

PART THREE

BEING A WHITE PSYCHOTHERAPIST

CHAPTER SIX

PSYCHOTHERAPY WITHIN A WHITE HEGEMONY

The air must be altered
The underground must be understood
For the overground to be different
From *Mental Fight* by Ben Okri

Introduction

I show in this chapter how my work as a psychotherapist is embedded within the white, western world. I bring with me the attitudes and assumptions of that world and also the insights I have gained in my research. In chapter 3, as well as the other chapters in Section 2, I explored what it is to be a white person including my personhood as a white psychotherapist. The emphasis so far has been on my *identity* as a white person whilst this chapter focuses more on my *practice* as a white psychotherapist. I therefore discuss my practice and in particular, my work with non-white, non-western clients – people who are not embedded within the white western culture in the way that I am. I show how my learning about myself as a white person/psychotherapist has influenced the work I do in this field and critically evaluate, not only my own work, but that of psychotherapy undertaken by white psychotherapists within a society in which many races and cultures are part. This exploration includes the political context in which the psychotherapy takes place.

Before looking at this in more detail I will outline some of the influences that have shaped my work as a psychotherapist as it has a bearing on how I work within a diverse society. I will start with my development prior to the time when I began to think about myself in a racial sense. I go on to explore how the philosophical basis of my work changed over time so that I have come to see psychotherapy as intersubjective in nature. I regard intersubjective psychotherapy as congruent with action research as well as

helpful for working across a racially and culturally diverse society. I finally propose an intersubjective approach to working across difference in 'race' and culture, since I believe it provides the best framework for accommodating a diversity of clients.

When considering psychotherapy as a profession, and to put my own work in context, it is helpful first to understand the main schools of thought as they have different theoretical bases with widely different ways of understanding the world. These schools of psychotherapy can be divided into three broad categories (Clarkson and Pokorny 1994):

- the *psychoanalytic*, based on Freud's theories of the unconscious mind,
- the *behavioural*, based on Pavlov's theories of conditioning and
- the *humanistic/existential*, based on, among others, Maslow's theory of self-actualisation (Maslow 1972:40 - 68).

All of these theories are based within the white, western tradition and none has made much allowance for working within culturally diverse field.

My own original training was rooted in the humanistic tradition and later incorporated and integrated psychoanalytic ideas, particularly those of the object relations school as I will explain below. The integration of these ideas has led me to regard psychotherapy as an inquiry – an intersubjective inquiry. As we will see below, because of its non dogmatic nature, this approach can facilitate work across difference in culture, particularly as it requires us to search our own assumptions. Of course we can never stand back entirely from these but the more we are able to question and stop taking our own outlook on life for granted, the more we are able to understand our own perspective and how it differs from others. An intersubjective psychotherapist *takes into account* that they are biased and

therefore likely to be blind to these differences. Below I explore this in more depth I describe the journey I took in order to reach the position I now espouse. In short this journey is two fold.

1. One is my journey towards taking an intersubjective approach to psychotherapy and the
2. other the journey towards better understanding working across cultural difference.

The two are linked as I go on to develop an intersubjective approach to work across difference. The first part of my journey as a psychotherapist was taken before I understood my work within a diverse society and, as I recount this journey, I show how a lack of awareness of a racialised environment affected my work.

Becoming a psychotherapist

My journey towards becoming an intersubjective psychotherapist is therefore important to my thesis as it also reveals part of the journey of coming to understand myself as embedded within the white, western culture.

I had no consciousness when I started on this journey that psychotherapy was a 'white' institution. In the first place, becoming a psychotherapist arose both out of a deep sense of inadequacy and a growing sense of my own creative ability. However, I came to realise only very gradually that to be a psychotherapist I need to speak from, be grounded in, my own woundedness and to allow the creativity that springs from that place to come through (Hawkins and Shohet 2000:192). My interest in working across cultures is nevertheless based on this sense of woundedness in two ways. Firstly, I have experienced the pain of living out of my original culture, as I explain below, and secondly I am willing to experience my own woundedness through a sense of guilt and shame about being white. Through my experience I understand the

relevance and benefit of being open to such wounds.

Within the box below is a story of how I became a psychotherapist. This story is a reflection of my approach to psychotherapy and how I take my being white into account in my work. I offer it here as background to my approach to this work.

Becoming a Psychotherapist

In my family I was known as the 'helpful' one. My sister was 'academic'. It was part of my identity to be helpful rather than clever as if it were not possible to be both. Any praise I received was for being 'patient' and 'understanding' so these qualities seemed to be ones I could rely on. I had no feeling that they really described me. They just seemed to be something I was good at and earned me praise. I longed to be considered clever or even nasty. Years later I remember skipping down Baker Street with a great lightness of heart because the leader of a Group Analytic group had called me ruthless. Over many years of my own therapy I have got to know myself, to discover myself, more fully. I have found that being patient is not something that comes easily - I often feel immensely impatient - but that I am quite naturally empathic so that it comes easily to me to understand how someone else is feeling. I also find that I am always interested to know as accurately as possible what people around me are experiencing. Whilst this is no doubt a great asset as a psychotherapist, I first developed this facility as a young child. I seemed to take it on myself to provide an empathic presence in my family.

So does the quality 'empathic' describe me, Judy Ryde. Is this a quality *I have* or is it something that I *acquired* through responding to the needs of my family? I have come to see this, partly as another paradox and partly as a dilemma that only makes sense if we understand the nature of the 'self' to be a 'thing', a reification that only means something from an essentialist

point of view; a point of view which understands the 'self' to 'have' an 'essence'. From an existential and constructivist point of view we can also understand the 'self' to be a process rather than something fixed and immutable (Bateson 1982:288). The idea that I might 'be' empathic becomes an idea I can hold lightly.

So, to return to my history, I became an occupational therapist because I wanted to 'help' people and because I didn't go to university but wanted a profession. But why did I become a psychotherapist? Half the training of an occupational therapist is to work with mental illness, the other half with disability. I found that I was much more interested in psychology and psychiatry than anatomy and medicine. In the practical training in hospitals I much preferred the very human contact with psychiatric patients to deciding what would provide the right kind of activity for a patient with restricted movement. With psychiatric patients I could develop my creativity. The more spontaneous and alive I was with the patients the more I was praised for my work and the more I enjoyed it. There was nothing exact or 'scientific' about it. As a student and also when I was a newly qualified therapist I most enjoyed organising drama productions and concerts, painting and dancing with the patients. In those days the psychiatrists I worked with believed that mental illness was a physical phenomenon. Patients were given drugs and electric shock treatment. In the minds of the psychiatrists my job was to keep patients from being bored but also to be able to report on their state of mind. But what I *enjoyed* was the human contact even though it could be harrowing at times. I met people who had had miserable and broken lives, who had suffered appalling trauma and losses, who had committed terrible acts of harm to themselves and others, whose behaviour was self destructive and bizarre. As I worked in the poorest parts of London, most of them also had to cope with living in terrible poverty having come from different cultures and classes to myself. Maybe it was here that I first learnt to love working with

people who were 'different' to myself although I think there was also an identification with being a person who was different.

I came from a background where it was considered polite to conceal pain so this was an education in reality. Along with the reality of the pain that was all too evident, there came an honesty that I had not encountered before. Their experiences had put them past pretending. This honesty also applied to the enjoyment of good things. I have memories of jumping up and down with excitement with a group of patients when a play we put on was a success and falling about laughing about the absurdities of life.

I felt instinctively that what mattered in psychiatric occupational therapy was the contact between OT (occupational therapist) and patient. So when, at the age of 25, I became head OT of a small psychiatric hospital in East London I immediately brought an end to the way occupational therapy was structured in the hospital. I did this completely ruthlessly with what seems to me now to be indecent and insensitive haste. Maybe it was through the luck of youth that it worked well and I managed to carry most of the staff with me. It was certainly not through thinking through the implications. The new arrangement was that OTs would not be attached to certain activities but to wards. This meant that each OT was responsible for a particular group of patients, thus making the relationship with the patients more important than the particular activity they were engaged in. It also meant they became part of the staff team of the ward and worked closely within it.

This hospital was predominantly staffed by people who took a more psychodynamic approach to mental illness than I had encountered elsewhere and for a period of some years it functioned like a therapeutic community (Hinshelwood and Manning 1979). Great emphasis was placed on staff support and learning. We spent almost as much time learning with each other as we did with patients and I thought that, as a result, patient

care was of a high standard. We all valued the experience and expertise of each other and there were plenty of opportunities to share and reflect on our skills. Here I learnt not only to laugh and cry with the patients but also with the staff. I took the opportunity to run a 'group analytic' group under expert supervision and was paid to attend a course with my co-therapist at the Institute for Group Analysis.

Then I heard about drama therapy. I went to visit a hospital in Oxford where they had developed the use of drama therapy with patients. What I saw was so inspiring that I knew immediately that my day with them had become an important life-changing event. My colleagues and I attended courses away from the hospital and arranged courses in-house. These were not only in drama therapy but also in other types of creative therapy. We turned the department into a creative therapy department and the activities we did had a more specifically psychotherapeutic intent. Our work was encouraged and appreciated by colleagues who were not part of our department. It was an immensely creative time and I feel privileged to have been there.

My journey to becoming a psychotherapist had begun. During and after this time I continued with training and, on leaving the hospital, started working with individuals and groups. I also went into therapy myself. Some years later I was able to put a portfolio together to become qualified as a psychotherapist and group therapist through the Association of Humanistic Psychology Practitioners.

In 1984 I became involved with the start of a psychotherapy and counselling training organisation in Bath with my husband and other colleagues. I am now the only remaining original staff member working at the Centre. For the last twenty years the development of this centre, the Bath Centre for Counselling and Psychotherapy (BCPC) has been central to my life and

more than just a job. I have been deeply engaged in developing it as a healthy and democratic institution with human values and with the development of a body of theory that underpins its work. Now I am less centrally involved and it continues to develop without me in control. The tenet that theory is always developing in relation to practice and experience is so deeply held within the culture that no doubt development will continue beyond my ability to keep up! I get immense satisfaction from this. None of this development has been easy. There have been real failures, betrayals, misunderstandings, childishness, adolescent behaviour and bad mistakes along the way. On balance we have learnt by these. We have known that it is best to learn by mistakes and this knowledge has always helped to take us forward.

Development of my own theory for my practice as a psychotherapist

My first contact with psychotherapy theory was psychoanalytic as the psychotherapist that I worked with was a psychoanalyst and group analyst¹. My first training experience was in group analysis and psychoanalytic ideas were ones which were discussed more generally in the hospital. Although this work was carried out in a very multicultural area of London and many of the patients were from ethnic minorities, no account was taken of their differences or any explicit attempt made to understand their view of life. Psychoanalytic ideas are thoroughly based in western thought but presumed to be universal in their application (Lago and Thompson 1996:79). In spite of the diversity in the patient group generally within the hospital the patients who attended group analytic sessions were white without exception. At the time this fact did not strike me. I simply gave it no

¹ Group analysis is a group method based on psychoanalytic ideas, particularly those of Foulkes (1964)

thought although I was politically active on the 'left' and worked for Amnesty International and Anti Apartheid.

At a later stage humanistic ideas were also introduced, partly through another psychotherapist employed by the hospital who had done some Gestalt² training and partly because the psychoanalyst attended an 'encounter group' (a humanistic group method) and went through a short-lived conversion. My experience of creative therapies predisposed me to humanistic theory. Humanistic psychotherapies involve experiential methods and I was encouraged to go in that direction by the psychoanalyst with whom I worked. He suggested that, being an occupational therapist, I did not need to be constrained by the mainstream to continue my career! This sense of being not in the 'mainstream' or of being one down within a hierarchy (also found in my experience at boarding school where I was of a 'lower' class than my school mates), has been an important influence on me and is, no doubt, important in what led me to work with different cultures where others experience being 'one down'. Although the groups I ran at the time that were influenced by humanistic thinking did include those from 'minority ethnic' groups, these patients tended to be those who had been brought up in the west.

The advice of the psychiatrist to train in humanistic psychotherapy and my response to it has echoed down the years since it was made. I first fell on it with alacrity and only later reflected on what I felt to be its implication that I was second best in some way and could get away with second rate theory! These interactions demonstrate a cultural difference between psychiatrists and occupational therapists and psychoanalytic and humanistic psychotherapists in which power differences are perceived. I now think his suggestion encouraged me in a direction that has much more creative flexibility about it and much more rigour than I was giving it credit for at that

² Gestalt therapy is a type of humanistic psychotherapy founded by Fritz Perls.

time. Now I understand that this body of theory is compatible with action research which is grounded in humanistic psychotherapy (Reason and Rowan 1981:xvi; Reason and Bradbury 2001:3; Rowan 2001:121).

It is accepted within most schools of psychotherapy that undergoing one's own therapy is a vital part of the training. In this context my first two therapies (1975 and 1977) were humanistic and I became caught up in the humanistic world, attending many groups and courses and running them myself. I valued the encouragement of risk taking, emotional expression and honest relating. Later I came to feel that there were gaps in humanistic theory that needed attention. There was no well understood or described developmental theory underpinning it at that time, which is now being provided by intersubjectivity theory in its concepts of 'organising principles' (see below). It seemed to me that this sometimes meant that clients were colluded with or challenged when they were, for developmental reasons, not able to make use of the challenge. It is possible to attend to clients' needs more carefully if we understand how they have developed in the way that they have³. Humanistic culture in the 1970s was based within the white, western world and did not, on the whole, reach out beyond these boundaries. In these years it did not occur to me to question this orthodoxy.

It was not on these grounds that I later questioned the humanistic approach. My criticism was more about a lack of interest in developmental needs. Reflecting on clients' responses in supervision, I came to see that clients need a reliable, bounded space that provides the safety to open up so self exploration becomes possible. When the time and place was not reliable I noticed that my clients tended to become closed and defensive

³ I would now understand this in terms of the development of 'organising principles' (Stolorow R.D. and Atwood G. E. 1984) rather than a development into an autonomous human being as this suggests a view of the self that is unitary and not intersubjective.

and it seemed to me that they often found an excuse to leave. For these reasons I began to study psychoanalytic ideas and went into analytic therapy and supervision. Inevitably there was a certain amount of introjection and idealisation of these theories at first, no doubt also influenced by the psychiatrist's comments that encouraged me into humanistic psychotherapy in the first place.

Following this stage I became interested in developing theory which transcended the dichotomy between the two approaches.

As I have shown, all through this development of my theory I did not reflect on the lack of attention to diversity within the profession or within my practice. This perspective was brought to my notice at a general meeting of psychotherapy's umbrella body – U. K. Council for Psychotherapy (UKCP). A delegate to this meeting made an announcement that he would like to initiate an intercultural committee to advise the council on these matters. He had been discussing this possibility with a well known writer about intercultural psychotherapy called Jaffa Kareem (Kareem and Littlewood 1992). Sadly Kareem had recently died but he wished to go ahead with this partly to honour Kareem's legacy. This announcement resulted in a sudden realisation for me that I had been ignoring this area ever since I started practicing. This was the first time I was aware of feeling guilty and ashamed of myself as a white person. In some ways this thesis has its roots in this moment. I joined the committee and stayed a member for about ten years, three of which I was in the chair.

A changing philosophical basis for my understanding of psychotherapy

The subsequent development of my theory took on board both strands I mentioned above - interest in cultural difference and the development of my understanding of intersubjectivity. I began to read about intercultural therapy (which I describe in more detail below) and realised that my theory

was based on my own assumptions without examining those assumptions or taking on board that others may well have different beliefs. My development towards an intersubjective approach is outlined below and I explore this before I look more specifically at my growing understanding of my place within a racialised environment.

Through discussions and shared reading with colleagues from BCPC, we found that, by holding humanistic and psychoanalytic ideas together in dialogue, a new way of understanding psychotherapy that transcends some of the old dichotomies began to emerge. This new thinking involved a change of epistemology which challenged the way psychotherapists have understood, not only the nature of the 'self', but how experience is understood (Bateson 1972; Wilber 1996:142). This is the same epistemology that underlies that of a participative worldview (Reason and Bradbury 2001:6) which also informs action research. From this point of view, the 'self' is no longer a separate 'thing' which has discrete boundaries. It exists in relationship and can only be described within a context. This challenged notions from both humanistic and psychoanalytic psychotherapies which tend to understand difficulties as residing *within* individuals, and people as having discreet internal worlds that have been *caused by* their life experiences.

This way of understanding the nature of 'self' is similar to the African idea of *ubuntu* which can be translated as *I am because you are* (see also chapter 2), a frame that describes a less individualistic cultural assumption than is found in the white, western world.

In his chapter in the Handbook of Action Research, Rowan (2001:120) says that humanistic thought is fundamentally based on an idea that there is a 'real self'. He goes on to say that, if this idea is to be challenged, then it is not possible to honour the fundamental tenet of humanistic psychology that

human beings are authentic, autonomous and self-actualising. In my view we do not have to understand the 'self' as *either* a unitary structure in which all indwelling and potentially meaningful experience 'belong' to a discreet, bounded, individual *or* the self to be fragmented and meaningless *or* just one possible discourse within a narrative context (Shotter 1993:4). If instead we understand ourselves to be embedded in a co-created, participative universe which 'does not consist of separate things but of relationships which we co-author' (Reason and Bradbury 2001:6) then authenticity, autonomy and self-actualisation remain meaningful and exist within a web of relating rather than being situated within an individual. This 'web' allows for differences amongst individuals and groups and is consistent with non-white approaches such as the African notion of *ubuntu* (see above) and the non-individualistic way of understanding the world found in native American culture (Sue and Sue 1990:177).

In finding our way along a path to this conclusion we discovered both humanistic and psychoanalytic theorists who have developed ideas along the same lines and are now in dialogue with each other, though this thinking is far from being incorporated into the mainstream of either psychotherapeutic approach. These are Gestalt psychotherapists who have developed 'dialogic' ideas such as Hycner and Jacobs and the Intersubjectivists from Institute of Contemporary Psychoanalysis in Los Angeles such as Stolorow, Atwood, Orange, Brandschaft and Jacobs. I will explore both further below.

Intersubjectivists

I will now discuss the idea of intersubjectivity in psychotherapy in some depth as it has a bearing on how I understand my work as a white psychotherapist who works across difference in culture. The Intersubjectivists regard contemporary western society as suffering from an epistemological mistake – that of believing in the 'Myth of the Separate

Mind' (Stolorow and Atwood 1992). They view the self as only existing within a co-created relational context and

'psychoanalysis as the dialogic attempt of two people together to understand one person's organisation of emotional experience by making sense together of their intersubjectively configured experience' (Orange, Atwood et al. 1997).'

The Intersubjectivists are psychoanalytic phenomenologists who base their theoretical formulations in the hermeneutic tradition and existential philosophy (Atwood and Stolorow 1984). They understand the therapeutic relationship to be 'focused on the interplay between the differently organised subjective worlds of the observer and observed' (Atwood and Stolorow 1984:41). Some years later they clarify their meaning of the term by juxtaposing it with Stern's description of the developmental process, relating their own formulations to Kohut's theory of narcissism (Kohut 1977).

'We wish to emphasize here that our use of the term 'intersubjective' has never presupposed the attainment of the symbolic thought, of a concept of oneself as subject or of intersubjective relatedness in Stern's (1985) sense. Although the word 'intersubjective' has been used before by developmental psychologists, we were unfamiliar with this prior usage when we (Stolorow 1978) first coined the term independently and assigned it a particular meaning within our evolving framework. Unlike the developmentalists, we use the term 'intersubjective' to refer to any psychological field formed by interacting worlds of experience, at whatever developmental level these worlds may be organised.....An intersubjective field is a system of reciprocal mutual influence (Beebe, Jaffe et al. 1992). Not only does the patient turn to the analyst for selfobject⁴ experiences, but the analyst also turns to the patient for such experiences.' (Stolorow and Atwood 1992:3)

⁴ The term selfobject was coined by the self psychologist, Heinz Kohut, to describe the function of taking in the object (other) to support and enhance a sense of self. Good selfobject relationships are thought to be necessary for healthy development of a sense of self in infants. Kohut (1984).

Stolorow sees Stern and other developmentalists as regarding intersubjective relating as a developmental achievement (Stern 1985:133). Although Stolorow was not aware of Stern's work, Stern does refer to Stolorow thus:

'There have as yet been no systematic attempts to consider the sense of self as a developmental organizing principle, although some speculations in that direction have been made [amongst others he cites a paper by Stolorow et al (1983)]. And it is not yet clear how compatible the present developmental view will be with the tenets of self psychology as a clinical theory for adults.' (Stern 1985:26)

As the thinking of the intersubjectivists of the Institute of Contemporary Psychoanalysis is so central to my own position as a psychotherapist, I need to distinguish, where possible, their use of the word 'intersubjective' from that of other psychotherapists and psychoanalysts as this is becoming used more frequently with slightly different definitions. It is particularly important as this approach has a bearing on my stance as a white psychotherapist working across difference in culture. Stolorow et al understand intersubjectivity to be an ontological state – a universal 'given' rather than a developmental achievement. Recently Stolorow et al have been explicit about their philosophy in these terms. They make it clear that they position themselves as phenomenologists counter to traditional psychoanalysis:

'The assumptions of traditional psychoanalysis have been pervaded by the Cartesian doctrine of the isolated mind. This doctrine bifurcates the subjective word of the person into outer and inner regions, reifies and absolutizes the resulting separation between the two, and pictures the mind as an objective entity that takes its place among other objects, a 'thinking thing', that has an

inside with contents and looks out on an external world from which it is essentially estranged.' (Stolorow 2002:1)

This understanding implies an epistemology which relies on what Reason and Bradbury (2002) call a participative world view in which all in the human (and more-than-human) world exist within a web of co-created relationship. Atwood and Stolorow also say that they understand child development within this frame:

'every phase in a child's development is best conceptualised in terms of the unique, continuously changing psychological field constituted by the intersection of the child's evolving subjective universe with those of caretakers' (Atwood and Stolorow 1984:69).

I have nevertheless no difficulty in accepting both their and Stern's use of the word intersubjective. I accept that it is a 'myth' that we have a 'separate mind' (Stolorow and Atwood 1992:7) and that fundamentally there is no separation between subjective worlds. Nevertheless for each individual there is a 'unity of locus' (Stern 1985:82) or a 'differently organised subjectivity' (Atwood and Stolorow 1984:65). When we become sufficiently aware of the intersubjective nature of the world we can know that we relate as two subjects and this is a developmental achievement. We become aware of a state of affairs that already exists. Stern says that a 'quantum leap' in the sense of self occurs when:

'The infant discovers that he or she has a mind and that other people have minds as well. Between the seventh and ninth month of life, infants gradually come upon the momentous realization that inner subjective experiences, the subject matter of the mind, are potentially shareable with someone else.' (Stern 1985:124)

Maybe it is a matter of semantics but here Stern says that the child becomes aware that others 'have minds' which, to Stolorow et al, is reifying the mind. Nevertheless, maybe Stern comes near to the meaning of intersubjectivity used by Stolorow if the meeting of the two minds referred to above are imagined to be within a field of intersubjectivity. His meaning does seem to be accepted by Atwood and Stolorow where they quote Stern's research but put his description of what he calls the 'sense of subjective self' in the context of an intersubjective field' (Atwood and Stolorow 1993:188).

There are similar difficulties in the use of the word intersubjectivity used by contemporary members of the independent school of psychoanalysis such as Christopher Bollas, Thomas Ogden and Stephen Mitchell. They seem to me to mean, when using the word intersubjective, a meeting of two subjectivities rather than two 'differently organised' subjectivities within an intersubjective field. I think that when Bollas talks of a 'dialectical intersubjectivity' (1992:188) this is implied.

Stolorow et al take issue with Thomas Odgen's use of the term 'intersubjective' by saying that he:

'seems to equate intersubjectivity with what for us is only one of its dimensions, a domain of shared experience that is prereflective and largely bodily, what we call *unconscious nonverbal affective communication*'. (Stolorow 2002:85 italics in original)

They go on to say that intersubjectivity has for them:

'A meaning that is much more general and inclusive, referring to the relational contexts in which all experience, at whatever developmental level, linguistic or prelinguistic, shared or solitary, takes form (Stolorow and Atwood 1992). For us, an intersubjective field – any system constituted by interacting experiential

worlds – is neither a mode of experiencing nor a sharing of experience. It is the contextual precondition for having any experience at all.' (Stolorow 2002:85)

Stephen Mitchell seems to come closer to the ideas of Stolorow et al and is acknowledged by Stolorow et al as 'highly compatible' (Stolorow 2002:78). He bases his understanding on the work of Hans Loewald who suggests that we begin

'with experience in which there is no differentiation between inside and outside, self and other, actuality and fantasy, past and present.' (Mitchell 2000:4)

Rather than see this state of affairs as regressive, as earlier psychoanalytic writers have done, understanding the child to be 'merged' with the mother and eventually 'differentiating' to become 'unit selves' (Guntrip 1971:124; Winnicott 1988:8), Mitchell shows how Loewald sees us as slowly over the years learning to operate

'a parallel mode of organizing experience that accompanies and coexists with experience generated by the original primal unity'. (Mitchell 2000:4)

In other words there is no philosophically tenable differentiation but we have to live as if there were. Furthermore he revises Freudian theory as shifting the 'locus of experience' from the individual to the 'field'. He says that 'in the beginning' is not the 'impulse' but 'the field in which all individuals are embedded'. This seems to me to go a long way towards Stolorow et al's position though not all the way. Individuals still 'exist' rather than being understood as 'differently organised subjectivities' in a unified field.

However Mitchell does say that

'no human mind can arise *sui generis* and sustain itself totally independent of other minds' but that 'individual minds arise out of and through the

internalization of interpersonal fields, and that having emerged in that fashion, individual minds develop what systems theorists call emergent properties and motives of their own.' (Mitchell 2000:57)

Out of these theories Mitchell suggests four modes for 'housing and comparing different perspectives on, and accounts of, relationality' (Mitchell 2000). There is a hierarchy in these 'modes' of an increasing ability to relate authentically. They are: Nonreflective behaviour, affective permeability, self-other configurations and 'intersubjectivity' (2000:64). This hierarchy suggests intersubjective relating as an achievement.

These are very fine but important distinctions. The context in which all these authors are writing is in re-thinking object relations/self psychology but the Intersubjectivist School start from phenomenological philosophy and therefore from first principles where all assumptions can be challenged, even that we 'have' a mind at all. If we understand the mind in the Batesonian sense, as I think Stolorow et al do, as something we partake in rather than 'have' (Bateson 1982:458), then it is easier for us to approach others without prior assumptions. We are then interested in what happens between us as 'differently organised subjectivities'. It is this point that is particularly important to take into account when working in a diverse society as these 'subjectivities' arise from the specific field conditions of different cultures or experiences within society, such as the experience of being black in a white society.

My experience is that an intersubjective stance is helpful when working in a diverse society, but this has not been discussed specifically by intersubjectivists. Only Jacobs, who is a member of the intersubjectivist school and a dialogic gestalt therapist (see below), has written about being white as a psychotherapist (Jacobs 2000: and see chapter three).

Dialogic Gestalt therapists

As I indicated above the intersubjectivists' view is closely allied to Dialogic Gestalt Therapy which came to a similar view independently. They have also been an influence on me. The intersubjective perspective opens naturally from Gestalt psychotherapy because of its espousal of field theory (Lewin 1935; Lewin 1952:42). Clarkson and Mackewn describe the 'field' as:

'all the coexisting, mutually independent factors of a person and his environment.....All aspects of the person and of his field are interrelated, thus forming a whole or a system' (Clarkson and Mackewn 1993:42).

and Yontef says:

'The field is a whole in which the parts are in immediate relationship and responsive to each other and no part is uninfluenced by what goes on elsewhere in the field'. (Yontef 1993)

Dialogic Gestalt therapists, such as Hycner and Jacobs built on field theory and the philosophy of Martin Buber (1958). In *The Healing Relationship in Gestalt Theory: a Dialogic/Intersubjective Approach* (Hycner and Jacobs 1995) in which one of the authors (Richard Hycner) says:

'At the heart of this approach is the belief that the ultimate basis of our existence is relational or dialogic in nature: we are all threads in an interhuman fabric.' (Hycner and Jacobs 1995:6)

The dialogic Gestalt approach seems to me to differ from the intersubjectivists, not so much in their theory, as in their approach to theory. The intersubjectivists take a well reasoned, philosophically argued approach that builds on and takes issue with other writers from the psychoanalytic field. Their writing has a rather 'dry' feel. The dialogic

theorists build on and relate to other Gestalt and field theorists and on the philosophy of Martin Buber, as well as, to some extent, the intersubjectivists. Their writing, in contrast, has a heartfelt quality but does not always examine assumptions. These characteristics are evident in the following passage:

'It is the genuine honoring of experience that allows the individual to overcome resistances, and to be 'bodied forth', and therefore to extend his/her experiential 'envelope'. It is being present to that which has not been allowed to see the light of day. It is a reverence for this person's *unique* experience. It is a hallowing of this moment. It is teaching the client to stay within his/her experience, rather than getting caught up in an image, or shoulds – in a false self. It is helping the client to live at the experiential edge – which is the meeting point person-with-person.' (Hycner and Jacobs 1995:19)

Hycner⁵ does not say how he knows what he asserts here, maybe expecting the reader to 'feel' the truth of it for themselves. In fact he uses a 'feeling', poetic and evocative language such as 'bodied forth', 'hallowing of this moment' and 'live at the experiential edge'. Hycner is apparently more critical of the Intersubjectivists than Jacobs. In fact one of the chapters in the book is a critique of the Intersubjectivists' work. He says that they fail to 'recognize what seems to be an inherent human need to meet and to be met.' (p200) Although I think this is implied in the centrality of the Intersubjectivists' notion of 'sustained empathic inquiry' (Stolorow and Atwood 1992:93), there is some difference here. His description of 'meeting' the other in the interhuman realm has maybe more feeling of genuine mutuality in the psychotherapeutic encounter. However, the following passage seems to me to be something of travesty of a description of the intersubjectivists approach:

⁵ Hycner is the author of this particular chapter. The book written by Hycner and Jacobs, *The Healing Relationship in Gestalt Therapy*, is not an edited book but each chapter is written by one author or the other rather than both together.

'There is so much emphasis on the self in intersubjectivity theory that one ends up 'aiming' at one's own self, almost in disregard of, and without responsibility for, one's interconnectedness with others. The other becomes merely an 'object' to be used in the pursuit of one's own self. The other, as a unique and distinct person becomes obscured in ones' own self-unfolding.' (Hycner and Jacobs 1995:202)

As I have shown above, it seems to me that both Intersubjectivists and dialogic Gestalt psychotherapists see the self as existing *within* relationship and the therapeutic endeavour being about understanding what arises in that meeting. This understanding is not a merely intellectual exercise but is grounded in allowing deeper and deeper awareness of subjective experience.

A split seems to have occurred between the humanistic and the psychoanalytic that can be characterised as a 'head/heart' split; the intersubjectivists being more obviously 'academic' which can lead to rather a 'dry' style of writing and the humanistic, Gestalt therapists being less rigorous but more heartfelt in their language. It is also characteristic of this split that dialogic Gestalt therapy is not mentioned by the Intersubjectivists but they are well discussed and even integrated into the humanistically oriented book by Hycner and Jacobs. This split is very familiar to me. Many humanistic writers acknowledge and integrate psychoanalytic (Rogers 1965; Rowan 1976; Clarkson 1995) ideas but I have virtually never seen this in reverse, even when the subject matter is new to the psychoanalytic writers but has been discussed for many years by humanistic authors. For instance, Rogers (1958) wrote of the importance of empathy long before this was taken up by self psychologists (Kohut 1971) but he is not mentioned by them at all. Self psychologists did, however, use empathy in a characteristically different way. They use it in order to learn more about the patient whereas Rogers used it for a therapeutic purpose. Furthermore those who become 'integrative'

psychotherapists tend to originate in a humanistic 'school' (Kahn 1991; Clarkson 1995; Scott 2004). Within the professional hierarchy psychoanalysis is generally acknowledged to be 'higher' just as white people are 'higher' in a black/white hierarchy. It is interesting that black people tend to integrate white, western ideas more often than happens *vice versa*.

The split between the psychoanalytic and humanistic perspectives, particularly in the way it perpetuates a head/heart split is not something that I, and others at BCPC, have wanted to continue. Rather than come down on one side of this split, we have wanted to take a position in which both are given due weight. We build our theories on our experience and value base and are helped in our explorations by various authors regardless of the 'school' to which they belong. We consciously espouse diversity in our theoretical approach, especially when it illuminates the work in hand.

Reflections on these approaches that have led to my own position

Given these influences, I have come to see psychotherapy as a disciplined but free-floating exploration of 'being with' that which arises in the space between therapist and client. I consider this inquiring way of working to be more suitable in working within a diverse society as there is an attempt to examine prior assumptions and there is an openness to understand others' assumptions, thereby creating a broader base for understanding different and similar experience.

I regard what arises between myself and my client as coming from or originating in an intersubjective field to which we both contribute. I listen both to the client and to my own responses in a way which brings the term 'evenly suspended attention' to mind (Freud 1912). I become interested in, and inquiring into, that which arises in this space. In this way the issues that do arise are not reduced to 'problems' found in the client which have nothing to do with my also being present. Clients, after all, experience their

lives in a relational context and my experience with them more often than not seems to be similar to that experienced by other people in their lives. This could be said to be an intersubjective way of understanding what psychotherapists call a 'transference' relationship.⁶ Donna Orange recognised the similarity but difference in this way of understanding the transference relationship by coining the word 'cotransference' (Orange 1997:63).

At the same time, my hope is that the client has an experience of being related to and engaged with deeply and authentically. I have found, as have the dialogic Gestaltists, that it is in this meeting that changes take place that are 'healing' or transformative. Gaining insight into patterns of behaviour which take place outside the therapeutic relationship may be instructive but rarely make much difference to the client. For example, a client and I discovered between us that she felt painfully ignored by parents, who were more interested in each other than in her. She tended to be very self-sufficient and cut herself off from relationships. I found it hard to 'find' her and often had difficulty even remembering what she had previously told me. We seemed to be caught in mutual 'ignoring' that I, too, found difficult because I am deeply familiar with this experience in my own childhood. When I was able to bring this out in the open between us she became more open about her thoughts and experiences and at the same time she seemed to be able to experience a closer and potentially healing relationship with me.

This example shows how my conception of the intersubjective allows me to think about what arises between myself and a client in a way which is significant both in terms of understanding her and to facilitate a therapeutic

⁶ Classically this is one in which the client 'transfers' feelings and attitudes originally experienced in relating to original care-givers, usually the parents, to the psychotherapist R. D. Hinshelwood (1989)

'moment' where she feels heard and understood. Maybe this is where the 'air' has 'been altered' as:

'The underground must be understood
For the overground to be different'

(Okri 1999:see heading of chapter)

Psychotherapy with the racialised environment of a diverse society

Having shown how I approach my work as an intersubjective psychotherapist, and started to explore its relevance to work in a diverse society, I will turn to my work specifically across cultures where my being white is brought into relief. Before going into the detail of that I will explore the political context of psychotherapy as it shows something of the field in which I practice in regard to race and culture.

In order to honour the reality of the cultural and racialised context in which we work, I have found that it is particularly necessary to talk explicitly about societal and political issues with clients from 'black' and 'minority ethnic' groups as these issues often impinge greatly on their lives. Indeed, these issues are often explicitly brought out by clients from black and minority ethnic groups in a way that other clients do not. These clients nearly always talk about the way government policies affect them both in this country and their country of origin and make political statements themselves. I find that they are also much more likely to talk about their religious views and practices, compared to western clients.

One example that spans all of these is that of a gay, Muslim, African client who is extremely distressed about having lost his family, country and religion, all of which are of the utmost importance to him, because of his homosexuality. He impresses on me the circumstances that have led him to experience these losses. Having gained refugee status in this country he

became more acutely aware of his sense of loss and led to him feeling more rather than less depressed. Having this loss received and understood and the pain of it borne by another brings some relief and the possibility of re-finding a fulfilling life (Fox 2002:103).

Understanding clients' difficulties as purely internal, personal manifestations can be reductive and disrespectful. This attitude ignores the emotional effect of the failure to recognise racism and often, in the case of refugees and asylum seekers, extreme persecution and trauma caused by political decisions and actions both in Britain and in their country of origin (Dalal 2002:76; Tuckwell 2002). The traditional practice of Muslim women being put to death because they are felt to bring shame to a family when they transgress normally accepted gender specific behaviour, was brought up by a Muslim client of mine. This is a poignant situation in which personal, political and cultural factors come together.

Samuels (1993:209) carried out a survey to find out how much talk of political and social issues did go on in the privacy of the psychotherapy consulting room. His survey shows that internationally a significant number of psychotherapists who answered his questionnaire (56%) said that they did 'discuss politics' with their patients/clients. This does of course leave 44% for whom these issues are never even discussed. Of those who do, he showed that 71% concentrated on intrapsychic, symbolic meanings and 36% on wider meaning for the client. This data was not collected as part of a piece of empirical research but more as a survey (Samuels 1993) and was not meant to give more than some kind of indication of the situation (Samuels 1997). However, in its own terms, it only shows that a small percentage of psychotherapists do explore the meaning of a cultural context with their clients without reducing it to personal symbolism. As Samuels says, psychotherapists are often taught that clients who talk of non-

personal matters such as politics are avoiding internal distress, and thus ignore a part of their lives which is highly significant.

Provision of psychotherapy for non white, western clients

When cultures were typically more separate from each other, as populations were less mobile and there was less immigration and migration within countries, it was more likely that each culture would have its own way of responding to emotional distress which 'fitted' with its own cultural climate. Less individualistic cultures such as African, Asian and Native American (Lago and Thompson 1996:90; Maiello 1999), often use very powerful rituals which help the sufferer into a more harmonious place within their community.

But those of 'mixed race' or those who live in the west but whose parents or grandparents came from non-western cultures do not have access to traditional approaches (Littlewood 1992:8). They are obliged to use services that are available to them here whether they like it or not. But how useful are western approaches to people who are not embedded in its culture? Is psychotherapy just another way in which whiteness is 'performed' (Frankenberg 1999; Gilbert 2005) on 'black' people?

No doubt this is the case even if psychotherapy is 'adapted' for intercultural work. I do not believe, however, that the answer is to stop doing psychotherapy with anyone but white people. It is much more complex an issue than that. Various authors have asserted that culturally sensitive counselling and psychotherapy is needed and feel strongly that equality of access to these services is deeply important for the well-being of all communities (Sue and Sue 1990; Kareem and Littlewood 1992; Lago and Thompson 1996). It is important to understand, though, that white, western approaches to mental and emotional distress are not the only valid ones

and that different cultural methods of healing can be integrated as part of a more unified field of psychotherapy.

I have had an African Muslim client who wanted her son, who had been diagnosed by an English psychiatrist as schizophrenic, to take part in an Islamic ritual, which I know in a Sufi context as *zikr*⁷. She felt that this would provide the healing he needed and, having taken part in *zikr* myself, I could appreciate what she meant by this. In spite of psychotherapy being unknown in her culture she seemed well motivated to come and see me. I felt we made a significant connection, partly because I understood and validated her experience, not only by making a leap of imagination, but also by having personally experienced something she would not expect a westerner to experience.

There is a point of view among counsellors and psychotherapists that clients of any particular culture should ideally see a therapist from their own cultural background in order that they are understood from this standpoint. I have seen little reference to this in the literature which discusses psychotherapy and cultural difference although staff of Nafsiyat, an intercultural therapy centre, do allow clients to choose their therapist but do not say what kinds of choices are usually made (Kareem 1992:16). Nafsiyat does not recommend that therapists stick solely to their own cultural group as it 'diminishes the human element' (Kareem 1992:23). Maybe having a culturally similar psychotherapist could lead to ducking a more pressing need to address societal issues which impinge on the psychotherapy relationship where there is a difference in culture.

Akinsete, (2002) whose research explored why black men typically do not take up counselling, found that the black men he interviewed would only be

⁷ Zikr is a Sufi form of group meditation which incorporates rhythmic movement and speaking together the names of Allah.

prepared to see a counsellors who was black if they saw one at all⁸. However, most authors who write in the area of culture and psychotherapy, tend to focus on encouraging sensitisation to cultural difference (Sue and Sue 1990; Lago and Thompson 1996).

Whilst I think it is good policy to have the facility of a diverse group of psychotherapists available to meet need for black people to see black therapists wherever possible, I consider it, as a catch all solution, to be problematic on three counts:

- if cultural matching is thought of as a complete solution it may not seem as necessary to try to ensure inter-cultural sensitivity in the training and on-going development of psychotherapists;
- in our society any individual's cultural mix is hard to match, often making it difficult to carry out even when services follow such a policy (both parties are not white, for instance);
- psychotherapy itself is a western phenomenon so, to some extent, the psychotherapist has been enculturated in western attitudes thus ensuring that cultural matching may not, in itself, guard against prejudiced views⁹.

Furthermore, psychotherapy is not homogeneous; there are many different theoretical orientations and 'schools' of psychotherapy and some may 'fit' better with different cultures. In fact different psychotherapy 'schools' grow up and flourish according to the cultural values of the times or to fit within a particular culture or sub-culture. Culture is not a static phenomenon but is always changing and subcultures can develop within the main culture. I am

⁸ I am nevertheless very aware, as someone who used to be Director of a counselling service, that most black people do ask to see a counsellor who is black.

⁹ I had a psychotherapy supervisee who, when seeing clients from her own culture, wanted them to reject traditional values in the same way that she had done. The dialogue between herself and her clients and herself and me as supervisor, not only led to a change in her practice, but helped her to move on in the way she understood her relationship to her culture of origin.

thinking here not just of 'ethnic' cultures but also other groups which assert a difference such as gay people or even groups which claim a counter-culture such as 'hippies', 'travellers' etc. For instance, some psychotherapy methods are body-orientated. For some cultures a stress on bodily experience could feel right or at least not shocking, whilst for others it could be considered immodest or be in some other way counter-cultural. Similarly, some psychotherapy methods actively encourage the overt expression of emotion. I have shown elsewhere (Ryde 1997) how some cultures value the expression of emotion whilst others do not.

In the light of these considerations, I do not advocate that people from any or all cultures would or should find psychotherapy acceptable. I do, however, think that it should be openly available to all comers and sensitive to people of any or all cultures should they want to engage in it. This sensitivity may have something to contribute to inter-cultural understanding (Ryde 1997), as psychotherapy has a methodology which encourages a non-judgmental and inquiring dialogue. My experience in working with refugees and asylum seekers shows that those who come from non-individualistic cultures (I would consider from what I have been told by these clients that this is true of most I have so far worked with) welcome a chance to explore their experiences and value a relationship in which this inquiry becomes possible. My own approach, as I have explained above, is inquiring and does not reduce all to personal pathology, which helps me to find a 'meeting place' with such clients.

I have several Muslim clients from various parts of the world - including Eastern Europe, the Middle East, Africa and Asia - who describe their cultures to me as ones where the family and 'tribe' are very 'close' so that dishonour to the family implies dishonour to the self. Conflicts within the family must not therefore be shown to strangers and to do so dishonours the family. Normally, speaking to a psychotherapist would be unthinkable.

Nevertheless, I find that clients who have no supports or few family members in England, particularly as they come in extreme distress, will often be prepared to explore their difficulties in psychotherapy. Even when families are together the extended family will probably not be present and that, with the enormous pressures on family members to cope with trauma and loss, makes usual ways of getting through difficult states of mind unavailable. Their desperate need seems to lead them to understand that not having anyone to talk to increases a sense of isolation and interferes with their ability to cope with life in England. I have the sense that they also think 'this is how things are done round here' and are more prepared to do things differently than they would at home, particularly in private and in the context of professional help.

A black colleague has pointed out that in her country, Guyana, people would, and sometimes still do, use 'family courts' to help work out difficult problems and tensions (Benjamin 2001). In her view, since immigration has led to the break up of families, counselling is something that could potentially take its place and is much needed, both for those who now live abroad and those in Guyana. If a Guyanese person who lived in a different country sought counselling, they would need to see someone who was sensitive to the impact that culture and cultural difference have on her new life experience.

I have also come across the use of 'family courts' from the account of a client who comes from a Muslim country who told me that the way she had rebelled against custom would have led to her being put to death by her family were she still at home. This is a complex situation to respond to as a psychotherapist in a culturally sensitive way as the client is herself rebelling against established custom in her own country. I am shocked and horrified by what she is telling me about a very culturally different attitude to women to the extent of having them killed. This demonstrates that a straight

forwardly prescribed psychotherapeutic response is not sufficient as any particular individual responds differently to culturally imperatives. I also found this person's story a challenging situation to deal with in my countertransference¹⁰ as I was outraged on her behalf. To me she had not 'sinned' at all, having only dressed in western style and related to fellow students at a college without a chaperone. She had also courageously worked for women's rights when in her own country. My comfortable, white, liberal view of tolerance of 'other cultures' is severely challenged and troubled by this situation.

The Impact of Power Differences on the Psychotherapeutic Relationship

We can see then that differences of 'race' or culture have significant ramifications for the psychotherapy relationship. As I have shown above, this is partly because difference in culture leads to difference in basic assumptions about life. On top of these differences, there is an often unspoken power difference in the relationship between people from white, western and non-western backgrounds. In psychotherapy this power difference is compounded if the therapist is white and the client is black or non-western. (Lago and Thompson 1996:16 - 27; Ryde 1997; Ryde 2000). The white therapist may be considered by the client, and, indeed by herself and society at large, as the one who is mentally healthy and who defines what 'mental health' is, as well as having the power to be 'helpful' (Sue and Sue 1990).

¹⁰ I use this word in the way it has come to be meant which is the feelings and responses that I discover in myself in relation to my client. Originally so called because it was understood as 'counter' to the client's relationship to the psychotherapist which is called the 'transference'. It was understood that the client transferred feelings to the psychotherapist from those experienced with early care-givers. The psychotherapist's 'unanalysed' responses were therefore known as the 'countertransference'. Theorising since the coining of the word 'countertransference' has taken the whole notion much further but the words remain.

Hofstede (1980) quoted in Lago and Thompson (1996:45) discusses how different cultures regard small and large power distance. Power distance concerns how power is distributed within the culture. In some cultures rigid hierarchies of power are accepted as desirable whilst others prefer relatively flattened hierarchies. This means that the power relationship between psychotherapist and client may have a particular meaning which may not be understood between them (Thomas 1992:136; Ryde 2000). For instance a western therapist may consider a client to be unusually submissive when, from the client's point of view, it would be unthinkable impolite not to give way to the opinion of a professional.

Although, as I have shown, various authors have written about psychotherapy and cultural difference, (Sue and Sue 1990; Kareem and Littlewood 1992; Adams 1996; Lago and Thompson 1996; Papadopoulos and Bung-Hall 1997; Jacobs 2000; Dalal 2002; Tuckwell 2002) as we saw above, psychotherapy *theory* as such does not often address cultural difference. Freud and Jung regarded their theories as holding true across cultures though Jung famously thought that black people had not reached the same stage of evolution (Kareem 1992:10). He regarded western civilisation to be a veneer that over-lays the 'primitive' which can still be seen in the cultures of, for example, Africans and Native Americans (McLynn 1996).

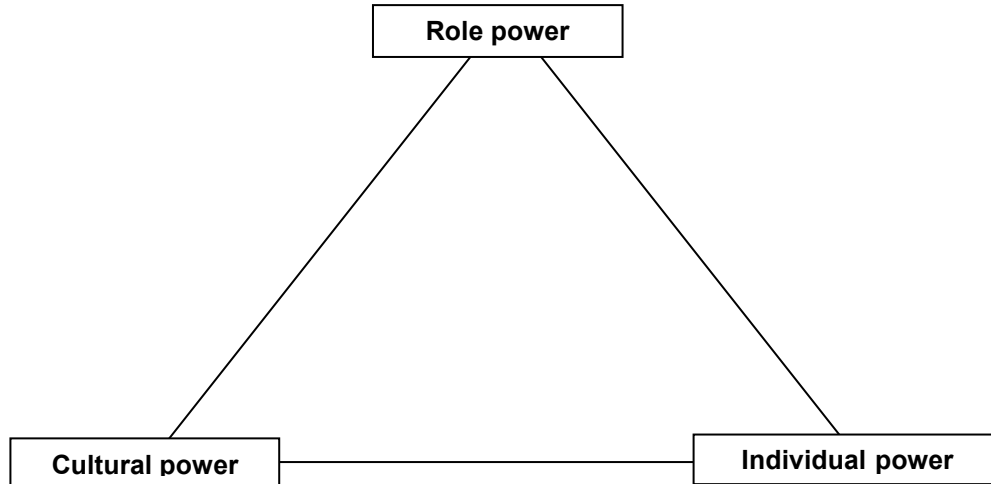
Humanistic theorists have been much more liberal in their view than Freud and Jung but on the whole do not consider the question at all. In fact I have shown elsewhere (Ryde 1997; Ryde 2000) that psychotherapy has itself a culture which is embedded in and, to some extent, is a response to white, western culture. As white, western culture predominates economically, politically and culturally we tend as white people to see our own standpoint as the base line from which others deviate (see chapter 3).

The role of supervision in helping to understand differences in power in the psychotherapeutic relationship

If the power imbalance implicit between those whose cultural roots are in the white western world and those who are not of this predominant global culture is to be addressed, it needs to be acknowledged and responded to within the therapy. As we have seen above (chapter 3), psychotherapists are helped to be thoughtful and reflective, rather than reactive, by regular consultation with a supervisor. Being in supervision is the more-or-less universal ethical practice of psychotherapists. It provides a place for reflection on all aspects of practice including on the power dynamics. It is important therefore that supervisors understand the way in which power differences may affect both the therapeutic and the supervision relationship.

Brown and Bourne (1996) have addressed this by exploring what happens in the supervision triad when there are cultural differences in at least one of the parties. They point out (Brown and Bourne 1996:39) all the different possible combinations that can arise when someone from a minority group is in each of the possible roles and the complex power dynamics that result. They particularly point to race and gender, though other factors such as sexual orientation, disability and class also have inbuilt power imbalance. Inskipp and Proctor (1995) have also pointed to the dynamics in relationships between black and white in a series of eight triangles showing all the possible combinations of supervisor, client and counsellor with each being black or white. Each triangle has its own dynamic which is influenced by the different power dynamics when the 'race' of each role is changed.

To draw this out further I have devised another triangle: one which demonstrates the complex power dynamics inevitably present in cross cultural supervision. At each corner there are three different types of power: role power, cultural power and individual power thus:



Role power identifies the power inherent in the role of supervisor and *cultural power* to the power of the dominant ethnic grouping, usually someone who was born within the white, western majority. This power is emphasised if that person is male, middle class, heterosexual and able-bodied. *Individual power* points to the particular power of the individual's personality which may be over and above that given to the person through role or culture. When all three different sources of power are brought together in the same person (ie in the supervisor) the effect may be quite overwhelming.

Cultural and/or individual power are not necessarily exclusively the province of the supervisor. When they are, the power dynamics may be simpler but could well be insensitively misused or even overlooked as they could be taken for granted. When cultural and/or individual power does not lie with the supervisor there may be conflict in establishing authority or a need to compensate by over emphasising it (Ryde 2000).

These issues are also relevant to the dyad of the psychotherapy relationship. Whatever the case, power relationships in the psychotherapy and the supervision are better explored than ignored as the following example of Susie Orbach's work (Orbach 1999:120) shows. She

demonstrates much skill and sensitivity in her work with a black client where this intricacy is drawn out and explored. She makes the following point:

'Racism is such a ubiquitous aspect of western life that neither of us [herself or her black client] had a hope of escaping it. How much was my caring for him, my *respect* for him, my holding my distance from him as he had requested, a function of my own racism? How much had I pussy-footed around the intimacy issue and gone along with his ridicule of my interest in raising our relationship because of my racism? Had I treated him as special and different and 'made allowances', rather than seen him as an equal who could engage with and challenge my argument?.....But even if we could not advance the situation much further, our articulation of it brought us closer, it unfroze what had happened within the therapeutic frame and Edgar felt that the feelings between us began to fill an emotional hole that had haunted him for thirty-five years.'

As this shows, articulation of a dilemma is often more important than solving it. Often the dilemma cannot be solved but the client appreciates the recognition and acknowledgement of it.

The following example from my own practice shows the subtle interplay of power dynamics in a psychotherapy relationship where the client's personal power has been enhanced by a dramatically difficult life. The client's dilemma is that she questions and is angry about both western culture *and* her own. Both seem to her to be responsible for endemic global violence and abuse. On top of that she has lost family (both through being rejected by some for her rejection of Islam and by physical distance from other family members) and has experienced extreme physical hardship through privation, danger and illness. Her asylum claim has been left hanging for more than two years.

Often she seems angry with me for misunderstanding her. I find that responding adequately to her is extremely complex and challenging if I am

not to reduce the political to the personal or the personal to the political. There is a fierce logic to her cutting analysis of western cultures and her own that leaves me wanting to cheer her on. At times like that I feel a sense of sisterhood with her which I suspect is somewhat self indulgent as my life has not given me the same challenges as has hers. Then her, sometimes angry, rejection of my attempts to come alongside her are often quite painful and hard to understand. I am aware of feelings of guilt about how she has been treated in this country and also because I am putting myself up as someone who can help her when my experience of life is so different to hers. I wonder if I am disavowing my own power here and not meeting her in hers.

In standing back from this and in discussing this in supervision, I wonder if I have, through my embeddedness in western culture completely misunderstood her. Have I trodden on something sensitive that she has to angrily disavow? Sometimes I withdraw, partly to lick my wounds but also to give myself time to think about what she has said. Sometimes I stay with the inquiry and I begin to see, often quite dimly, that she is referring to an area of experience that is outside my own, and it seems to me that this leads to my missing an important nuance of her experience. Other times *she* sees what *I* mean and we meet in an acknowledged moment of understanding. This is an example of the intersubjective nature of the work where what arises between us is misunderstanding and I bring her attention to this. Rather than dig ourselves further and further into feeling misunderstood we can appreciate something about the pain of being misunderstood in both of us and sometimes meet in these moments of understanding.

This is an example of the complexity of the work where nothing can be taken for granted and all assumptions need to be examined continually. A further example, in another session, I said that I thought her integrity was

important to her. At the time that I said this I thought it was self-evident and supportive. She angrily showed me that she has no choice but to act with integrity when she can. My words were inadequate to meet her situation where she feels she has no choice but to act as she does. I began to see that the idea of having personal integrity is a very western notion. It implies a choice made as an individual. This client insists on her personal power within the sessions. I sometimes wonder if her insistence would not be so great if the role and cultural power did not lie with me. It seems to *me*, in trying to identify with her, that the pain of apparently being outside and rejecting both cultures is a hard road for her and maybe untenable in the end. On the other hand the client herself insists that 'culture' is not a factor for her: her individuality transcends it. (This is in contrast to another client from a Muslim country who, in spite of acting against his culture in acknowledging to himself that he is gay, tells me that his culture is fundamental for his sense of himself.) This work is an on-going exploration and both of us are committed to it. If nothing else I am there to hear her anger and her pain and I try to stay thoughtful in the face of it all.

If we accept that psychotherapy is an inquiry which can approach the difficulties in understanding each other that are described here, I feel somewhat more confident that it can work reasonably successfully with power differences across cultures, just as action research is often found to be¹¹. Bravette Gordon, for instance has shown that the inquiring nature of action research can be empowering to black researchers (Bravette Gordon 2001:321)

¹¹ Bravette Gordon, for instance has shown that the inquiring nature of action research can be empowering to black researchers Bravette Gordon, G. (2001). Towards Bicultural Competence. Handbook of Action Research. P. Reason and H. Bradbury. London, California, New Delhi, Sage.

Intersubjectivity and psychotherapy within a diverse, racialised environment

So how do intersubjectivity theory and psychotherapy which is set within a racialised, diverse environment converge? As I have shown above, my starting point is not so much to try to understand other people's culture but to understand my own within my political and social context including my racial identity as a white person. From there I open a dialogue which is set within the racialised environment in which we find ourselves. For me, a therapeutic encounter is a meeting within an intersubjective field of two *differently organised* subjectivities (Atwood and Stolorow 1984:65). Because of that, we need to take into account our own 'organising principles' (Atwood and Stolorow 1984:36) which are formed within our own cultural context when we attempt to meet our clients. Orange, Atwood and Stolorow (1997:38) suggest that we need to:

'strive.....in [our] self reflective efforts [for] awareness of our own personal organising principles – including those enshrined in [our] theories- and of how these principles are unconsciously shaping [our] understandings and interpretations.'

I have found that when I do not reflect on myself in this way, my clients are likely to feel that I am not present for them. Sometimes they tell me this, but more often I sense it in their withdrawal. If I do sense this I might ask them if they experience it too, if I feel that our relationship is ready for this sort of exploration. This is particularly important as I have found in my work as a psychotherapist, and through being in psychotherapy myself, that it is not being *immediately* understood that matters but the *genuine and sustained desire* to try to understand on the part of the therapist that is so vitally important. (Orange 1997:129) Casement is referring to something of this nature when he says that it is important as a psychoanalyst to 'survive, but only just' (Casement 1990:88). He is referring to the attacks that clients

make on us when they feel us to misunderstand them and the importance, not only of surviving these attacks, but of *only just* surviving. If we survive easily we will not have really experienced the attack and understood its ferocity. Stolorow et al, in referring to the importance of a 'sustained empathic inquiry', (Stolorow and Atwood 1992:93; Stolorow, Atwood et al. 1994:45; Orange 1997) also demonstrate the importance of showing a sustained desire to understand. Orange (1997) who has devoted a book to this subject, says something which I find useful in relation to the work with my client, above:

'Misunderstanding often seems to be the normal state of the psychoanalytic triad – the two subjectivities and the intersubjective field that includes them. If some fundamental emotional safety exists, however, analyst and patient together can attain understanding by continually working through in a fallibilistic spirit, the small and the large misunderstandings.' (Orange 1997:158)

I have indeed found that more often than not, both parties deepen their understanding of the meaning of the client's experience and of the process between them through ongoing inquiry. So how does this happen, particularly when an impasse is reached where no understanding seems possible? A willingness on the part of the therapist to stay with the pain of this process whilst maintaining an inquiring attitude is of the utmost importance. Although this is true of any psychotherapeutic relationship, it is even more true when there is a difference in culture as the difference is complex.

I have found this to be the case for myself as a client and, although I cannot substantiate this because of the difficulties of involving clients directly in my research mentioned in chapter 2, my sense is that this holds true for my own clients particularly for those who are asylum seekers even though it is clear that I am not able to do anything material to help them with their extremely distressing situation. They all seem to value an opportunity to tell

their story to someone who is at pains to understand what they are saying in as subtle and complex a way as possible whilst clearly remaining a whole human being with their own perspective. The difference in language and culture means that I often do not understand at first but my obviously genuine desire to understand correctly seems to make the difference.

Listening in this way is not always easy even with good intention. Stolorow and Atwood (1992;103) explore this by pointing to the way intersubjective conjunctions and disjunctions occur in the therapy. Intersubjective conjunctions refer to a situation in which the organising principles of the therapist and the client are closely aligned and disjunctions to the way in which they are dissimilar. Both may lead to difficulties in the therapy as conjunctions may lead to collusion with the client and disjunctions may lead to a lack of attunement. An intersubjective psychotherapist looks out for these phenomena both in their reflection on the work and in supervision. Stolorow and Atwood say:

'Whether these intersubjective situations facilitate or obstruct the progress of the therapy depends in large part on the extent of the therapist's ability to become reflectively aware of the organizing principles of their own subjective world.' (Stolorow and Atwood 1992:103)

Crucially, it is the recognition of these conjunctions and disjunctions and the way in which they are understood within the therapy that makes the difference. I have found myself, both in my own experience of therapy and with my clients, that owing to a lack of attunement on the part of the therapist can feel deeply significant to the client and helps to move the therapy on. These are particularly useful concepts when working across cultures as the organising principles of the therapist are likely to be very different to those of the client, leading to serious lack of attunement. The acknowledgement of this when it happens can make all the difference

although the process is rarely straight forward. In the example of the middle-eastern client above, the client often rejects my attempts to show an understanding of her but does seem to appreciate that I try to understand what is not correct about it. She affirms that the sessions are an important part of her week and has only missed once, in spite of being quite seriously ill. Thinking through our time together after the session and its reworking in supervision help me to 'stay with' the difficult and painful material. Having a supervisor who understands these complexities and shares an understanding of how to approach them is important too.

As we can see, the whole psychotherapy enterprise of one individual trying to understand the experience of another and of the process between them may be inappropriate for some people, an attitude which could be derived from their cultural standpoint. I think it is important to respect this point of view.¹²

Conclusion

Understanding the racialised environment in which we live as well as the different cultural assumptions that come part and parcel with this, is vitally important within the therapeutic encounter. Unless we are aware of the impact of this racialised environment and cultural difference, we make our own assumptions and think that we are able to understand others based on *those* assumptions. Maiello (1999) shows this very clearly in her paper documenting an account of a conversation with an African healer. In it she struggles to understand the basis of the healer's approach which, it seems to her, is built on an understanding of the power of the ancestors and involves very little verbal communication with the 'client'. She makes some attempt to understand the process in her own terms and to describe her

¹² I have found that there has been an unfortunate tendency within the psychotherapy community to pathologise people with whom there is a disagreement (Sue and Sue 1990). This is certainly true of responses to people who do not wish to engage in psychotherapy for whatever reason.

own work in the healer's terms. However, when the healer suggests that they exchange medicines – a herbal remedy for a 'word' – Maiello is at a loss. There is a sense in the paper of respect but of mystification. She points out that there is a psychoanalytical anthropology but not an anthropological psychoanalysis and concludes:

'The first step that can be made towards finding an answer to the question of the depth at which cultural factors influence the intersubjective and intrapsychic dimension of mental life is the openness to the intercultural exploration and debate.' (Maiello 1999:237)

As a psychotherapist and supervisor of psychotherapists I am constantly amazed at how complex the intricacies of relationships are when they are thoroughly explored and reflected upon in psychotherapy. Cultural differences are always present in some guise, however small. Where the differences involve race and culture, the complexities and the sensitivities are even more subtle and multifaceted. Developing an ability to stay open to the painful and confusing feelings that arise in these situations whilst being willing to articulate something about them is useful. This ability to 'stay open' is learnt by psychotherapists in various ways - through the partly experiential nature of their training, through constant use of reflective supervision, through their own psychotherapy and, often, through having a spiritual path which involves meditation. In that way psychotherapists can keep open an inquiry and a dialogue which provides a foundation on which a psychotherapeutic encounter may be based.

I have shown that intersubjective psychotherapy provides a way forward for the provision of psychotherapy where there is a difference in culture. Intersubjective understanding is that *both* psychotherapist and client exist within the intersubjective field in which the encounter occurs. The work is

They are often described as defensive or fearful or damaged. These responses remind me of

grounded in the knowledge that different sets of organising principles mark both psychotherapist and client and the psychotherapy process becomes an inquiry into similarity and difference which allows both therapist and client to develop a deeper understanding of their inter/subjectivity.

Part of the context in which I work includes the various organisations with which I am involved. In the next chapter I move on to explore this by particularly focussing on one of them. This helps me to better understand how the racialised environment impinges on this organisation and mitigates against a lack of diversity amongst its students, staff and clients. I show how I have worked to improve the diversity of this organisation.

attitudes held by people who belong to dogmatic religious faiths.