

From disconnection to connection: 'Race', gender and the politics of therapy

KHATIDJA CHANTLER

*Manchester Metropolitan University, Department of Psychology and Speech Pathology,
Elizabeth Gaskell Campus, Hathersage Road, Manchester M13 0JA; e-mail:
khatidja.chantler@lineone.net*

ABSTRACT Person-centred therapy typically fails to address structural dimensions of inequality such as 'race', gender and class. In this paper, I explore why this is, and what can be done about it – at the levels of theory, practice and the organisation of services. Drawing on person-centred theory and practice, I discuss theoretical and practical resources that can inform a critical therapeutic practice that both attends to the individual and connects with social contexts. Focusing on the intersectionality between gendered and 'raced' positions mobilised within any therapeutic intervention highlights the inevitability of working across various dimensions of structural difference and power. Rather than obscuring these, I illustrate how a direct engagement with them can enhance person centred theory and practice. In particular, I highlight the role of racialised and gendered conditions of worth (Chantler, 2004) together with concepts of minoritisation and intersectionality (Batsleer et al., 2002). I also indicate ways forward for inclusive counselling services.

Introduction

'On the whole, the theory and practice of counselling and psychotherapy have served the dominant groups in society and largely ignored the problems of people who are discriminated against.'

(McLeod, 1993, p.108)

The idea that counselling and psychotherapy fail to meet the needs of marginalised groups in the UK is now well-established (Kearney, 1996; Lago & Thompson, 1996; Pilgrim, 1997), yet the political will to change this situation from within the discipline remains extraordinarily static. Not only does therapy fail to attend to marginalised groups, a brief review of mental health literature highlights how

marginalised groups are more likely to be offered bio-medical or coercive interventions rather than talking therapies (Bromley, 1994; Penfold & Walker, 1984; Pilgrim, 1997; Bondi & Burman 2001). Further, the racialised dimensions of psychiatric practice as manifested for example in the claim that South Asian women somatise mental ill-health (Currer, 1986), themselves structure in inequality by precluding people from these groups as suitable candidates for therapy (Netto *et al.*, 2000). Given the wealth of evidence about the elitism of talking therapies, it is urgent that we develop a sustained and critical view of how and who we practice therapy with, the contexts in which therapy takes place, and the ways in which it is organised. Equally important is the need to attend to the silences and exclusions arising from the theoretical formulations (of any therapeutic approach) as well as their implications for practice.

Whilst this constitutes the general mental health landscape with specific implications for therapy, in this article I seek to discuss theoretical and practice elements of one-to-one person-centred therapy, to illustrate its limitations as well as resources within and beyond it, which can be extended to respond better to marginalised groups. I begin with a discussion on the terminology that is frequently deployed in discussions in the UK around ‘race’ and its intersections with gender. Throughout this article, ‘race’ is placed in inverted commas in line with the sociological convention denoting the social construction of ‘race’ in contrast to the biological readings associated with race and racial differences. As always, the terms and language used in relation to this topic are not neutral, but seek to construct a particular form of understanding and acceptance from us. Specifically, I draw out underlying assumptions which highlight the ways in which language is indicative of its engagement (or otherwise) with power relations. I then move to a discussion of person-centred theory and examine key features of it, including actualisation and conditions of worth, and elaborate further on my ideas of the role and place of racialised and gendered conditions of worth. Finally, I offer a brief example of an anti-racist and gender sensitive counselling service, indicating some possibilities for future developments.

Problematic terminology

Two key phrases in relation to inequalities that are commonly used in the therapy world, as well as in a wide range of professional roles in the health and social care sectors are:

- working with difference/diversity
- cultural sensitivity

I explore these further to make explicit the framing of their discourses and their consequent impact on practice.

Working with difference/diversity

The phrase ‘working with diversity and difference’ stems in part as a response to the fragmentary approaches of previous attempts at redressing inequalities. Racism, sexism, class, disability sexuality, age were dealt with separately, leading to a focus on a single issue and a burgeoning of identity politics. Identity politics have played a crucial role in spotlighting processes and experiences which are frequently overlooked and marginalised, and by bringing into the public domain what are often considered personal and isolated issues. Identity politics have therefore made an important contribution in bridging the private/public spheres. On the other hand, there have also been robust criticisms of such approaches (e.g. Bondi, 1993; Warner, 1996, 2000), and these are summarised as follows:

- Firstly, it is argued that identity politics do not acknowledge diversity within the group, thus camouflaging intra-group differences based on power inequalities.
- Secondly, identity politics tend to see categories as rigid and fixed, thus denying the possibilities of multiple and shifting identities.
- Thirdly, the lack of analysis, policy and practice at the intersections of, for example, gender and ‘race’ tend to exclude black women from strategies and practices designed to ameliorate conditions either for women or black people (see Aitken, 1996; Burman *et al.*, 1998; Chantler, 2002). Hence in the mental health field, there is a wealth of literature dealing with issues of gender, but much of this ignores the experiences of black women. Similarly, the literature relating to black mental health focuses largely on African-Caribbean men. The lack of attention given to intersectionality has the effect of rendering black women invisible in both categories.

Whilst the promise of ‘working with difference/diversity’ was to counter the drawbacks of identity politics, and to move away from the notion of the ‘hierarchy’ of oppressions, the reality has been quite different. Diversity has come to represent a diluted, more watered down approach, decontextualised and dislocated from the structures of power and privilege. Differences appear to be treated at a surface level, or as a matter of celebration, rather than via an appreciation that they matter because they are based on structural inequalities. This de-politicising of ‘inequalities’, (witnessed also in language, so that it is considered ‘old fashioned’ to use terms such as ‘anti-racist’ or ‘patriarchy’), may have led to a cosier and safer space for the discussion of differences, but this is only because it avoids and obfuscates the thorny issues of power relations. Important to note here is that the focus on the individual within Western therapeutic traditions, including person-centred counselling, is already predisposed to de-politicisation. In contrast, feminist claims that the ‘personal is the political’ (Heilbrun, 1993; MacKinnon, 1989; Rich, 1976) may well offer conceptual resources to politicise therapy and ward off the current culture of ‘difference’.

Cultural sensitivity

In relation to 'race', the language of cultural sensitivity is also problematic despite its friendly tone – after all who would not want to be sensitive, particularly in a therapeutic context? However, the notion that one can be sensitive to 'culture' implies that cultures are fixed and static, rather than dynamic and evolving. The 'fixedness' of cultures is an approach that is favoured by multi-culturalists who argue that understanding other people's cultures is crucial to competent and sensitive practice. This project typically involves trying to distil specific elements of cultures such as food, naming systems, language, religious beliefs, family organisation and kinship patterns (Barker, 1981; see Donald & Ratansi, 1992 for a critique of multi-culturalism and a *critical* reading of culture, similarly, Gilroy, 1992). Whilst this exercise may be useful, the evolving and interactive nature of culture means that 'culture' is always going to be difficult to pin down, together with the attendant dangers that what is 'distilled' may well be an essentialised and rigid view of culture. Moreover, in the 'compilation of cultures', what also tends to be overlooked is that supposed cultural norms are arrived at (albeit largely unintentionally) in conjunction with dominant groups within communities and are therefore likely to reflect their interests, at the expense of marginalised groups such as women or young people. Here I draw on a research project, which explored service responses to South Asian women who attempted suicide or self-harm (Chantler *et al.*, 2001) to amplify this point. A worker within a South Asian organisation interviewed during the course of the study claimed that suicide was not an issue for Muslim women as it was 'against Islam to commit suicide'. This assertion could well be taken at face value and accepted as a cultural practice, in line with the rhetoric of cultural sensitivity. However, as Littlewood (1995), has argued, the context of globalisation extends its reach even to the manifestation of distress. Littlewood analyses eating disorders, which have traditionally been conceptualised as (culturally) specific to Western young women, and demonstrates how this form of distress is now also found in South Asian women in Britain. This finding therefore helps to render as obsolete what were once thought of as culturally-specific forms of distress. Further, as the report documents, no difficulty was experienced in interviewing Muslim women who had attempted suicide and or self-harm. This illustrates the gap between 'cultural (mis)understandings' and the lived experience of the women interviewed, and highlights the dangers of assessments and interventions which are based on them.

It is not being advocating that culture has no relevance in therapy, but rather that it is a much more complex and subtle process than is frequently presented. To illustrate this, I offer a pertinent example from my counselling practice, which highlights the importance of challenge within cultural frameworks. Although my training and orientation remains person-centred, I draw on feminist and post-colonial debates into my practice. In some of my therapeutic work with Muslim women, clients have wanted to explore issues of gender and its juxtaposition with an Islamic identity. For instance, there may be fears or anxieties that particular courses of action for example pursuing a career when one is also a mother, or leaving a marriage, may be un-Islamic. Within person-centred theory, these can be seen as

racialised and gendered conditions of worth that the clients have brought to therapy for exploration. In such explorations, issues of gender as well as cultural identifications come to the fore, as do women's material situations. Given popular conceptions (both within Muslim communities and in the West) that Muslim women should be submissive and prioritise the needs of family, these fears are understandable. Moreover, as Yuval Davis and Anthias (1989) have argued the additional burden placed upon mothers to transmit appropriate cultural values and norms are an important apparatus that frequently serves to restrict women's and children's lives.

In response to my clients, and our exploration of what it meant to them to be a Muslim woman, I was able to draw on my Muslim heritage to discuss with them, for example, the role, position and status of Islam's 'leading lady', the wife of Prophet Mohammed, Khadija. Khadija was Mohammed's employer, she owned and ran her own business, and she chose him as her marriage partner. Interestingly she was also much older than he was. This picture of Khadija clearly does not conjure up an image of passivity or submissiveness. Yet despite her biographical details being well known, (particularly in the Islamic world), the image of submissive Muslim women persists. My interventions, whilst still based within the client's cultural frame of reference, also provided a challenging invitation to re-frame previously held understandings of the role of women in Islam, and its impact on the client's current dilemmas. In this instance, the commonalities in our cultures, provided a 'short-hand' way of communicating which was also mindful of *marginalised* voices within Islam. It is important to note that it was not cultural similarity *per se* that seemed to open up further discussion for the client, but that the cultural similarity in this instance also enabled a more hidden perspective on Islam and gender to come to the fore. Hence the re-framing discussed earlier, based on a deep respect for the client and her religious identification, enabled the client to explore her aspirations whilst still maintaining her integrity as a Muslim woman. This speaks to the *intersectional* concerns of the client, involving both religion and gender. Another Muslim (or non Muslim) counsellor may have responded differently, for example, by not challenging dominant norms within Muslim communities. Interestingly, this too could be justified by a need to respect the client's culture. This is linked to my discussion of 'difference' above, in that the power relations in this intervention related to gender remain invisible. Such interventions run the danger of privileging traditional interpretations of religion over the client's aspirations and may work to close down any further exploration. Hence in this example, 'respect' and its relationship to unconditional positive regard (UPR) in person-centred therapy can therefore be invoked in two very different ways, with both stances claiming UPR. Of course, UPR does not operate in isolation from the other core conditions, but is highlighted here to illustrate the complexities of different interpretations of 'respect'. Yet another response (however subliminal) may be for counsellors to formulate Islam as 'the problem' to personal fulfilment, and this runs the concomitant risk of privileging individual autonomy at the expense of the client's religious identification (see Laungani, 1999).

I highlight this example, as, within a liberal multi-culturalist framework, there is a strong tendency to argue for cultural freedom, for cultures to do their own thing.

This stance correlates with my earlier discussion of ‘working with difference’ and its exhortations to ‘celebrate’ differences. Here, cultural practices are constructed as belonging to and existing within private, bounded domains that are therefore not open to scrutiny or interrogation – thus gender or other inequalities within communities go unchallenged in the name of cultural respect. The same discourses of the privacy and sanctity of family (or cultural) life can be connected with the challenges provided by feminism to liberalism. One of feminism’s primary concerns has been to shift aspects of what were constructed as private life (for example, domestic violence) into the public domain. Importantly, this process is ongoing. For example, it was only as recently as 1991 that the legal framework has recognised rape within marriage (the case of *RvR*, 1991). This decision (of rape within marriage as a crime) has since been ratified in the Criminal Justice and Public Order Act (1994). In the same vein, we need to challenge a *laissez-faire* approach to culture to ensure that the call for ‘cultural privacy’ is not used to disregard the concerns and experiences of marginalised groups within minoritised communities. Attending to intersectionality, in this instance both in relation to and between feminism and ‘race’, ensures that one is not privileged over the other.

Another key concern around ‘cultural sensitivity’ in its multi-culturalist guise is that it glosses over institutional and systemic power relations. Hence racism, sexism and class inequalities are overlooked by focussing on culture rather than power, thereby presenting a more exoticised and rose-tinted view of the world than that experienced by many minoritised people in the UK. This ‘comfort zone’ for people in dominant groups is won by denying and ignoring the social and material realities of minoritised people, including their experiences of racial/sexual abuse, racial and sexual harassment and violence. As I have illustrated through the example offered above, rather than setting up ‘cultural’ explanations as oppositional to structural ones, it is crucial to engage with both, in a critical and reflexive way, which ensures that the power dynamics inherent in all relationships and settings, including therapeutic ones, are actively engaged with. It is important to note that the tension described here between cultural and structural explanations is recapitulated in therapy as the tension between individualised versus societal understandings of distress and recovery.

Minoritisation and intersectionality

The discussion above poses us with a vexing problem of what language to use in this area of work and it has to be acknowledged that whatever terms are used they are unlikely to capture the complexities of the topic. Despite its limitations, the term ‘minoritisation’ (see Batsleer *et al.*, 2002) is advocated as a way of engaging with the power relations which are at the root of my concerns. Minoritisation is indicative of activity rather than the stasis associated with the term ‘minority ethnic’. So rather than seeing minority ethnic groups as fixed entities, minoritisation seeks to stress the *process* of being positioned as a minority group together with its specific social, economic and political histories. Moreover, ‘minority ethnic’ has come to be

synonymous with 'colour' so that only people who are black or have a visible skin colouring are attributed as belonging to a minority ethnic group. Such a formulation therefore ignores the positions of white ethnic minorities, for example Irish people. In contrast, minoritisation is able to span black and white minority ethnic groups whilst maintaining specificity, together with, an alertness that different groups are subject to different forms of racialisation, and have differential access to structures of power and privilege.

As already indicated, the notion of intersectionality attempts to address one of the key gaps in both the conceptualisation and development of services as well as in practice (Burman *et al.*, 2002; Chantler *et al.*, 2001). One of its key functions is to attend to multiple positions of marginalisation simultaneously, thereby avoiding the pitfalls of viewing oppression and disadvantage as located in a single dimension. For this results in either/or configurations, for example 'race' or gender. Intersectionality argues for a *both/and* position so 'race' *and* gender together come into focus. Clearly intersectionality is not limited to race and gender, and can include two or more variables. This allows for a richer, more multi-dimensional, and dynamic analysis to inform both theory and practice.

In the rest of this paper, I move on to focus specifically on person-centred theory and practice in individual therapy and its relationship with minoritised positions. In doing this, I will draw on my discussion above, and indicate the ways in which discourses of 'difference' are played out in person-centred therapy.

Person-centred therapy: Actualisation and structural inequalities

Rogers illustrates through his 'potato story', his view of human growth and potential (Rogers, 1980). He describes how the potatoes kept in the cellar are in an unfavourable environment compared to those planted outside, yet still developed shoots and grew stems (however distorted) in an attempt to reach light. Rogers conceptualised this as a biological drive toward growth. He also transposed this biological drive to humans and called this movement towards growth the actualising tendency. Whilst it is beyond the scope of this paper to explore the claims of universality or the biological base of the actualizing tendency, it is worth noting that the biological framing of the actualizing tendency does not necessarily mean that it is 'value'-free or a 'fact'. As Donna Haraway, a feminist and a biologist, convincingly argues, 'Biology is inherently historical, and its form of discourse is inherently narrative' (2001, p. 149). Further, a biological movement towards growth also indicates correlative psychological qualities of positivity, optimism and hope within each of us to strive to achieve our potential. Person centred theory and practice therefore constructs human beings as essentially trustworthy. Rogers' formulation of the actualising tendency is the cornerstone of person-centred therapy. There are three key points to explore further in relation it.

First, Rogers' view that, despite unfavourable conditions, organisms will continue to grow in whatever way they can to fulfil their potential makes an important contribution to understanding what may otherwise be labelled as self-

destructive behaviour. His strong assertion that behaviour, however irrational it may appear, is deserving of understanding, demonstrates a powerful belief in the essential trustworthiness of human beings and a significant (and welcome) move away from much of psychology and psychotherapy's concerns with 'normal development', and the 'psychologisation' and medicalisation of distress. This emphasis on understanding, rather than on categorisation, also makes explicit the need to work beyond the symptoms of distress. Attempted suicide and self-harm is a case in point, where much of the feminist literature has similarly stressed the need to respond to the underlying causes of distress, and to understand such symptoms as a rational response to intolerable conditions (Arnold, 1995; Davar, 1999; Johnstone, 1997).

Secondly, Rogers acknowledges that the environment is not equal for all of us and here feminists and anti-racists would largely concur. However Rogers' implicit acceptance of the inequalities woven into the social fabric is problematic. Therapy in general, including person-centred therapy has been criticised for focussing on the internal worlds of clients, without sufficient attention being given to the relationship between the internal and external worlds (Pilgrim, 1997; Proctor, 2002; Totton, 2000). Hence, within person-centred therapy, the founding principle of the actualising tendency invites a concentration on an individual's trajectory to growth regardless of the inequality of the environment – consequently, engagement with the social context does not appear to have a significant enough place in theory or practice (but see Mearns and Thorne, 2000: pp. 178–187, for their concept of 'social mediation'; Proctor, 2004 pp. 129–140). The impact of this is that therapy can constitute an arena where clients are helped to adjust to their current circumstances and in this sense therapy can be seen as a regulatory practice. The further implication, if one reads structural inequalities for 'unfavourable' conditions, is that these are part of life, so the impact of structural inequalities such as racism, sexism and class are accepted and the status quo is not open to challenge either in therapy or research. This theme is amplified in Masson's (1989) book, in which he makes a powerful and incisive attack on Rogers' Wisconsin research project on hospitalised schizophrenics. Masson accuses Rogers of callousness and indifference to the evident cruel, humiliating, and often abusive, treatment meted out by psychiatry to patients at Wisconsin (1989, p. 237–247). This is a concrete example of how an acceptance of existing power relations does not occupy a 'neutral' position—rather it colludes with, and buttresses the power base of dominant groups.

Third, Rogers' view of individual realities and subjectivities, whilst appealing in many ways, also strongly suggests an atomisation and separateness that is particularly difficult to reconcile with positions of minoritisation, which are embedded within structures of inequality as described above. Further, separateness, independence, and individualism are also a central feature of 'western' culture. In contrast, many African and Asian cultures adopt a more collective (Sue and Sue, 1990) or 'communalist' (Laungani, 2004, p. 62–71) approach where the focus is on family and community growth rather than individual growth. Within this context, the undivided attention given to individuality means that links with social, cultural, economic and political processes are fractured and disrupted, leading to a sense of isolation and disconnection. Further such a stance can also encourage an individual

to accept responsibility for processes (e.g. racism or sexism) beyond her sphere of influence. Yet these processes impact on minoritised clients and prevent them from achieving their full potential. Worse still, clients caught up in such processes may find that therapy helps to reinforce the message that it is their 'responsibility' that they happen to be subjugated (Waterhouse, 1993). The tension between and within such structural inequalities and individuality should not be underestimated. Ironically, both the gaze on the individual within therapy, and the Rogerian necessary and sufficient conditions (Rogers 1957, p. 95–103) cannot ever adequately be fulfilled without consideration of the client's social context. Further, it has to be acknowledged that it is likely that Rogers' views of human growth and potential stem from his own privileged and dominant position in society where ideas of responsibility, autonomy and independence more readily concur with being white, male, middle-class, heterosexual and able-bodied. There is a substantial body of literature, which attests to the conflation of independence and autonomy with maleness and the overvaluing of this at the expense of relatedness and interdependency (Chodorow, 1978; Gilligan, 1982; Hare-Mustin & Maracek, 1986).

Silencing 'differences'

Overlooking social conditions is also evident in other aspects of Rogers' accounts of individual therapy as explained below. Whilst 'difference' lies at the heart of UPR, my contention is that this is frequently worked with in a de-politicised way, and speaks more to my critiques of 'difference' earlier on in the article. However, one of the central ways in which Rogers' came to understand his work as political was by his assertion that the client is an expert on his/her own process and that the therapist's role is to provide a facilitating relationship in which change and growth can take place. Traditional notions of therapists as all powerful were challenged by this approach, as therapists were required to relinquish their power and to trust their client's process. This attempt at equalising the power dynamics relationship between therapist and client represents a fundamental shift in how relationships between helpers and those helped are perceived and has much to commend it. However, as many critics have pointed out (for example Buber in dialogue with Rogers in Kirschenbaum & Henderson, 1990, pp. 50–63; Masson, 1989), the power differences between therapist and client are an inherent part of the relationship—despite attempts to equalise it. To deny this is to avoid dealing with the power imbalance. We need to add to this already contested idea of equality, differences between therapist and client based on 'race', gender, disability, sexuality, age, class, and religion. Proctor (2002, pp. 84–103) offers an analysis of three sorts of power that constitute the therapy relationship: role power, historical power and societal power. She concludes her discussion by validating certain aspects of equality ('personal power') within person-centred counselling relationships, but also highlights its failure to acknowledge institutional and societal structures that are also key dimensions of power. Hence focussing on one dimension of power within person-centred counselling relationships, can lead to an insistence that therapeutic

relationships are equal when all manner of unspoken inequalities are also part of the relationship. Such an overlooking obscures, removes from gaze and therefore exploration, ‘differences’, including those based on structural inequalities. This encourages a culture of silencing power relations, which has a direct impact on the therapeutic endeavour.

To illustrate this point further, I draw on my analysis of ‘On anger and hurt’ and ‘The right to be desperate’, two of Rogers’ recorded therapy sessions with an African-American male client (see Chantler, 2004), and present a brief summary here. These videos are important as they are regularly used on person-centred training courses to demonstrate person-centred counselling in action. On analysing these videos, it became clear that the client and Rogers were not in tandem over the client’s discussion of ‘race’. Whilst the client brought up issues of race twenty three times, Rogers only responded to them four times. Hence therapist silence surrounding the client’s experiences of racism is very noticeable. Conversely, and crucially, when Rogers does respond to the client’s racialised and gendered constructions of himself that is precisely where therapeutic movement takes place. This therefore constitutes a valuable resource from within person-centred counselling. There are important lessons to be learned from these tapes, and I want to focus on two key inter-linked points: expressing emotion and racialised and gendered conditions of worth.

Expressing emotion

In keeping with the notion of non-directivity, person-centred therapy requires therapists to be led by their clients—and this includes the emotional field. However, working with emotions (but not disregarding cognition) in person centred therapy, is crucial. Rogers (1940, p. 162 cited in Rogers 1951, p. 27) wrote in relation to the process of therapy: ‘As material is given by the client it is the therapist’s function to help him recognise the emotions which he feels.’ Certainly in my own person-centred training and in those of trainee counsellors that I supervise, there is a discernible influence from training courses to develop a fluency in the ‘feelings’ world, both for self and in work with clients. Writing more recently, Mearns and Thorne (2000) highlight how empathy and unconditional positive regard also encourage working with feelings. Indeed, as they go on to argue, one of the criticisms made about person-centred therapy is its focus on feelings: ‘It is hard not to conclude that person-centred therapy is often seen as anti-intellectual because it opens wide the doors to the expression of feelings and the experience of intimacy engendered by acceptance and understanding.’ (2000, p. 75). Hence working with emotions is a central feature of person-centred theory and practice.

How therefore are emotions conceptualised within person-centred therapy? The emphasis on subjectivity encourages a formulation of emotions that are purely private, personal and individualised—and as emanating solely from within an individual. Within this framework, emotions are seen as being unique to an individual. Here I agree with Proctor, 2004, p. 137 ‘...I contend that Rogers’ (1959) notion of the organismic self is less acknowledging of how even perceptions

and feelings are socially constructed'. There is very little acknowledgement that emotions and their expression are themselves gendered, 'raced' and 'classed'. The socially constructed nature of emotions is therefore a key area that the person centred approach ignores and this has three key implications.

Firstly, the expression of the same emotion has a differential impact depending on who is expressing the emotion—and this difference is related to the power positions of the individuals concerned in particular settings. We catch a glimpse of this process in Rogers' therapy tapes referred to earlier. Here, the African-American client explains how his difficulty in expressing anger is linked to stereotypes of African-Caribbean men as aggressive. This is a clear illustration of how what is construed as a personal and de-politicised feeling within the person centred approach is perceived by the client as arising from his socio-political context. Drawing on Jagger's (1989) insights Waterhouse (1993), in writing on women and emotions, reaches a similar conclusion and emphasises the importance of locating emotions both as personal as well as part of the collective experience of being a woman in a patriarchal society. These arguments illustrate that a critical engagement with issues of equality which foreground power relations (rather than the current vogue for the de-politicisation of 'diversity'), is vital if the Rogerian therapeutic conditions (1957) are to be offered as fully as possible.

Secondly, and linked to the above is the 'permission' given to those in dominant positions to express 'strong' emotions. So, for example, whilst anger expressed by a white middle-class man may be seen as acceptable, the same level of anger may be pathologised when demonstrated by women, or black people. A white man may be described as confident, in an affirming way, whereas a confident woman may be described as strident or aggressive. On the other hand, gratitude and guilt are constructed as the acceptable 'feelings' domain of minoritised groups, but less so of dominant groups. The assumptions here include: subjugated peoples do not have anything to complain about, that they should be grateful for the opportunities provided for them, things are much better than they were and so on. Clearly such regulatory processes in the expression of emotion compromise the therapeutic project and indicate the subtle yet palpable way in which the 'natural' order is predisposed towards those in already dominant positions.

Thirdly, political contexts appear to have a major influence on what can be spoken about in therapy and other helping relationships. In our study of domestic violence and minoritisation, conducted largely in Manchester, UK (Batsleer *et al.*, 2002), the local domestic violence helpline reported a decrease in calls from Muslim women to their helpline after September 11th 2001. Equally, in the same study, Irish women survivors of domestic violence at the time of IRA activity in the UK, also reported it as being more difficult to approach agencies for support. These accounts suggest how the wider political climate is likely to have a significant bearing on what can be discussed. Where specific communities are under particular scrutiny, it appears that women from these communities fear that talking about (in this instance) domestic violence will fuel further hostility and negative stereotyping of their communities. Hence certain topics, due to specific processes of racialisation come to be seen as taboo – with a significant, yet hidden impact on women. Currently,

within the UK, the hostility displayed towards asylum seekers in particular is a grave cause for concern, politically, morally and ethically. In the context of therapy it is likely to influence not only issues of access, but also to constrain what issues can be raised.

These arguments highlight a fundamental gap between seeing emotions as personal and private as in the person-centred approach, and the idea of emotions as 'raced', and gendered and contingent on the political context. Note here also the parallels between the private arena of emotions and notions of cultural privacy discussed above. To bridge this gap, I propose expanding person centred theory to encompass what I have termed racialised and gendered conditions of worth (see Chantler, 2004).

Racialised and gendered conditions of worth

Conditions of worth are an important aspect of person-centred theory and practice as they allow for an exploration of values and beliefs that the client has internalised and which have come to shape and construct the client's image of themselves (Rogers, 1951, pp. 498–524). They form the 'shoulds' and 'oughts' of our internal worlds, which in important ways guide our thinking, behaviour, feelings, and actions. Hence, conditions of worth indicate the expectations which we have absorbed to be acceptable in the eyes of significant others. Within this framework, whilst there is some recognition of the impact of societal forces, the family is seen as the most influential arena where conditions of worth are formed. Much material brought by clients to therapy involves their particular 'shoulds' and 'oughts'. Person-centred therapy offers a space for clients to explore their conditions of worth and through this work, to re-evaluate which values, beliefs and conditions are still important to them and reject the ones that are destructive and no longer valid. Conditions of worth are therefore seen as a central driving force both in how we construct ourselves and our relationships, and a key mechanism through which therapeutic change can occur.

The main theme of this paper is to highlight the difficulties of the person centred approach in connecting the personal with the political (but see for example, Tudor, 1997; Proctor, 2002; Proctor and Napier, 2004). Building on Rogers' ideas of conditions of worth, racialised and gendered conditions of worth make an explicit engagement with socio-political structures and therefore offer a significant way to connect the personal with the political. Racialised and gendered conditions of worth account for those conditions of worth generated through social contexts and include the behaviours and emotions proscribed through existing power relations and structural arrangements. Examples of these might include: men must not show vulnerability, women should be care-givers, Asian women should be passive, African-Caribbean women are strong, it is not acceptable to be gay. Tempting as it maybe to dismiss these as stereotypes and therefore as redundant, such statements, nevertheless, communicate powerful messages to us about how certain groups are expected to behave, and do indeed influence how services are

conceptualised (Batsleer *et al.*, 2002; Burman *et al.*, 2004; Chantler *et al.*, 2001). Significantly, many of those statements contain both racialised and gendered messages. Hence attending to intersectionality is crucial. Clearly, our individual responses to such messages will vary but our engagement (or lack of) with them at whatever level are present, and influence what we take to therapy, how we practice as counsellors (and researchers), how we design counsellor training courses and develop services.

Just as traditional conditions of worth allow for an interrogation of 'home grown' expectations and conditions which may have either guided or misguided us, so racialised and gendered conditions of worth allow for a similar exploration of how societal values, beliefs and expectations impact on us. Importantly, the two are not separate domains, but are connected, as many conventional conditions of worth themselves contain racialised and/or gendered messages. Whether the racialised and/or gendered conditions of worth stand alone or are components of familial ones, a key feature of them is that we are likely to continue meeting them in our daily lives as structural inequalities still persist. It would therefore be reasonable to assume that they are likely to be difficult to jettison as their pervasiveness and continual reinforcement presumably make them harder to cast off. Here it is important to acknowledge that I am not suggesting that structural inequalities, and particularly their negative impacts, are solely responsible for distress, or are the only force determining minoritised peoples inner and outer lives. Far from being deterministic, racialised and gendered conditions of worth, together with the ideas of minoritisation and intersectionality presented above, offer useful resources for person-centred theory and practice in a way which tempers and mediates 'normal' notions of agency and autonomy. These resources also help to offset the usual bifurcation between individual and society.

Moreover, the neglect and invisibility of the socio-political environment in person-centred therapy calls for an increased focus on contextual issues if it is to respond better to minoritised groups. Racialised and gendered conditions of worth start this process by firstly, naming the gaps, and secondly, by offering a bridge which connects the personal with the political. Whilst these do not in themselves help to change the political landscape, they do at least attempt to ensure a more holistic approach to client work which takes cognisance of the impact of structural inequalities, and therefore minimises the dangers of 'victim-blaming' and disempowerment (Pilgrim, 1992, 1997; Smail, 1996; Waterhouse, 1993).

Whilst the understanding of structural inequalities such as racisms and sexism form an element of this, significantly the conceptualisation of racialised and gendered conditions of worth is not purely for those of us in minoritised groups, but for all of us. This allows for those in dominant groups to also attend to the privileges that are taken for granted and seen as normal, and to consider how this might impact on their therapeutic practice, particularly with those who are represented as 'other'. Given the premium that is placed on counsellor self-awareness, it is crucial that personal development encompasses a recognition, acknowledgement and engagement with one's structural location.

Some practical implications

As indicated above, Rogers' notion of the political is very closely allied to individual personal power (Natiello, 2001; Proctor, 2002). Hence a politics based on collective experiences (however differentiated) and power relations at a wider level, may be perceived as being poles apart from person-centred theory and practice. Through this article, I have attempted to illustrate the ways in which they are intertwined. Not doing anything about inequalities, or accepting them as 'unfavourable conditions' as in Rogers potato analogy is not a neutral option, for that is about accepting the status quo, and potentially damaging for minoritised clients. So far, I have discussed some theoretical factors that either help or hinder this endeavour. So at a practical level how can we 'do' therapy that pays serious attention to challenging inequalities? In this final section, I focus more on the organisation of counselling services and the very real contribution which can be made to moving from rhetoric to action in working with minoritised groups.

As an example, I draw on my work as a sessional counsellor for a black women's counselling service, in Sheffield, UK (1999–2002). What was unique about the service were our attempts to think about the barriers that black women experience in accessing counselling and developing practical strategies to overcome them. We knew from our previous experience that issues of childcare, lack of money, transport, speed of response, choice of counsellor in terms of ethnicity, location, preferred language for counselling and access for disabled women were all likely to influence the take-up of counselling—even where the counselling itself is free. So where women wanted it, we were able to facilitate counselling by removing many of the material barriers such as child-care and transport, by paying for these and offering home visits for disabled women. These therefore became a core part of the service's design, and was budgeted for. Hence rather than seeing attendance at counselling as an indication of individual motivation and 'readiness', we were more concerned to shift such traditional interpretations from purely individualised meanings to more systemic ones. This illustrates well the links between practical interventions and how these might challenge conventional thinking about therapy.

In particular, the interventions described above may be seen by some as transgressing the sacrosanct territory of therapeutic boundaries. Traditionally, therapists have not concerned themselves with the material barriers to accessing counselling and have seen these very much as outside the remit of therapy. Furthermore, it is the concept of boundaries that is frequently invoked to maintain the separateness of the therapy room from materiality. However, such a stance fails to acknowledge the culturally constructed nature of boundaries, which in turn favour male, middle class and Eurocentric notions of independence. Clearly, it is far easier to access and continue with counselling, including keeping to traditional notions of therapeutic boundaries if you are in good health, do not have child-care responsibilities, are safe from violence and abuse, are materially well-off and mobile. Similarly, in a recent research project around domestic violence and minoritisation, where we facilitated short-term support groups for survivors, the provision of child-

care, transport and choice of language/cultural identifications were cited as important to the women who participated (Batsleer *et al.*, 2002).

Secondly, the organisation made a point of recruiting counsellors from very diverse backgrounds who spoke a number of South Asian, African, Middle Eastern and Chinese languages. We were therefore able to offer choice to clients about their counsellor preferences in terms of ethnicity and language. However, we did not assume for example that an African-Caribbean woman would always want to work with an African-Caribbean counsellor, and we were wary of naïve assumptions about ‘cultural matching’ (Burman *et al.*, 1998). Given the very central role of language in therapy, we offered counselling in a range of languages, so clients were able to choose the language they would be most comfortable in. Needless to say over time we ‘ran out’ of languages – as the women who approached us were more diverse than our counselling pool, so we began to work tentatively with interpreters. This range of measures also exhibits our desire to be inclusive, as well as our own engagements with issues of minoritisation and intersectionality. Our discussions with clients around ethnicity, language, and child-care requirements in the initial assessment session meant that issues of ‘race’, culture and gender were raised early on and could be developed according to client material. Hence issues of ‘race’, culture and gender were central to our provision – both organisationally as well as in individual counselling relationships.

These measures demonstrate that we do not have to be accepting of ‘unfavourable conditions’, and that therapy in its organisation and practice does have an important role to play in breaking down barriers. Rather than obscuring power relations or taking conventional counselling practice as read, our direct engagement with class, ‘race’ and gender enabled us to build a successful and thriving organisation serving communities who previously had little or no access to appropriate counselling services.

Concluding thoughts

Therapy cannot extricate itself from social, cultural, and political practices, so engagement with context is vital to counselling minoritised and subordinated groups. The emphasis in person-centred counselling on the continual process of ‘becoming’ (Rogers, 1961 particularly, p. 107–124.) offers a good foundation to incorporate many of the arguments presented in this article. If it is recognised that we do not have fixed and static identities, equally such an analysis can contribute to understanding the evolving and changing nature of culture. Carl Rogers’ desire to equalise the relationship between therapist and client is crucial, as is his assertion that the client is the expert in their own process. These underlying beliefs of the person-centred approach augur well for non-hierarchical, non-medicalised counselling relationships. However, these are not enough in themselves, and there are many similarities between the person-centred approach to ‘difference’ and my discussion above on working with difference. The desire to equalise counselling relationships does not mean that they will be equal, and an analysis of inequality in counselling relationships

needs to be sustained and further developed (cf. Proctor, 2002). Central to this has to be an exploration of power relations at different levels: theory, practice and the organisation and delivery of counselling services. Whilst drawing on feminist thinking that the personal is the political, other conceptual resources of minoritisation and intersectionality have also been outlined to counter the de-politicisation not only of therapy, but also of the discussion around structural inequalities. From within person-centred theory an expansion of the ideas of conditions of worth was proposed to extend to racialised and gendered conditions of worth as a way of traversing the gap between individualised and societal formulations of distress, by attending to both the individual and their context. Racialised and gendered conditions of worth as theoretical concepts influence practice in the same way that other person centred theory impacts on its practice. Specifically, racialised and gendered conditions of worth contribute to an increased understanding and acceptance of both clients and counsellors. The central place given to the subjectivity of clients in person-centred counselling, paradoxically, can only be realised when counsellors work with the impact of structural inequalities on themselves and their clients. Similarly the ‘core conditions’, which are so important in the person centred approach (Rogers, 1951), can only be fully offered when counsellors engage with wider political, social and cultural contexts. More recent person-centred theory and practice reflects a shift, largely in theoretical terms in negotiating the structures, processes and relationships between the individual and the social. Examples of this include Mearns and Thorne’s ideas of ‘social mediation’ (2000, p. 178–189) and Proctor’s ideas of gender role socialisation (2004). As Proctor writes: ‘The inscription of gender roles is one way of ascribing conditions of worth to girls and boys, but this process needs to be understood as a societal and structural process, effecting individuals (2004, p. 132).

If we are serious about tackling the prevailing inequalities within counselling, then the notion of neutrality as described above has to be challenged. As the discussions above have demonstrated there is no neutral position – for neutrality is often confused with a tacit acceptance of the status quo and existing power relations. Further, such a stance can alienate clients from subordinated groups thus disconnecting them further from their lived experiences. A more connected therapeutic experience requires an active engagement to combat structural inequalities, and is both desirable and possible, which involves the whole of the counselling community and beyond.

Acknowledgements

Many thanks to various colleagues for their enthusiastic support for this article, and in particular Liz Bondi for her critical comment and suggestions. Thanks also to the reviewers and editor.

References

- AITKEN, G. (1996). The present absence/pathologized presence of black women in mental health services. In: BURMAN, E., AITKEN, G., ALLDRED, P., ALLWOOD, R., BILLINGTON, T., GOLDBERG,

- B., GORDO LOPEZ, A.J., HEENAN, C., MARKS, D. & WARNER, S. (Eds), *Psychology Discourse Practice: From Regulation to Resistance* (pp. 75–95). London: Taylor & Francis.
- ARNOLD, L. (1995). *Women and Self-Injury: A Survey of 76 Women*. Bristol Crisis Service for Women.
- BARKER, M. (1981). *The New Racism*. London: Junction Books.
- BATSLEER, J., BURMAN, E., CHANTLER, K., MCINTOSH, S.H., PANTLING, K., SMAILES, S. & WARNER, S. (2002). *Domestic Violence and Minoritisation: Supporting Women to Independence*. Women's Studies Research Centre: the Manchester Metropolitan University.
- BONDI, L. (1993). Locating identity politics. In: KEITH, M. & PILE, S. (Eds), *Place and the Politics of Identity* (pp. 84–101). London: Routledge.
- BONDI, L. & BURMAN, E. (2001). Women and mental health: a feminist review. *Feminist Review*, 68, 6–33.
- BROMLEY, E. (1994). Social class and psychotherapy revisited. Paper presented at the Annual Conference of the British Psychological Society, Brighton.
- BURMAN, E., GOWRISUNKUR, J. & SANGHA, K. (1998). Conceptualizing cultural and gendered identities in psychological therapies. *European Journal of Psychotherapy, Counselling & Health*, 1(2), 231–256.
- BURMAN, E., CHANTLER, K. & BATSLEER, J. (2002). Service responses to South Asian women who attempt suicide or self-harm. *Critical Social Policy*, 22(4), 641–669.
- BURMAN, E., SMAILES, S. & CHANTLER, K. (2004). 'Culture' as a barrier to domestic violence services for minoritised women. *Critical Social Policy*, 24(3), 332–357.
- CHANTLER, K., BURMAN, E., BATSLEER, J. & BASHIR, C. (2001). *Attempted Suicide and Self-harm (South Asian Women)*. Women's Studies Research Centre: Manchester Metropolitan University.
- CHANTLER, K. (2002). The invisibility of black women in mental health services. *The Mental Health Review*, 7(1), 22–24.
- CHANTLER, K. (2004). Double-Edged Sword: Power and person-centred counselling. In: MOODLEY, R., LAGO, C. & TALAHITE, A. (Eds), *Carl Rogers Counsels a Black Client* (pp. 116–129). Ross-on-Wye: PCCS Books.
- CHODOROW, N. (1978). *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*. Berkeley, California: University of California Press.
- CURRER, C. (1986). Concepts of mental well- and ill-being: the case of Pathan mothers in Britain. In: CURRER, C. & SATCEY, M. (Eds), *Concepts of Health, Illness and Disease*. Leamington Spa: Berg.
- DAVAR, V. (1999). *Mental Health of Indian Women – A Feminist Agenda*. New Delhi: Sage Publications.
- DONALD, J. & RATTANSI, A. (Eds.) (1992). *'Race', Culture & Difference*. London: Sage Publications in association with the Open University.
- GILLIGAN, C. (1982). *In a Different Voice*. Harvard: Harvard University Press.
- GILROY, P. (1992). The end of antiracism. In: JAMES, D. & RATTANSI, A. (Eds), *'Race', Culture and Difference* (pp. 49–61). London: Sage Publications in association with The Open University Press.
- HARAWAY, D. (2001). The persistence of vision. In: BHAVNANI, K.K. (Ed.), *Feminism & 'Race'* (pp. 145–160). Oxford: Oxford University Press.
- HARE-MUSTIN, R. & MERECEK, J. (1986). Autonomy and gender: some questions for therapists. *Psychotherapy*, 2, 205–212.
- HEILBRUN, C. (1993). *Reinventing Womanhood*. New York: Norton.
- JAGGER, A. (1989). Love and knowledge: emotion in feminist epistemology. In: GARRY, A. & PEARSALL, M. (Eds), *Women, Knowledge and Reality* (pp. 129–157). London: Unwin Hyman.
- JOHNSTONE, L. (1997). Self-injury and the psychiatric response. *Feminism & Psychology*, 7(3), 421–426.
- KEARNEY, A. (1996). *Counselling, Class & Politics: Undeclared Influences in Therapy*. Manchester: PCCS.
- KIRSCHENBAUM, H. & HENDERSON, V.L. (Eds.) (1990). *Carl Rogers: Dialogues*. London: Constable.
- LAGO, C. & THOMPSON, J. (1996). *Race, Culture and Counselling*. Buckingham: Open University Press.
- LAUNGANI, P. (1999). Client centered or culture centred counselling? In: PALMER, S. & LAUNGANI, P. (Eds), *Counselling in a Multicultural Society*. London: Sage.
- LAUNGANI, P. (2004). *Asian Perspectives in Counselling and Psychotherapy*. Hove: Brunner-Routledge.
- LITTLEWOOD, R. (1995). Psychopathology and personal agency; modernity, culture change and eating disorders in South Asian societies. *British Journal of Medical Psychology*, 68, 45–63.

- MACKINNON, C. (1989). *Toward a Feminist Theory of the State*. Cambridge, Mass: Harvard University Press.
- MASSON, J. (1989). *Against Therapy*. London: Collins.
- MCLEOD, J. (1993). *An Introduction to Counselling*. Buckingham: Open University Press.
- MEARNS, D. & THORNE, B. (2000). *Person-Centred Therapy Today: New Frontiers in Theory and Practice*. London: Sage.
- NATIELLO, P. (2001). *The Person-centred Approach: A Passionate Practice*. Ross-on-Wye: PCCS Books.
- NETTO, G., GAAG, S., THANKI, M., BONDI, L. & MUNRO, M. (2000). *A suitable space: improving counselling services for Asian people*. Joseph Rowntree Foundation, York: Policy Press.
- PENFOLD, P.S. & WALKER, G.A. (1984). *Women and the psychiatric paradox*. Milton Keynes: Open University Press.
- PILGRIM, D. (1992). Psychotherapy and political evasions. In: DRYDEN, W. & FELTHAM, C. (Eds), *Psychotherapy and Its Discontents*. Milton Keynes: Open University Press.
- PILGRIM, D. (1997). *Psychotherapy and Society*. London: Sage.
- PROCTOR, G. (2002). *The Dynamics of Power in Counselling and Psychotherapy: Ethics, Politics and Practice*. Ross-on-Wye: PCCS Books.
- PROCTOR, G. (2004). What can person-centred therapy learn from feminism? In: PROCTOR, G. & NAPIER, M.B. (Eds), *Encountering Feminism: Intersections of feminism and the person-centred approach* (pp. 129–140). Ross-on-Wye: PCCS Books.
- PROCTOR, G. & NAPIER, M.B. (2004) (Eds) *Encountering feminism: intersections between feminism and the person-centred approach*. Ross-on-Wye: PCCS Books.
- RICH, A. (1976). *Of Woman Born: Motherhood as Experience and Institution*. New York: Norton.
- ROGERS, C.R. (1951). *Client-Centred Therapy*. Boston: Houghton Mifflin.
- ROGERS, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95–103.
- ROGERS, C.R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In: KOCH, S. (Ed.), *Psychology, a Study of a Science. Vol 3. Formulations of the person and the Social Context* (pp. 184–256). New York: McGraw-Hill.
- ROGERS, C.R. (1961). *On Becoming a Person*. Boston: Houghton Mifflin.
- ROGERS, C.R. (1980). *A Way of Being*. Boston: Houghton Mifflin.
- SMAIL, D. (1996). *Getting by without Psychotherapy*. London: Harper Collins.
- SUE, D.W. & SUE, D. (1990). *Counselling the Culturally Different* (2nd ed.). New York: Wiley.
- TOTTON, N. (2000). *Psychotherapy and Politics*. London: Sage.
- TUDOR, K. (Ed) (1997). Person-centred practice, 5(2).
- WARNER, S (1996). Constructing femininity: models of child sexual abuse and the production of 'woman'. In: BURMAN, E., ALLDRED, P., BEWLEY, C., GOLDBERG, B., HEENAN, C., MARKS, D., MARSHALL, J., TAYLOR, K., ULLAH, R. & WARNER, S. (Eds), *Challenging Women: Psychology's Exclusions, Feminist Possibilities*. Buckingham: Open University Press.
- WARNER, S. (2000). Feminist theory, the women's liberation movement and therapy for women: changing our concerns. *Changes*, 18(4), 232–254.
- WATERHOUSE, R.L. (1993). 'Wild women don't have the blues': a feminist critique of "person-centred" counselling and therapy. *Feminism & Psychology*, 3(1), 55–71.
- WILKINS, P. (2003). *Person-centred Therapy in Focus*. London: Sage.
- YUVAL DAVIS, N. & ANTHIAS, F. (Eds.) (1989). *Women – Nation – State*. London: Macmillan.

(Accepted 22 October 2004)