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**Factors affecting perceptions of counselling by clients
with African and Caribbean origins**

by

Mary Catherine Sloman

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Introduction

The counselling profession has considerable skills for reducing the social and emotional barriers experienced in the culturally and ethnically diverse society that is modern Britain. It is important to acknowledge the social and political factors that affect ethnic minority groups, which prevent them from attaining equality of access to counselling services. Counsellors need to challenge their inherent assumptions and develop the culturally responsive skills needed to achieve a more positive impact. For organisations, there is a need to increase the level of cultural sensitivity in service delivery and provision.

As individuals, we all have multiple cultural identities that derive from the different contexts in which we live our lives. These include family, community and the various groups to which we belong such as work or education. Our level of understanding of the influences and impact our cultural identities have can vary from naivety and lack of understanding to the attainment of a deep level of awareness that may lead the individual towards positive integration.

Important aspects of cross-cultural counselling have come under investigation over the last two decades. These include the need to work with an increasingly diverse population and the importance of multi-cultural training in response to these demographic changes. Although it is a relatively easy task to take on board elements of someone else's culture, the understanding of how racism may intervene within racial dissimilar counselling dyads is much more complex. Commentators such as Lago and Thompson (1999) assert that often a somewhat over simplistic, judgmental and discriminatory view has been taken in past analysis. This, they suggest, may have implications and consequences for the therapeutic aims and ultimately could lead to an anti-therapeutic outcome.

Multiculturalism involves a wide range of issues that include language, gender, ethnicity, race, religion/spirituality, age, sexual orientation, physical issues and socio-economic factors. These issues have a profound impact on a counselling relationship and influence the effectiveness and successful outcome of the therapeutic encounter. Counsellors need to acknowledge that the client from a culturally different background lacks understanding of or familiarity with the counselling environment. Opportunities for the counsellor to discuss with the client what will be involved in terms of commitment, boundaries and time keeping is necessary to implement effective treatment plans. Counsellors need also to have an understanding of the cultural limitations within counselling and to know when it is necessary to refer clients. When working within a culturally diverse population, there is a need to understand the existence and influences of modern social structures. With this understanding, it is possible to achieve a greater awareness of the processes that continue to perpetuate racism and social disadvantage. Counsellors are then able to work in ways that avoid recreating similar inequalities within the therapeutic practice.

In this paper, I shall argue that there are historical and cultural reasons hindering access to counselling for people from African and Caribbean ethnic origin. My focus will be the experience of a sample of African and Caribbean users of counselling services and the implications of these experiences to the service providers. I will argue that when people from African and Caribbean ethnic origin receive culturally sensitive counselling that there are a number of benefits that promote psychological integration.

The problems of race has been noted as early as the 17th century. Historical accounts, referred to by commentators such as and Hiro (1971), reflect white people's perceptions

of black people that date from the early 17th century. These include negative views associated with physical differences such as skin colour and hair texture. Belief in the inferior status of black people based on cultural difference formed a justification for their adverse personal treatment. Many of these negative stereotypes and perceptions can sometimes unknowingly continue to this day.

While legal measures were gradually introduced in the United Kingdom, it became apparent in the 1980s that measures, such as changes in Immigration Acts, Local Government Act and the establishment of the Commission for Racial Equality, had little impact in addressing the fundamental problems of urban poverty and the adverse effects of racism that further compounded these issues. What followed was much civil unrest as these issues surfaced in riots in Bristol, Brixton and other areas of Britain. In response to this, the government commissioned a report by Scarman (1981) to assist local authorities in making a commitment to tackling the difficulties of injustice and inequality. Scarman (1981, p. 135) asserted that 'Institutional racism does not exist in Britain but racial disadvantage and its nasty associate, racial discrimination, have not yet been eliminated. They poison the minds and attitudes. They are, and so long as they remain, will continue to be, a potent factor of unrest.'

Several distinct approaches have been utilised to address injustices based on racism. These include the assimilationist position based on the traditional liberal attitude that everyone should be treated the same. The inherent expectation in this approach is that black people would conform with and thereby become integrated with the white British way of life. In Britain, the period of the 1960s was considered a period of assimilation and immigration of people from the Caribbean, Africa and India. However, these notions are somewhat challenged by some researchers who assert that assimilation of people from the Caribbean into British society did not happen.

In the late 70's, considerable research uncovered the extent of racial prejudice in Britain¹. Studies by researchers such as Skellington and Morris (1992) showed an escalation of racial violence and harassment. In an attempt to counteract this, new sets of ideas emerged in the multicultural approach that were coupled with an ethnically sensitive perspective. The particular challenge of addressing inequalities experienced by black and minority groups are described by the Social Exclusion Unit:

'Ethnic minority disadvantage cuts across all aspects of deprivation. Taken as a whole, ethnic minority groups are more likely than the rest of the population to live in poor areas, be unemployed, have low incomes, live in poor housing, have poor health and be the victims of crime.' (Social Exclusion Unit, 1998).

Statistical evidence from organisations such as Mind reveals the number of black people within custodial mental health care provision. Mind believes that this information provides disturbing evidence of how racism and cultural prejudice may be influential and impact on assessment and referral procedures:

¹ The first British Social Attitudes survey published by Jowell (1984) identified that more than one third of the adult population classified themselves as racially prejudiced and 42% predicted that racial prejudice would become worse in five years. There was also substantial evidence of an increase in aggressive behaviour towards non-white groups in the United Kingdom. Material from Skellington and Morris's (1992) showed that two out of three white people thought that Britain was a very or fairly racist society compared to four out of five Afro-Caribbeans, and 56% of Asians.

‘It is this failure to incorporate an understanding of the significance of race and culture into a systematic professional response that results in the diagnosis or assessment procedure becoming unreliable and highly stressful’. (The Mental Health of the African Caribbean Community in Britain’, 2002, p. 12)

There is evidence that ethnic groups sometimes receive differential treatment or treatment that does not respond to their cultural differences from statutory agencies. Wilson and Francis (1997) state:

‘They are more likely than any other minority group to have a diagnosis of schizophrenia, are most likely (together with Irish-born people) to be detained in locked psychiatric wards and most likely to be treated with higher dosages of medication’.

Furthermore, the Reed Report of 1990 asserts:

‘That many professionals seemed to lack basic knowledge about the different needs of minority ethnic communities or have a real understanding of institutional racism and the effects of cultural difference on the nature of mental disorder’. (‘The Mental Health of the African Caribbean Community in Britain’ p. 14).

Different cultural perceptions of mental health such as distinction between physical and mental health, different attitudes to men and women and overall resistance to the idea of mental illness makes assessment difficult. The stigma, fear and shame that the individual may associate with mental ill health shape the individual’s attitude to seeking help, accessing services and the kind of coping mechanisms they adopt. Ultimately these attitudes and expectations have some impact on the level of effectiveness of therapy.

Studies undertaken by the Commission for Racial Equality, amongst others, show overwhelming evidence that, in comparison with white people, African-Caribbean people are more likely to be detained in a psychiatric hospital following contact with the police and social services. They are also less likely to be referred by their GP, and more likely to be detained by the police under the Mental Health Act.

In his paper Jewel (1994) states that mental health services are under-utilised by minority clients and that was partly caused by the lack of bi-lingual therapists and by stereotypes therapists have and by discrimination². He concluded that training of mental health professions is the major factor contributing to therapeutic ineffectiveness. By this he got to the same conclusion that Sue and Zane (1987) claimed a few years earlier: the single most important explanation for problems in service delivery is the inability of the therapist to provide culturally responsive forms of treatment. With this the debate was firmly moved to the ground of multi-cultural, trans-cultural, cross-cultural counselling.

One of the problems with these assertions is the implicit assumption that effectiveness of therapy is a consensus category. However, as Atkinson (1985) and Sue (1988) point out that there is no consensus on a desirable outcome for psychology in general on measuring the outcome in particular. Because of these, research on the influence of race differences between the therapist and the client on effectiveness of therapy, researchers

² Abramowitz and Murray (1983) a decade earlier stated, however, that there is little evidence of such underutilisation.

shifted the method to investigating client preference. This, however, inevitably led to rather vague and tentative results (cf. Abramowitz and Murray, 1983, Wade and Bernstein, 1991, Sue and Sue, 1990).

First I will present a short review of the literature from the point of view of the involvement of trans-cultural therapy, then I will present the findings of my fieldwork and will close the paper with a discussion of the findings relevant for counselling service providers.

Literature Review

The concept of race, now largely discredited in biological science, has become a scientific myth in current thinking. Commentators such as Pederson (1997) and Reber (1985) both support this, but acknowledge the importance of considering the political and psychological aspects of the concept. There seems to be a general consensus on the use of the term in this sense.

However, by today the concept of race in this sense is largely superseded by a broader category: culture. The concept of culture has been used to describe a whole country, an ethnic group or sub-groups such as socio-economic classes in Britain. Culture has objective and subjective characteristics from physical aspects of the environment to social constructs such as roles and belief systems. Culture is seen to exist inside people psychologically and outside in the various social institutions. These two aspects are constantly interacting and in continual change. When applied to an individual the term 'culture' refers to a mixture of behaviour and cognition in the widest sense that arises from shared patterns of belief, feeling and adaptations that people carry in their minds. In anthropological writings, culture was defined as a social concept 'something out there' but later the emphasis changed to something 'inside' the person – a psychological state. Within this exploration on a 'post-modern' terrain, the concept was no longer seen as rigid or a closed system of ideas outside of the person. Instead, the concept of culture gained recognition as a flexible construction of the world to which various groups of people belonged and shared specific geographical and historical viewpoints. These ideas link closely with D'Ardenne and Mahatni's definition of culture: 'Culture means the shared history, practices, beliefs and values of a racial, regional or religious group of people' (D'Ardenne and Mahatni 1999, p. 3).

Ferrando reiterates the dynamic and changing aspects of culture and states that it is 'A flexible system of values and world views that people live by, a system by which they define identities and negotiate their lives.'(Ferrando 2002, p. 11)

As culture is perceived as a psychological state, ethnicity is also interpreted as an inner attribute. Ferrando considers that the over riding feature of an ethnic group is the sense of belonging the individual feels. He suggests that it is a psychological matter. He states that these bonds are not solely defined either in terms of physical attributes (race) or by social compatibility (culture). He states that if the bonds that seem to bind persons together are defined as 'cultural' or 'racial', or both, then an ethnic group is identified. The concept of ethnicity provides a framework of ideas linked with race and culture within a personal dimension thus creating a sense of belonging.

Once race, culture and ethnicity are perceived as psychological states, psychology as science had to respond to the challenge and a new sub-branch, cross-cultural psychology emerged.

The first models, 'genetic' and 'cultural deficit' models, were later dismissed in favour of 'culturally different' models (Sue and Sue, 1981). The dismissal was a direct result of the inevitable conclusions from these models, that is the notion of inferiority or superiority because of difference. The view emerged that all mental processes and behaviour are universal and that underneath the 'layer' of culture all people are the same. Therefore, it is believed that culture distorts similarities, but once this layer is abstracted from, universal characteristics emerge.

By the late 1980s, this view came under question as the new discipline of cultural psychology developed. From this perspective, the relationship between the individual and culture and how the socio-cultural world 'can subsequently influence the way we act, think and feel in it' are then given a greater emphasis. As Eleftheriadou states 'These elements cannot be analysed independently; each one must be defined in relation to one another.' (Eleftheriadou, 1994, p. 5)

Inevitably, this assertion of anthropology brought about criticism. Krause (1998) questioned whether modern anthropology, which aims to comprehend others on their own terms, can ever become integrated within psychotherapeutic theories.

Littlewood and Lipsedge (1982) combined theoretical perspectives of psychiatry and social anthropology to describe the mental illness of ethnic minorities. Their study examined the higher rates of incidences of stress and associated mental illness in certain UK cultures. They refer to the majority as 'alienists' and suggest that they do not have an adequate frame of reference for judging the standards of individuals from other cultures. They argue that the dominant culture actively alienates people who do not belong to it. From this perspective, behaviour not understood is termed as deviant and therefore pathological. The explanation that they subsequently put forward has implications for counsellors of a majority culture dealing with minority ethnic clients.

Over the past two decades, the focus of attention has moved to the influence of racism and there is a growing body of research on mental health, race and culture to substantiate this. With this perspective, academic research has considered matters such as diagnostic and referral procedures for black people in the mental health care setting. This has initiated considerably debate on the influence that racism and cultural prejudice has had on the treatment of black people in the mental health care sector. From such a controversial background, with its associated negative aspects, investigators in trans-cultural counselling have tended to develop a problem-bound focus in their presentations. It has only been relatively recently that literature with a different focus has become a viable resource in trans-cultural counselling.

Models of western psychological research on black people have passed through stages that reflect the biases and prejudices of white theorists of the time. These include the inferiority model, the deficit (deprivations) model and the multi-cultural model. As theories evolved and gained ascendancy, traditional psychodynamic theories came under scrutiny as ethno-cultural intricacies were exposed.

Commentators such as Atkinson (1985) and Ivey (1980) challenge the universality of traditional counselling approaches that developed within a white middle class context. They consider that these approaches have a mono-cultural perspective and relate to western individualistic terms. They question the assumption that this theory base applies to all populations. Sue (1981) believes that with this primarily intra-cultural instead of intercultural focus they have tended to assume an ethnocentric view of human behaviour. From this it follows that if one does not acknowledge cultural differences among people, it becomes easy to accept views that perspectives or activities different from those in the universalistic model are inferior or abnormal (Katz, 1985). McLeod summarises that, in general terms, the focus of theory and practice of counselling and psychotherapy has 'served the dominant group in society and to a considerable extent has ignored the problem of people who are disadvantaged against.' (1996, p. 108)

As a result of the growing discussion, a number of compatible and incompatible models emerged. Pedersen (1986) argued for a cross-cultural perspective, as he perceived multiculturalism as a form of defence of social, economic and political colonisation. D'Ardenne and Mahtani (1999) suggested a trans-cultural approach. Both approaches contend that traditional therapeutic models usually have an emphasis on the self and in this respect undervalue the significant place of family and culture³. They suggest that cross-cultural or trans-cultural counselling requires more than acceptance of difference and that the direction of exploration is opposite to the usual route of psychotherapeutic work.

Kareem and Littlewood (1992) propose an intercultural approach - a form of dynamic psychotherapy. This takes into account the patient's communal life experiences in the world - both past and present. The very fact of being from another culture involves both conscious and unconscious assumptions, both in the patient and in the therapist.

Since the 70s, counselling across cultures has been concerned with the need to increase cultural sensitivity and in the modification of skills to allow counselling to respond to the needs of clients from culturally diverse backgrounds. These include the ethnomedical model, the integrative model introduced by Jones (1985) and more recently the use of a culture-centred counselling model proposed by Laungani (1997).

The ethnomedical model located individuals and their concepts of sickness at the centre, highlighting nine components that contribute to an individual's concept of disease in any culture. This nine-dimensional model addresses the impact of individual's cultural heritage on personal experience.

The integrative model of cross-cultural counselling (Jones, 1985) provides a conceptual guide for psychotherapy based on the psychological functioning of black Americans. Jones suggests that cross-cultural counselling involves having a knowledge and appreciation of divergent social structures combined with an in depth understanding of socio-psychological development models of psychological functioning of black clients'. The model works with four variables. These include reactions to racial oppression, influence of the majority culture, influence of traditional African-American culture, individual and family experiences and endowments of black clients. Jones acknowledges

³ Ponterotto et al. (1992) report how the culturally different perceive person-centred or psychodynamic approaches as 'highly ambiguous, possibly threatening and often irrelevant'.

some difficulties to this approach posed by separating and distinguishing influences on psychological functioning of the significant variables.

Laungani and Palmer (1999) argue that there is a little correspondence between assumptions of counsellors and those of their client group. He emphasises the need for counsellors not to respond to the perceived westernisation of their Indian clients but instead to acknowledge their cultural inheritance. These origins have impact on the individual's identity, their unique worldview and how they perceive and evaluate themselves.

Eleftheriadou (1994) provides a broad framework for working with those who are culturally and ethnically different. She proposes a philosophical framework based on the theory and practice of existential/phenomenological analysis. It is an attempt to provide a holistic view of the field of cross-cultural counselling, and aims to highlight the issues related to counselling ethnic minority groups. Eleftheriadou takes account of the inner and outer world of the client; their unique interpretation of the world embedded within their own culture and acknowledges differences in the worldviews held by client and counsellor respectively.

Eleftheriadou emphasises the importance of a shift in perspective:

‘from cross-cultural, which involves working across culture using ones own: reference system to understand the client’s experience towards trans-cultural, which denotes that the counsellor needs to work beyond their cultural difference’ (Eleftheriadou 1994, p. 31).

Trans-cultural counselling hence defined as the counsellor’s acceptance of another worldview and then aims to meet their clients more than half way. This presents a considerable challenge for the counsellor who has to deal with a new worldview and tune into a new cultural reality while developing an understanding of thoughts, meanings, emotions and behaviour associated with the particular culture.

Trans-cultural counselling has its origins in practice rather than theory and that there is little established methodology or well-documented research available. Because of the conceptual nature of trans-cultural counselling (Jewel, 1994) and the lack of systematic empirical evidence (Eleftheriadou, 1994, Merta et al, 1992), there are considerable disagreements among researchers.

The significance of the concept of race is generally only considered within the counselling relationship when working with clients who are visibly racially different or when racial issues are a focus of concern for white clients. In situations where there are white dyads, the interaction engages in an acceptance concerning whiteness as a racial position.

It is apparent that it is not possible to alter the socio-political history and the numerous diverse factors that have contributed to and enabled this stance to evolve within the therapeutic field. Katz (1985) asserts that the similarities between white culture and the cultural values of traditional counselling, theory and practice are similar and interchangeable.

It is a challenge to all white therapists to become aware of how being white influences the therapeutic process, particularly with black clients. Both Ivey et al. (1993) and

Marsella (1979) state that an adherence to one set of assumptions and values concerning human behaviour and mental health restricts the ability of counsellors to be effective in a cross-cultural setting. Therefore, aspects of racial awareness can be utilised and thereby the invisibility of whiteness challenged. This implicitly claims that with limited awareness of their own white racial identity, counsellors may be unable to explore racial identity issues with their clients. Where culture and ethnicity are not a central focus, the impact of racial factors in psychological and social functioning is given limited consideration. Also, the counsellor may overtly or covertly slip into a socially conditioned posture of white superiority.

By developing a greater level of understanding of white racial identity development, the counsellor has a framework of reference when dealing with individual and interactional racial functioning. For the counsellor, this growth process necessitates the recognition, ownership and relinquishing of stereotypes and thereby the challenging of fears, belief illusions and hopes. This involves exploring attitudes at an affective level. Often, confusion and conflict may arise between intellectual ideas 'about racial justice and racial equality and uncomfortable emotional responses to a black client' (Tuckwell, 2003). These struggle to come to terms with contradictory reactions can lead to incongruence on a feeling and behavioural level for both client and counsellor alike.

Jones (1985) assert that counsellors who hold a different worldview from their clients and are unaware of the basis for this difference are more likely to experience negative counter transference reactions within the counselling setting. They may also project negative feelings onto their clients. Kareem and Littlewood (1992) suggest that working in this way with minority clients can be ineffective and create mistrust of therapy and its practitioners.

Different psychological theories of culture have gained ascendancy and there has been a shift from the genetic and cultural deficit models of culture in favour of culturally different models. These changes have eventually started to inform and influence practice.

Contemporary psychological theorists such as Kareem, Thomas, Thompson and Lago who come from within a psychoanalytic tradition have explored aspects of psychoanalytic theory from a black perspective. They are working with and creating what are termed 'worldview' models that focus on the value and appreciation of the diversity of human expression. Lago and Thompson (1996) assert that understanding and working with these profoundly different ways of being, spiritual values and functioning in the world, enhance our skills in working across cultures. The value of worldview model perspectives is how they define the construction of 'self'.

The aim of a responsive multicultural therapy is to establish an empathic therapeutic relationship. From such a perspective, the therapeutic alliance will address issues of multiculturalism such as race, ethnicity and language. The encounter embraces cultural diversity, by acknowledging the strengths and stresses associated with ethnicity while giving recognition to the contextual social and political factors for the client. This emerged from work on black identity and biculturalism (Chestang, 1979). This emphasis on 'biculturalism' resulted in the acceptance of the need to acknowledge the specific counselling needs of black clients in terms of a balance between biculturalism and assimilation.

Mishne's definition reflects this clearly:

‘The conscious and systematic process of perceiving, understanding and comparing simultaneously the values, attitudes, and behaviours of the larger societal system with those of the client’s immediate family and community system. It is the conscious awareness of the cognitive and attitudinal levels of similarities and differences in the two systems.’ (Mishne, 2003 p. 3)

Comas-Diaz (1988), Edward and Sanville (1996) and Williams (1990) however argued that such a definition of the cross-cultural perspective could promote ethnic stereotypes, ethnic conflict linked with the ‘us’ versus ‘them’ concept and that important contextual issues were not addressed, in particular the individual difference within any cultural group and the diversity of unique influences on an individual client⁴.

Although links between theory and practice do exist in the counselling profession, the impact of environmental factors on the client’s life does not feature strongly in diagnostic and assessment procedures. To examine and explore the effects of racism on the individual, Katz (1985) claimed that the counsellor needs to learn to diagnose from an environmental view as well as an intra-psychic perspective, hence traditional counselling needs to develop a descriptive system that includes perspectives of minorities within their own cultural framework. This view of the reciprocity between the individual and the environment provides a wider perspective. It also recognises that counsellors need to ‘acknowledge their own cultural identity and the cultural dimensions of their theory and practice and, most important, have an understanding of their client’s racial and cultural identity’. (Katz, 1985 p. 21). Mishne (2002) agrees with this when states that it is necessary for the clinician to develop a wider perspective and to include relational issues associated with Object Relations theory. It is also necessary to utilise aspects from self-psychology when dealing with the client’s self esteem issues.

Methodology

From the literature review it follows that the usefulness of counselling services for people from African and Caribbean ethnic origin would be influenced by the specific offerings of counselling services and the perception of counselling by the potential ethnic clients.

In order to explore these influences an empirical study was carried out using a range of research techniques. A questionnaire filled in by clients provided the quantitative data, while interviews with counselling agencies gave rich information for qualitative analysis (See Appendix).

Both the questionnaire and the interview schedule were piloted partly to assess the appropriateness of the research instruments. In addition, the pilot study allowed for establishing informal contacts and gaining background information for the appropriate sampling of the counselling agencies as these were asked to help in accessing their client groups.

A total of one hundred and fifty questionnaires were forwarded to a selection of thirty counselling services based in different geographical locations. These included Liverpool,

⁴ It has to be noted, however, that Ivey (1980) demonstrate that interventions made in the environment may be more effective in promoting mental health than interventions made on the individual level.

London and Manchester. The data used in this paper derived from the completion of the survey consisted of a randomly selected sample of sixty respondents and involved the participation of six counselling agencies.

The questionnaire consisted of fourteen questions and addressed some of the factors that are influential in determining counselling outcome. These included age, gender, ethnicity, referral procedures, external support and the level of exploration in the counselling relationship. The focus of this questionnaire was on the exploration of aspects that influence clients from African and Caribbean ethnic origin in their decision to seek counselling at a specific counselling agency. It provided information on the overall counselling experience of the respondents. This method was chosen for ease of coding and analysis of responses. This seemed to counterbalance of the problem of gaining only highly structured information.

As respondents were contacted through counselling agencies, it might have introduced bias as the agencies were chosen on the basis of their catchment group. The high level of visibility of the service within the local community may have impacted on levels of access to the service as this may influence how a specific service is accepted by the minority groups in the locality.

In addition, the dominance of self-selecting in the sampling introduced a bias to older African and Caribbean people (while statistically younger people dominate these communities).

The interview schedule with counselling agencies addressed issues of cultural responsiveness, and racial/cultural awareness training. Although only six participated with their client group in the counselling survey, twenty-five interviews were conducted.

Much time and effort was involved in follow-up with counselling agencies to ensure completion of the counselling questionnaire and interview schedule for the study. The contacts made and discussion with the significant number of counselling agencies that declined to participate was informative and provided additional information.

Some agencies expressed the belief that it would only be appropriate to introduce the questionnaire to clients at the referral stage. Although they expressed a willingness to participate, the delay involved meant that these offers had to be declined because of time factors.

Some of the reasons given for unwillingness to participate in the survey by some agencies included concerns that the survey would interrupt the counselling process for some of the clients. Some organisations that were currently involved in evaluation of their own counselling service felt my request would involve overload for the client and declined on ethical grounds.

To ensure reliability and quality of the data, references from the information received from the respondents was analysed and checked against the completed questions in the interview schedules that pertained to the particular agency concerned for each of the respondents.

The data was analysed and discussed against a background of factors that link to the skills and knowledge associated with trans-cultural counselling.

Ethical guidelines were followed throughout the empirical study. Ethical issues mainly emerged about the questionnaire – it had to be produced a culturally sensitive format. The approaches made to the various agencies both verbally and in correspondence endeavoured to acknowledge and respect social and political issues that link to a culturally diverse society. Counselling agencies involved in the study received a written confirmation of assurance on confidentiality.

The questionnaire sample

Of the 60 respondents 38 (63%) were female. About half of the respondents were between 31-42 years of age. 68% of the respondents identified themselves as Black British. This identification was clearly stronger among younger respondents. The majority of the respondents had at least one Caribbean parent. In fact, 24 of the respondents (40%) listed both parents as Caribbean. Ten of the respondents (17%) listed both parents as African and four (7%) of the respondents listed both parents as British. 25% of the respondents were registered disabled person.

61% of respondents lived in London, 30% in Liverpool and 9% elsewhere.

Analysis of the survey

Overall, the majority of respondents claimed that counselling was successful. This answer seems to be independent of gender (64% of men and 66% of women) or ethnic identity⁵. On the other hand, perception of the success of counselling might be age dependent as the dominant age group in the sample considered counselling less successful (55%) than any other age group, while those between 18-30 years of age perceived counselling the most beneficial (73%). The difference was significant at 5%.

Respondents sought counselling for a number of reasons, anxiety and stress and isolation being the most dominant. The vast majority of clients sought help for more than one reason. Chart 1 summarises the reason for seeking counselling as well as whether the respondents perceived counselling successful or not. The distribution is very similar so no firm conclusions can be drawn. However, it is notable that persons who experienced a lack of self worth had a higher success rate than their overall presence in the sample. Comparing overall figures, the success rate for this category was 24 out of 29 (83%), which compares to 65% for the whole sample.

The majority of the respondents found counselling service on the basis of doctor's referral. However, as a strong indication of the characteristics of the target group, a third of the respondents found counselling service through their community and a sixth of them through family and friends. The role of social networks in finding counselling service is further amplified by the finding presented in Chart 2. Those respondents referred by their doctor showed a lower success rate than those who discovered the service through local community groups or friends/family. Comparison of overall figures confirms this with 13 out of the 25 referred by their doctor (52%) reporting a positive outcome. However, 14 out of the 20 who discovered the service via local

⁵ However, parents' ethnicity seemed to have an influence on the result as respondents with African parents considered their counseling to be more successful (83%) than those with British parents (52%).

community groups (70%) and 7 out of the 9 who did via family/friends (78%) were successful.

Chart 1: Reasons for Seeking Counselling

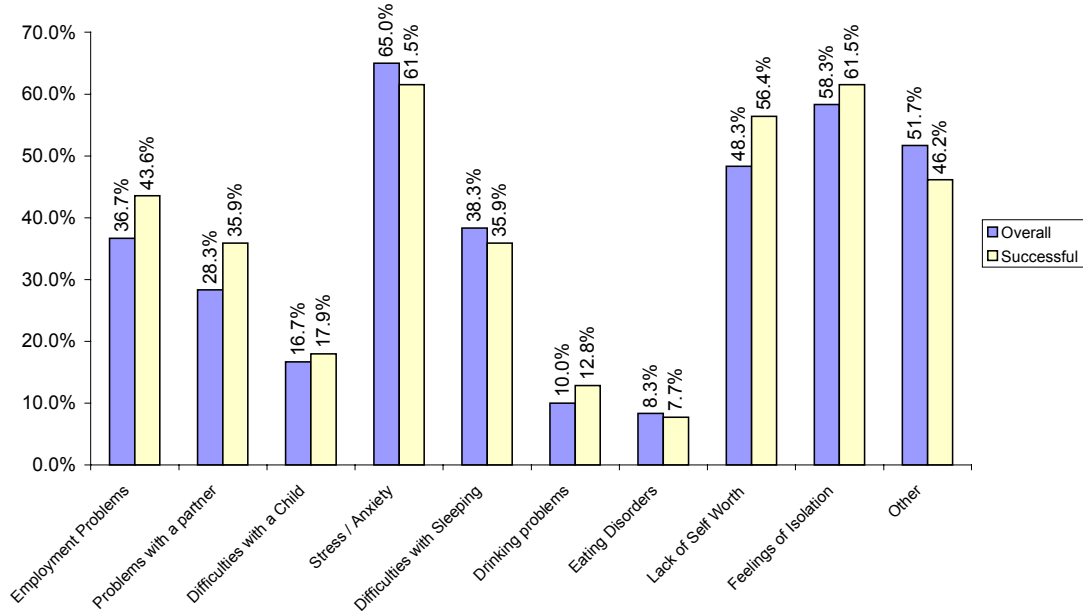
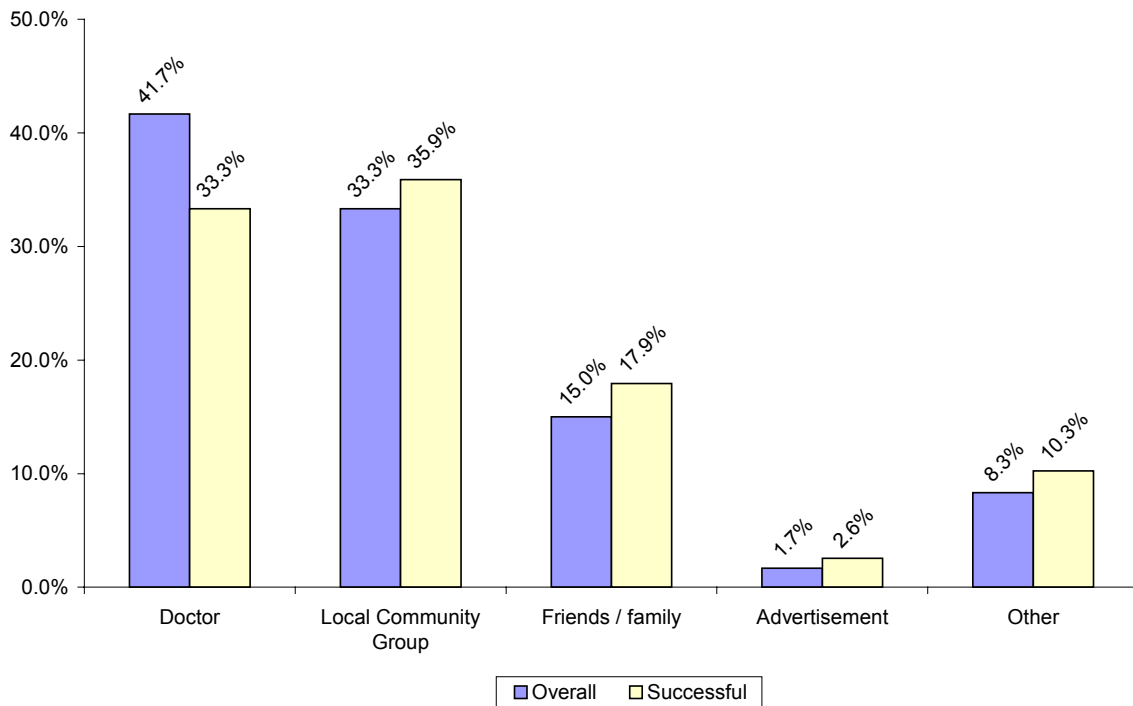


Chart 2: How did you find the service?



As the overwhelming majority of respondents found the service through doctor's referral or through social networks, not surprisingly convenience was the most important reason for choosing a particular service, which, considering the ethnic composition of these locations, coincided with the priority (60% of respondents) of finding counsellors from the same ethnic background. This latter factor was also strongly correlated with the perceived success of counselling (79%).

The respondents were asked to assess the skills of their counsellor against a list of qualities ranging from 'Listening' to 'Helping Set Goals' using the scores 1 –very poor, 2 – poor, 3 – fair, 4 – good, 5 – very good.

The results are given in Table 1 (below). The median score is 4 – good, with only two categories – 'Awareness of Cultural Issues' and 'Helping Clarify Expectations' being rated as 3 – Fair. For a more in-depth analysis of these figures, the mean results for respondents who classed their treatment as successful were calculated; as were those for respondents who classed their treatment as unsuccessful⁶.

Standard deviations for the 'Successful' set, which range from 0.55 to 1.08 are significantly lower than those for the 'Unsuccessful' set, which range from 1.04 to 1.45. Evidently, the set of respondents who viewed their counselling as unsuccessful were represented a less homogenous group than the set who viewed their counselling as successful. It is also interesting to note that the category 'Respect' that both sets of respondents listed more highly than other categories shows the greatest variance in standard deviation. The 'Successful' set is 0.52 – the lowest value, whilst the 'Unsuccessful' set is 1.45 – the highest value. This indicates that the issue of respect was the most widely ranked characteristic among the second set, while, as in the first set it was the most narrowly ranked. It suggests that respect is a key attribute (though not necessarily factor) of the perception of success of counselling by the clients.

The counselling environment is considered to be closely associated with the success of counselling – it can enhance or diminish the effects of the personal and professional attributes of the counsellor. In a separate question, respondents were asked to state whether they felt comfortable in the counselling environment. A large majority of the respondents (71.7%) replied positively to this question. However, comparing success rates, the results are very revealing. No less than 94.9% of the respondents who had felt comfortable in the counselling environment stated that their counselling had been successful.

Respondents were also asked about support they received outside of the counselling service. Not surprisingly, around two thirds of the respondents mentioned family and friends. However, about half of the respondents (as they were allowed to choose more than one source of support) mentioned other sources of support. This includes support from other professional agencies, religious organisations, support workers and staff members at local community groups.

⁶ While it is problematic to use mean average for Likert scales such as this one, with providing the standard deviation figures, the mean is probably more descriptive than the median.

Table 1: Perception of skills of counsellors

	Overall Mean	Respondents who found counselling successful		Respondents who found counselling unsuccessful	
		Mean	Standard Deviation	Mean	Standard Deviation
Listening	4	4	0.55	3	1.35
Awareness of Cultural Issues	3	4	1.08	3	1.34
Understanding	4	4	0.62	3	1.28
Helpfulness	4	4	0.66	3	1.04
Openness	4	4	0.56	3	1.40
Respect	4	5	0.52	4	1.45
Helping Clarify Expectations	3	4	0.79	3	1.35
Exploring Feelings and Experiences	4	4	0.86	3	1.24
Seeing Client's Problem in Different Ways	4	4	0.80	3	1.22
Helping Set Goals	4	4	0.92	3	1.32

Note: On a Liker scale from 1 (very poor) to 5 (very good)

Discussion and conclusions

The aim of my study was to address those problems in service planning and provision that adversely affect access to counselling for people from African and Caribbean ethnic origin. My basic assumption was that people from African and Caribbean ethnic origin would benefit from gaining access to counselling. While the answer to this question is

problematic in general (see the literature review above), I could establish that the majority of the respondents found that counselling had a successful outcome. The significant minority that found their counselling to be unsuccessful identified difficulties with the counselling service that it is possible to remedy.

It is apparent that the agency needs to be located within easy reach of the population that it aims to serve. Discretion and convenience of access are prime factors for the client when the feelings of shame, fear and embarrassment that are associated with mental ill health in some cultures are considered. It is an important task of the agency to consider ways of facilitating the client's easy access into the counselling process.

The agencies selected for the survey described themselves as promoting positive action in the interview schedule (see Table 2) and having a commitment to the recruitment of staff from ethnic minority backgrounds. Each agency had identified their catchment group and had monitored the ethnic profile of the client group.

As each of the agencies had identified their catchment area, it may be assumed that information on the proportion of the local population that are from Black and other ethnic minority groups was influential and informed the counselling service provided.

From the results described in the previous section, location appears to be the most important deciding factor in the selection of the counselling agency. This is followed by the availability of a counsellor from the respondent's own cultural background. Just under half the respondents expressed this as an important deciding factor.

It would seem that the majority of the counselling agencies had a high level of visibility within the local community and in some cases, they had established excellent contacts with other support agencies. Findings from the fieldwork discussed here suggest that in some ways the agency's literature can act as an aid to acculturation into the counselling process (for example, reaching out to the 7% of the sample who considered the availability of an interpretative service and appropriate literature in different languages was an important deciding factor).

This can be a complex-planning task for the agency as their potential clients may not represent a socially homogeneous group. The two main locations where the survey was conducted, Liverpool and London, have different population characteristics. Liverpool has one of the oldest black populations in Britain, going back some three or four generations. London, particularly the areas selected for the survey, reflects the migration of people mainly from the Caribbean during the 1950's.

From the sample, 68% of the respondents describe themselves as 'Black British.' This self-identity may not be recognised by other ethnic groups, who may perceive them as 'Black'. Black Britons have internalised values and assumptions formed partly from observations and partly through socialisation within their family but more significantly from their interactions with other people. These experiences promote identification and a sense of belonging to their own ethnic group. The degree of the level of affiliation is somewhat more complex as the centrality of ethnicity in self-concept varies between individuals and so does the meaning. This has considerable implications within the counselling field as all of these factors will have influence upon the individual's motivation to seek support and assistance. Consequently, this highlights the importance

of delivering appropriate referral assessment procedures both at the initial contact and in setting up therapeutic treatment contracts for counselling sessions.

The cross-links and complexity of factors such as ethnicity, socio-cultural characteristics of the community, age, etc. requires the counsellor to have a significant amount of information of these issues and develop cognitive tools which help him or her to absorb the new information in a systematic and reflective manner. To be effective and to enable the client to remain in counselling, the counsellor needs to negotiate and select strategies that provide an environment where the client feels not only accepted and respected, but also understood. Rogers has stated that it is not good enough for the therapist simply to be skilled but that it is essential for the client to be able to perceive these skills. The client also needs to have an understanding of the counsellor's intentions and the level of commitment.

The study presented here focussed on a range of single variables: age, gender and ethnicity, however these factors may be connected and have an impact on the client's issues. Exploration of cross-links among these variables and variables such as social class, education, political, religious beliefs, etc. would inevitably require a significantly more complex research that would likely result in a model that then could be contextualised depending on the concrete research problem.

Table 2: Characteristics of six counselling agencies

Agency Number		A	B	C	D	E	F
Type of Agency	Statutory?	No	No	No	No	No	Yes
	Voluntary?	Yes	Yes	Yes	Yes	Yes	No
	Working in Partnership?	Yes	No	No	Yes	No	No
	Other?	No	No	No	No	No	No
How Long Has The Counselling Service Been Running?		12	2	25	10	7	12
Has The Catchment Group Been Identified?		Yes	Yes	Yes	Yes	Yes	Yes
Support Services Offered	Groupwork?	Yes	No	No	Yes	Yes	Yes
	One to one Counselling?	Yes	Yes	Yes	Yes	Yes	Yes
	Community Outreach?	Yes	No	No	Yes	No	Yes
	Advocacy Service?	Yes	No	No	Yes	Yes	Yes
	Other?	Yes	No	No	No	Yes	No
Has the organisation undertaken the development of an up to date (racial) quality policy?		Yes	Yes	Yes	Yes	Yes	Yes
Does this policy involve	Training on cultural awareness?	Yes	Yes	Yes	Yes	Yes	Yes
	Course on anti-discriminatory practice?	No	Yes	Yes	No	Yes	No
	Recruitment of staff from ethnic minority	Yes	Yes	Yes	Yes	Yes	Yes
	Networking?	Yes	Yes	Yes	Yes	Yes	Yes
	Reviewing ethnic profile of client	Yes	Yes	Yes	Yes	Yes	Yes
	Reviewing ethnic profile of staff /	Yes	Yes	Yes	Yes	Yes	Yes

Bibliography

- Abramowitz, SI, & Murray, J. (1983). Race effects in psychotherapy. In J. Murray & PR Abramson (Eds.), *Bias in psychotherapy*, pp. 215-255, New York: Praeger
- Atkinson D. (1985) A Meta-Review of Research on Cross-Cultural Counselling and Psychotherapy, *Journal of Multi-Cultural Counselling and Development* 1. 139-153
- Chestang, L. W. (1984). Racial and personal identity in the black experience. In B. White (Ed.), *Color in a White society*, pp. 83-94. Silver Springs, MD: NASW.
- Comas-Diaz.L (1988) *Clinical guidelines in cross-cultural Mental Health* Wiley Publications, New York
- D'Ardenne P. and Mahtani A. (1999) *Transcultural Counselling in Action* (Second Edition) London: Sage Publications
- Eleftheriadou Zack (1994) *Transcultural Counselling* London: Central Book Publishing Ltd.
- Fernando Suman (2002) *Mental Health, Race and Culture* (Second Edition) Houndmills: Palgrave
- Hiro D. (1971): *Black British White British*, Harmondsworth: Penguin
- Jewel P. (1994): Multicultural Counselling Research: An Evaluation with Proposals for Future Research, in Palmer, S. (ed): *Multicultural Counselling*, London: Sage
- Jones E. (1985): Psychotherapy & Counselling with Black Clients in Pederson, P (ed) *Handbook of Cross-cultural Counselling & Therapy* Westport CT: Greenwood Press
- Ivey A., D'Andrea, M., Ivey, M. and Simek-Morgan, L. (eds) (1993): *Counselling and Psychotherapy – A Multicultural Perspective*, 3rd. Edition, Boston: Allyn and Bacon
- Kareem J. and Littlewood R. (1992): *Intercultural Therapy*, London: Blackwell
- Katz J.H. (1985) The Sociopolitical Nature of Counselling, *The Counselling Psychologist*, 13(4), pp. 615-624
- Lago, C. and Thompson J. (1996) *Race, Culture and Counselling*, London: Open University Press
- Laungani (1997) Replacing client-centred counselling with culture-centred counselling, *Counselling Psychology Quarterly* 10(4) pp. 343 –52
- Laungani P and Palmer S. (Eds.) (1999) *Counselling in a multicultural society*. London: Sage Publications
- Littlewood R and Lipsedge M (1982) *Aliens and Alienists*, Harmondsworth: Penguin
- Marsella. A.J. (1979). Cross-cultural studies of mental illness. In A.J. Marsella, R.G. Tharp, & T.J. Ciburowski. (eds.). *Perspectives on cross-cultural psychology*, New York: Academic Press

- Merta, R.J., Ponterotto, J.G., & Brown, R.D. (1992). Comparing the effectiveness of two directive styles in the academic counseling of foreign students. *Journal of Counseling Psychology*, 39, 214-218.
- Mishne J. (2002) *Multiculturalism and the Therapeutic Process*, New York: The Guilford Press
- Pederson, P. B. (1997). *Culture centered counseling interventions*. Thousand Oaks: Sage Publications
- Pederson P.B. (1986) *Recent Trends and Developments in Cross-Cultural Theory*, Seminar Report, London UKCOSA
- Reber, S. (1985): *Dictionary of Psychology*, Harmondsworth: Penguin Publishers
- Edward, J. & Sanville, J., (Eds.). (1996). *Fostering Healing and Growth: A Psychoanalytic Social Work Approach*. Northvale, NJ: Jason Aronson
- Williams DR. 1990. Socioeconomic differentials in health: A review and redirection. *Social Psychology Quarterly* 53(2):81-99
- Scarman, Lord Justice (1981): *The Brixton Disorders 10-12 April 1981*. Cmnd 8427. London: Home Office
- Skellington R. and Morris P. (1992): *Race in Britain Today*, London: Sage and Open University
- Sue S and Zane N (1987): The role of culture and cultural techniques in psychotherapy. *American Psychologist*, 42(1) pp. 37-45
- Sue, D.W. & Sue, D. (1990). *Counseling the culturally different: Theory and practice*. New York: Wiley
- Sue, S. (1988). Psychotherapeutic services for ethnic minorities: Two decades of research findings. *American Psychologist*, 43 (4), 301-308
- The Mental Health of the African Caribbean Community in Britain
- Tuckwell G. (2003): White therapist and racial awareness, *Counselling and Psychotherapy Journal*, 14(2) pp. 12-15
- Wade, P., & Bernstein, B. L. (1991). Culture sensitivity training and counselor's race: Effects on black female clients' perceptions and attrition. *Journal of Counseling Psychology*, 38, 9-15
- Wilson, M., and Francis J. (1997), *Raised Voices*, Mind Publications

Appendix A: Questionnaire

About You:

1. Your gender (*please tick*):

Male Female

2. Your age group (*please tick the appropriate box*):

18-30 31-42 43-54 55-66 67-78 79 or over

3. Are you Black British? (*please tick*):

Yes No

Please indicate in the boxes below your father's ethnic origins.

3a. Caribbean

3b. African

3c. British

3d. Other

Please indicate in the boxes below your mother's ethnic origins.

3e. Caribbean

3f. African

3g. British

3h. Other

4. Why did you seek counselling? *(please tick one or more boxes)*

• Employment problems.

• Problems with a partner.

• Difficulties with a child.

• Stress / anxiety.

• Difficulties with sleeping.

• Drinking problems.

• Eating disorders.

• Lack of self worth.

• Feelings of isolation.

• Any other *(please specify)*.

5. Are you registered disabled?

Yes

No

6. Which City or Town do you live in?

About your counselling experience:

7. How did you find out about the counselling service? (please tick)

- Doctor.
- Local community group.
- Friends / family.
- Advertisement.
- Other (please specify).

8. What were the most important factors for you when selecting a counselling service? (*please tick*).

- Location (*e.g.: close to home*)
- The overall presentation of the counselling service (*e.g. advertisements*)
- Availability of counsellor(s) from your own cultural background.
- Availability of Interpretative Service.

9. Was your counselling successful?

Yes No

10. Please indicate the skills of your counsellor on a scale from 1 to 5:
(1 = *very poor*), 2 = *poor*, 3 = *fair*, 4 = *good*, 5 = *excellent*)

- Listening
- Awareness of cultural issues.
- Understanding.
- Helpfulness.
- Openness.
- Respect.
- Helping clarify expectations regarding counselling.
- Exploring feelings and experiences.
- Seeing my problem in different ways.
- Helping set goals.

11. Was your counselling helped by: (*please tick*)

- Family support
- Friends.

• Other (*please specify*):

If English is your second language please complete the following section, if not please go straight to question 14

12. As a client in counselling, have you had the opportunity to receive information in your own language?

Yes

No

If yes, in which of the following ways did you have your language needs met? *(Please tick which ever is applicable):*

- Information about the service in your own language.
- Information on your issues in your own language.
- Availability of an interpretative service.

13. Did you feel supported by the counselling service when your requirements were made known?

Yes

No

14. Did you feel comfortable within the counselling environment?

Yes

No

If no, what changes in the service would help you?

Appendix B: Interview Schedule for Counselling Agency

The purpose of this interview schedule is to consider those factors that affect service provision and access to counselling for people from African and Afro-Caribbean ethnic origin. The aim is to address how counselling can have a more positive image.

The information obtained from this schedule is for research purposes only.

1. Are you:

- A statutory agency (Please specify).
- A voluntary agency (Please specify).
- Working in partnership (Please specify).
- Other (Please specify).

2. How long has the counselling service been running?

Years

3. Has the catchment group been identified?

Yes No

4. Which of the following support services do you offer?

- Groupwork .
- One to one counselling.
- Community outreach.
- Advocacy service.
- Other.

5. Has the organisation undertaken the development of an up to date (racial) quality policy?

- Yes
- Under preparation.

6. Does this policy involve?

- Training on cultural awareness.
- Courses on anti-discriminatory practice.
- Recruitment of staff from ethnic minority groups.
- Networking.
- Reviewing ethnic profile of client referrals.
- Reviewing ethnic profile of staff / volunteers.

Appendix C: Organisations Contacted

- Commission for Racial Equality
- Diverse Minds
- The Kings Fund
- Nafsiyat Intercultural Centre
- R.A.C.E. Division of BAC

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