge	T9 'I think you really need to prove that you have experience of racial oppression.' (before you can say that you know enough to do cross-cultural therapy) T6 'I want something in my tool box that will help me get into how shes thinking and feeling.' T4 'I'm aware of my own lack of knowledge.'
Barriers	T8 'It would be shameful to come forward.' (for Asian people). T6 'Me as a professional having that kind of attitude.' (On asylum seekers). T2 'Would it happen covertly?'

Appendix 8

An example of a coding memo

Sensitivity (concept right words)

T1 concept: its very difficult to find words that aren't insensitive

PROPERTIES: we can say things we don't really mean, reference to terms appropriate now and past e.g. Afro-Caribbean versus west-African.

DIMENSIONS: saying what you think versus being concerned the wrong words will offend.

T5 concept: its sensitive because I'm aware of how little I know when its raised.'

T7 – this may sound like a weird thing to say but I think a lot of people are frightened of being racist and try and obscure what their major prejudices are which clouds the issue.

T8 I think empowerment is (a sensitive issue) and culture is part of it I don't think culture per se is.

T10 you can imagine being insulted by somebody in a few years time and it would be – 'you person with learning disabilities.' (On how words are sensitive and how whats acceptable changes over time).

T3 I think theres a reluctance to ask about people's religion, particularly among white people, fear of being made to look as though they don't know what they're talking about perhaps.

T2 I just wonder if everybody else is saying something quite profound.

T2 It's a bit of a hot topic at the moment working with differences

PROPERTIES: needing to know, embarrassment,

DIMENSION: knowing versus not knowing

Appendix 9

An example of Axial coding according to the paradigm model, Strauss and Corbin (1990).

RECRUITMENT

Phenomenon

Recruitment failing to reflect the community in terms of ethnicity'

'The therapist population doesn't reflect the target population'

Causal condition

Certain professions draw characteristics e.g. 'Male Asian doctors more likely than Asian male nurses.

Much higher proportion of ethnic minorities among inpatients than outpatients and very low ethnic minorities among staff

Properties

'If you wanted someone from your own culture there are inequalities, therapists are white middle class.'

'Urdu speaking women need Urdu speaking counsellors.'

Specific dimensions

'No awareness of whether minority ethnic groups want access versus asking others if they are aware of minority ethnic groups wanting access.'

'All professions equally likely choice versus some more likely due to influence of cultural social group.'

Intervening conditions

'Stereotypical professional profiles in terms of cultural characteristics'

'Clinical psychology is informed by diversity aswell, it reflects the diversity of thinking that you get in society.' (This is an intervening condition because it stops people being as aware of the mismatch between therapists and clients cultures).

Context

'Trying to assess who would need service and what barriers exist to prevent those people from using service'

Strategies

'Employing people from different backgrounds is helpful'

'Recruit more Urdu/Punjabi speakers'

'Trying to guess whether percentage of minority ethnic people using service is representative of population'

Asking other health professionals to estimate who would need service

'Recruitment on training courses needs to be looked at.'

Consequences

We don't have a mix that matches the community we serve

Appendix 10

Pre –research beliefs

As is consistent with qualitative methodology (Banister et al 1994, Strauss and Corbin 1957) it is important for a researcher to be aware of their own contributions. I became interested in this area, whilst working in a multi-cultural area as an Assistant Psychologist. I noticed that over a two year period I had seen a very small number of clients who were not white. This was in stark contrast to the people I saw in the streets and shops surrounding the clinics I worked in. I attended conferences and seminars on the subject of race and culture to explore this issue. They seemed to focus on the problems in other cultures in terms of how they viewed our services.

Different interpretations of mental health were discussed. For example in one culture our western view of panic attack symptoms would be considered a blessing and evidence that a holy spirit was present in the person. Anecdotally, people I had seen from minority ethnic cultures had taken longer than those from the dominant cultural to build rapport and trust with me. These people had commented that I needed to understand their culture and had markedly put their experiences into a cultural context. (This resonated with conferences I had attended on the subject, in terms of appreciating the perception of white clinical psychologists in clients from minority ethnic groups). For example, one client talked at length of the disgrace in the community of having seven miscarriages.

(These cultural factors did not seem to be accounted for by the models in clinical psychology that we have about trauma stress and social support).

I have been aware of racial tensions and attitudes reported in the media and how those have existed along side my friendships with people from those groups. I have grown up in a multi-cultural area and thus able to create enough distance between media reported tensions between groups in order to integrate into the society I am in. I am curious about the ability of clinical psychology as a profession to integrate and serve the diversities in the community. How aware of the Eurocentric nature of our models are we? We seem to be in a social context where it is forbidden to have prejudices but there is a desire for a transparent society, where people are encouraged to be open about their views. Does this mean that prejudices are becoming more covert and are thus more likely to be communicated through our actions rather than words? In line with striving for 'transparency' it seems litigation has increased. Perhaps this has added to covert prejudice.

These observations and ideas led to the desire to research clinical psychologist's views about culture. I was keen to understand in greater detail, the perspective of our services on this matter and the attitudes of the clinical psychologists within it.