ARTICLES

Diversity, oppression, and society: Implications for person-centered therapists

Colin Lago*

Sheffield, UK

(Received 1 May 2011; final version received 1 June 2011)

This introductory article for this special edition of the journal dedicated to “Diversity” sets out to map several arenas of consideration and concern related to the delivery of person-centered and experiential counseling and psychotherapy in the context of working with clients of diverse cultural backgrounds.

In addition, this article explores the complex life challenges experienced by those who originate from and live in minority groups or experience “non-dominant” positions in societies around the world. It also attempts to identify particular therapeutic phenomena that are frequently not taken into account by therapists. The article argues that, in addition to working therapeutically in a manner consistent with everyday practice, the person-centered therapist who is working with clients deemed as “different” and “diverse” also needs to be sensitive to a multiplicity of factors that are socially constructed and determined.

Keywords: diversity; experiential; client-centered; multicultural; psychotherapy

Verschiedenheit, Unterdrückung und Gesellschaft: Implikationen für Personzentrierte

Dieser einführende Artikel zum Themenheft „Verschiedenheit“ skizziert verschiedene Überlegungen, aber auch Besorgnis, was Personzentrierte und Experienvzielle Beratung und Psychotherapie mit Menschen aus verschiedenen kulturellen Kontexten betrifft. Im Weiteren sollen mit diesem Artikel die komplexen Herausforderungen erkundet werden, die das Leben denjenigen präsentiert, die aus Minderheiten stammen und in solchen leben oder die irgendo wie auf der Welt “nicht-dominante” Positionen einnehmen. Er unternimmt auch den Versuch, spezifische Therapiephänomene zu identifizieren, die Therapeuten immer wieder ausblenden. Der Artikel verdeutlicht, dass die personzentrierte psychotherapeutische Fachperson, die mit Menschen arbeitet, die als „anders“ und als „verschieden“ gelten, über die normale therapeutische Arbeit hinaus hellhörig sein muss für eine Vielfalt an Faktoren, die gesellschaftlich bedingt und bestimmt sind.

La diversidad, la opresión y la sociedad: Implicaciones para los terapeutas centrados en la persona

Este artículo introductorio, escrito para esta edición especial del journal dedicada a la “Diversidad,” se propone revisar varios temas preocupantes relacionados con el counseling y la psicoterapia centrados en la persona y experiencial en el contexto del trabajo con clientes de diversos orígenes culturales.

*Email: email@colinlago.co.uk
Además, este escrito explora los complejos desafíos de la vida que enfrentan aquellos que provienen de y viven en grupos minoritarios o viven en posiciones “no dominantes” en las sociedades de todo el mundo. También intenta identificar fenómenos terapéuticos particulares que con frecuencia no son tenidos en cuenta por los terapeutas. El escrito sostiene que, además de trabajar terapéuticamente en consonancia con la práctica cotidiana, el terapeuta centrado en la persona que está trabajando con clientes considerados como “diferentes” y “diversos” también debe ser sensible a una multiplicidad de factores que son socialmente construidos y determinados.

**Diversité, oppression et la société: Implications pour les thérapeutes centrés sur la personne**

Cet article d’introduction pour cette édition spéciale du journal PCEP, dédiée à “la Diversité,” vise à cartographier divers zones de considération et de préoccupation liés à la pratique du counseling et de la psychothérapie Centrés sur la Personne et Expérientiels dans le contexte du travail avec des clients de diverses origines culturelles.

En plus, cet article explore les défis complexes de vie de ceux qui proviennent de groupes minoritaires ou qui y vivent, ou qui font l’expérience de positions “non-dominantes” dans des sociétés dans le monde. Il tente également d’identifier des phénomènes thérapeutiques particuliers qui, souvent, ne sont pas pris en compte par des thérapeutes. L’article affirme qu’en plus du travail thérapeutique conforme à la pratique quotidienne, le thérapeute Centré sur la Personne travaillant avec des clients considérés comme “différents” ou “issus d’une diversité,” doit également avoir une sensibilité particulière à une multiplicité de facteurs qui sont construits et déterminés de manière sociale.

**Diversidade, opressão e sociedade: Implicações para os terapeutas centrados na pessoa**

O artigo introdutório para a edição especial da revista dedicada à “diversidade” propõe-se assinalar diversas áreas de consideração e de interesse relacionadas com a acção do counselling e das psicoterapias centrada na pessoa e experienciais no contexto do trabalho com clientes provenientes de origens culturais diversificadas. Para além disso, este artigo explora os complexos desafios de vida vivenciados por aqueles que são oriundos de e que se encontram inseridos em grupos minoritários ou que vivenciam posições “não dominantes” na sociedade, por todo o mundo. Procura-se ainda identificar fenómenos terapêuticos particulares que, muitas vezes, não são tidos em consideração pelo psicoterapeuta. Este artigo discute que, para além de trabalhar de forma terapêutica consonante com a prática quotidiana, o psicoterapeuta centrado na pessoa que trabalha com clientes considerados “diferentes” e “diversificados” tem ainda de ser sensível a uma multiplicidade de factores que são construídos e determinados pela sociedade.

**多様性と抑圧と社会：パーソンセンターードセラピストへの提言**

「多様性」を中心テーマとして企画されたこの学術誌の特別版に寄稿した本論文では、多様な文化的背景を持つクライアントに、パーソンセンターードカウンセリング／セラピーもしくは体験過程療法を提供する際に考慮すべき点について述べることとする。加えて、本論文はマイノリティもしくは社会において多数派でない立場を経験している世界中の人々が経験してきた、複雑でチャレンジを伴う生
Introduction: What does “diversity” mean?

Interestingly, and surprisingly, the terms “difference” and “diversity have seldom been closely defined. In 2004, the Equality and Diversity Forum of the British Association for Counselling and Psychotherapy (BACP) produced a working definition of the concepts and suggested a list of those groups deemed to hold power in society and those categorized as “different” and “diverse.”

There are particular groups which are privileged in UK society. These groups represent the often-unexamined norm from which “difference” is defined. For example:

**Advantaged/Norm** includes white people, heterosexual people, able-bodied people, men and people of working (income generating) age.

**Disadvantaged/ different** includes black and minority ethnic people, lesbian, gay and bisexual people, disabled people, women, young people/older people/unemployed people . . .

Moodley (2005), in a presented paper exploring diversity in therapy, offered conceptual categories that parallel the above BACP definitions and he proceeded to refer to these as the “big 7” stigmatized identities and named their categories as: race, gender, sexual orientation, class, disability, religion, and age.

As may be seen from the above statements, there are a considerable number of categories of persons deemed “different” or “diverse.” In this regard it is interesting to note that even between the first and second editions of a text dedicated to anti-discriminatory practice in counseling and psychotherapy, five new chapters featuring other categories of “difference” and “diversity” have been added (Lago & Smith, 2003, 2010). Each group or category (e.g., gay and lesbian people, disabled people, etc.) will have their own “languages,” knowledge and models of being and therapists will be at a considerable disadvantage in forming therapeutic relationships if they do not possess some awareness of and competence within these specific fields of application.

In addition, these group-specific ideas, principles, jargon, and specialized language are also part of a shifting dynamic phenomenon, that is, descriptors and ideas held within and about minority groups and those who work with them change and modify over time.

These changes represent an inevitable movement in ideas and language, shifting towards greater accuracy of self-description and ascription, and towards addressing and confronting their relationship with the prevailing attitudes held by the dominant group. These shifts represent a minority group’s aspirational movement towards seeking parity with dominant society, towards seeking respectful and socially just treatment, towards seeking an end to the pervasive, pernicious and damaging oppressive dynamics they have suffered over time (Lago, 2007).
As just one exemplar of discriminatory treatment, Suzy Henry has noted that:

Studies have found that the general population respond to people with disfigurement with less trust and less respect; often avoiding having to look at or make contact them (Millstone, 2008) . . . Sarwer, Didie, and Gibbons (2006) found that 38% of adults with a cranio-facial disfigurement reported experiences of discrimination in employment and/or social settings. (Henry, 2011, p. 280)

Therapists, as members of the general population, are as likely to respond to a myriad of representations and presentations of client diversity in a similar discriminatory way unless they have seriously addressed the issues of diversity within their own professional development.

Despite the above operational definitions and concerns for diverse groups, it is critical to understand that such concerns are not held universally and are not to be found in all countries, as the following section makes clear.

The concept of “diversity” is not a universally appreciated phenomenon

Over recent decades there has been significant international cooperation in striving to establish a picture of world values. As explained on the World Values Survey website (www.worldvaluessurvey.org):

The World Values Surveys were designed to provide a comprehensive measurement of all major areas of human concern, from religion to politics to economic and social life and two dimensions dominate the picture: (1) Traditional/Secular-rational and (2) Survival/Self-expression values. These two dimensions explain more than 70 percent of the cross-national variance in a factor analysis of ten indicators – and each of these dimensions is strongly correlated with scores of other important orientations.

The Traditional/Secular-rational values dimension reflects the contrast between societies in which religion is very important and those in which it is not. A wide range of other orientations are closely linked with this dimension. Societies near the traditional pole emphasize the importance of parent–child ties and deference to authority, along with absolute standards and traditional family values, and reject divorce, abortion, euthanasia, and suicide. These societies have high levels of national pride, and a nationalistic outlook. Societies with secular-rational values have the opposite preferences on all of these topics.

The second major dimension of cross-cultural variation is linked with the transition from industrial society to post-industrial societies – which brings a polarization between Survival and Self-expression values. The unprecedented wealth that has accumulated in advanced societies during the past generation means that an increasing share of the population has grown up taking survival for granted. Thus, priorities have shifted from an overwhelming emphasis on economic and physical security toward an increasing emphasis on subjective well-being, self-expression and quality of life . . .

A central component of this emerging dimension involves the polarization between Materialist and Postmaterialist values, reflecting a cultural shift that is emerging among generations who have grown up taking survival for granted. Self-expression values give high priority to environmental protection, tolerance of diversity [italics added] and rising demands for participation in decision making in economic and political life. These values also reflect mass polarization over tolerance of outgroups, including foreigners, gays and lesbians and gender equality [italics added] . . .

Further details of this research can be found in Inglehart and Welzel, 2005.
This article is written holding the above findings in mind. In the context of this journal being an organ of the World Association of Person-Centered and Experiential Psychotherapy and Counseling, we have to recognize that not only do individuals in all societies hold a wide range of attitudes to those who are “different and diverse” but that the attitudes within each country towards minorities may be extremely different. As a consequence, it is more likely that individual (therapists), depending on the countries they come from and work within, will hold widely variant attitudes towards individuals (clients) who are deemed as different or diverse to the majority populace.

A further consequence of this stark divergence in views cross-nationally (as evidenced by the above survey) is that this journal, whilst striving to address members worldwide, will inevitably reflect, in its contents and comments, the attitudinal biases of its editorial team and its writers. Nowhere is this issue perhaps so stark as in this particular issue of the journal – dedicated to the exploration of conducting counseling and psychotherapy with those from diverse groups in societies.

I (and the other writers within this issue) am writing from the perspective of commitment and concern for the delivery of sound, respectful, anti-discriminatory psychological therapy services to all clients inclusive of their diversities. Inevitably, this collection of papers originates from us as persons from “postmaterialist” countries.

For readers from other countries in the “materialist” world the following issues may hold less sway and importance precisely because of the dominant attitudes within their countries.

**Oppression and discrimination cause psychological and emotional pain**

The opening abstract to this paper is a piece written in somewhat scholarly terms as a means of introducing to you, the reader, something of what I intend to say in the following pages. However, upon re-reading it myself, I realized that it contains no hint of the emotional complexity, exclusion and pain suffered by many in minority groups in their everyday lives. It merely hints at the existence of complex, discriminatory, patterns of attitudes and behaviors that can, daily, be imposed upon those members of society who are considered as “second class,” “the other,” “the outsider,” by those hailing from the dominant group/s in society, both consciously and frequently unconsciously.

As Eli Clare so powerfully articulates:

> My first experience of queerness centered not on sexuality or gender, but on disability. Early on, I understood my body to be irrevocably different from those of my neighbors, playmates, and siblings. Shaky; off-balance; speech hard to understand; a body that moved slow, wrists cocked at odd angles, muscles knotted with tremors . . . I heard: “wrong, broken, in need of repair, unacceptably queer,” every day, as my classmates called out cripple, retard, monkey; as people I met gawked at me; as strangers on the street asked, “what’s your defect?”; as my own parents grew impatient with my slow clumsy ways.” (2001, p. 362)

The first point I wish to emphasize here is that many persons in society who are considered to be different and diverse are likely to be exposed to discrimination, exclusion, and (physical, emotional, and psychological) pain from people and institutions within the dominant majority group in society. Such negative treatment
can severely impact their levels of trust, self-confidence, fear, anxiety, and future life opportunities.

Other examples of such oppressive behaviors are given below:

- Nine out of ten people with learning difficulties have suffered bullying or harassment. Violent deaths of disabled people and many “disability hate” crimes have occurred in recent years (Birrell, 2010).
- Black people are 26 times more likely than white people to be stopped and searched by police in England and Wales (Equality and Human Rights Commission, 2010).
- Studies carried out on prejudice towards gay people in the UK and the European Union found that homophobic attitudes were more common than racism (BACP, 2009).

The invisible impact of majority group status

In contrast to the above section, McIntosh (1988, p.1) noted that she “was taught to see racism only in individual acts of meanness, not in invisible systems conferring dominance on my group.” She proceeded to focus her attention upon the more subtle, invisible workings of privilege and power of majority groups in society as follows:

I think whites are carefully taught not to recognize white privilege, as males are taught not to recognize male privilege. So I have begun in an untutored way to ask what it is like to have white privilege. I have come to see white privilege as an invisible package of unearned assets that I can count on cashing in each day, but about which I was “meant” to remain oblivious. White privilege is like an invisible weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools, and blank checks . . . .

After I realized the extent to which men work from a base of unacknowledged privilege, I understood that much of their oppressiveness was unconscious. Then I remembered the frequent charges from women of color that white women whom they encounter are oppressive. I began to understand why we are just seen as oppressive, even when we don’t see ourselves that way. I began to count the ways in which I enjoy unearned skin privilege and have been conditioned into oblivion about its existence. (p.1)

The above notes were written in the cultural context of the United States, but given that this is the journal of the World Association, I want to encourage readers from all countries in the world to reflect upon the nature of how privilege and power operate within their own societies. In the example cited above, the notion of whiteness is the unitary collective term against which all others (who are not white) are measured. In other countries it might be configured through maleness, class and caste, riches, position in society, and other attributes of dominant groups.

Difference and diversity are determined by the majority culture. Sadly for those named, measured, and judged subject to such negative aspersions, they may suffer considerably and systematically, in the material, social, and psychological realms via various forms of oppression (e.g., violence, sexism, racism, etc.). The power and dominance positions of society that are reflected in and evidenced by repeating patterns of discrimination and oppression are inevitably also present (though not necessarily always tangible) in the micro-meeting system of therapist and minority group client. This is the second key point of this article. Both therapists and clients, as beings in the world, are inevitably profoundly impacted by the attitudes and
effects of the biospheres that surround them, of their encounters with others in their backgrounds, neighborhoods, schools, opinion makers, etc.

The challenge of diversity to person-centered therapists

In a chapter on “Working with Difference and Diversity” (Lago, 2007) I featured a substantive section outlining the multicultural criticisms of the person-centered approach raised by a number of authors in the last two decades. These included writings by both person-centered and other theoretically determined authors including Brodley, 2004, Chaplin, 1998, Holdstock, 1993, Khoo, Abu-Rasain, and Hornby, 2002, Laungani, 2004, Moodley, Lago, and Talahite, 2004, and Proctor, 2004. Indeed, an exploration of one of Carl Rogers’s own demonstration interviews with an African-American client revealed that despite his considerable attention and empathic responsiveness to the client, his responses were nevertheless “race-avoidant” (Thompson & Jenal, 1994), that is, they failed to acknowledge the client’s own references to “race” (Moodley, Lago, & Talahite, 2004).

I have frequently heard the argument made by person-centered therapists that if they can provide the “core” conditions in their therapeutic encounters with persons of diverse backgrounds, then the outcome will be satisfactory. This position is described as the naive, “pre-exposure” initial stage of therapist identity development in a four-stage model devised by Ponterotto (1988). However honorably motivated this professional aspiration is, I suggest this position contradicts and challenges the everyday realities of difference in human relations. University libraries are full of research that indicates the extent to which persons judged as “different and diverse” experience oppression and discrimination in their everyday lives within all facets of societal life, including education, health treatments, employment practices, career opportunities, and penal systems. People who have been discriminated against are inevitably very sensitive to any behaviors of others that might repeat those experiences. Without bringing our professional attention to these issues and how they might impact upon practice, I fear that person-centered counselors and psychotherapists might (frequently unthinkingly) only repeat these patterns of oppression that prevail in society.

To simply aspire to “offer the core conditions,” whilst nobly intentioned, completely ignores the huge range of potential difficulties inherent in relationships, let alone cross-cultural ones, implying that the therapist is merely a mirror, a neutral listening ear, not a living soul with attitudes, stereotypes, assumptions, etc. Exposed to client difference and diversity, unaware therapists may experience the emergence of everyday prejudice and perception. This is particularly why, in preparing for work within multicultural counseling dyads, it is professionally incumbent upon therapists to explore their own perspectives, origins and attitudes in order to have greater awareness within their therapeutic work, so as not to merely repeat introjected negative stereotypes and attitudes picked up from society (Lago, 2010).

A positive example of multicultural therapist competence within the person-centered field is provided by Whall’s (2008) research in which he explores the experiences of nine white female therapists who were working with African-Caribbean male clients.

Since the early days of psychotherapy, the activity of supervision, of therapists talking about their work with colleagues, has been recognized for its value in
reducing therapist stress, providing support, assisting clarification of clinical and relational dynamics that impact the therapist’s work and so on. In short, supervision constitutes a space in which therapists can explore their responses, feelings, and thoughts in relation to their clients. Research on therapists’ reactions to clients is reported by Cooper (2008), underlining the critical value and importance of clinical supervision.

Models of identity development

Both of the following quotations alert us to the challenge of working across difference and diversity.

Who is the Other? Can we ever hope to speak authentically of the experience of the Other? (Denzin & Lincoln, 2003, p. 606)

Thinking about congruence implies difference. You cannot reflect on being congruent if you don’t experience and consider diversity. If there was no difference there would be no process and progress. (Schmid, 2001, p. 218)

During the last two decades of the 20th century in the United States, a great amount of energy was devoted to the development of models of identity development. Lee (2006, p. 180) listed some of these as follows:

... there are developmental models that explain various aspects of cultural identity including: racial/ethnic identity (Atkinson, Morten & Sue, 1993; Cross, 1995; Helms, 1995); homosexual/gay/lesbian/bisexual identity (Cass, 1979, Coleman, 1982; McCarn & Fassinger, 1996; Marszalek & Cashwell, 1999; Troiden, 1988); feminist and womanist identity (Downing & Roush, 1985; Ossana, Helms & Leonard, 1992); biracial identity (Kerwin & Ponterotto, 1995; Poston, 1990); and disability identity (Gill, 1997; Vash, 1981).

In striving to achieve a concise description of such models, I suggest that they constitute an attempt to describe the human developmental pathways and stages through which persons may journey in relation to their own (and their group’s) identity which is contrasted with and frequently determined by the values of the dominant group within society. These models frequently have a series of (five) developmental stages in which a person’s identity in relation to their ethnicity, gender or other aspect is described. As their awareness of themselves in relation to other groups in society grows, they are hypothesized to move through a series of stages:

- From an internalization and acceptance of the majority group’s attitudes towards them,
- Through stages of increasing political awareness that they are not how they are described and that their “groups” have other validating features of history and shared experience,
- Towards an increasing political appreciation of who they are accompanied by feelings of resentment and rejection towards the majority group,
- This new awareness eventually transposes into a more balanced relationship, i.e., an acceptance of self and personal history and a modified acceptance of relating with those of the majority group.
In short, these models attempt to describe a process of change and development that is both social and political and is based upon the relationship between majority and minority groups within society. Suffice to say, those who occupy majority group status in any society experience socially sanctioned power, but frequently are unaware of this. Such “power” (as I have already noted above) is described by McIntosh (1988) as an invisible knapsack of unearned privilege. By contrast, to occupy a minority position in society, to perhaps occupy a position of stigmatized identity, is to frequently suffer the effects of discrimination, oppression, bullying, unfair and systemic attitudes, beliefs, and practices that result in less than equal treatment.

The therapeutic value of these models is amply evidenced in Carter (1995) who demonstrates that the levels of development of identity awareness within therapists can be critical to the outcome of the therapy process. Where therapists are at the same stage or at least one stage of development ahead of their client, then it is more likely that there will be a more successful outcome to the therapy. As Carter has noted, it is not your ethnicity per se that matters (in therapy) but your psychological resolution to it that is critical.

These findings, Carter asserted, strongly indicate the importance of training a therapist to explore the meaning and significance of his or her own identity and to understand how it influences perceptions of self and the client.

Barriers to healthy identity development for people from diverse cultural backgrounds

Sara Razzaq Bains conducted her doctoral research in the field of racist-induced trauma (2010). She cited one such tragic example of persistent bullying and discriminatory behavior in the story below:

As we grew up, I would notice my friend’s face smeared with an unspoken trail of dirty tears when he got home. He never spoke of his terror; of the cruelty he endured every day, as a child and as an adult. Each day he wondered “will I be safe today?” – A plea that persists today. He said there was little escape from the relentless battle that became his life at school in the 1970s. “I took the name-calling, hits, the humiliation, it was relentless and I stopped feeling the pain, I remember once just standing there with the blows raining down on me, I only felt paralysis.” He faced similar racist hate outside school. (p. 27)

A range of concepts have been developed within the field of multicultural counseling that offer powerful ideas and terminology to consider when working with clients who have suffered the consequences of difference and diversity from the main society. These include terms such as:

- **Continuous trauma** (Straker, Watson, & Robinson, 2002): The continuous experience of a disempowered “minority” position by a person of diversity.
- **Identity wounding** (Alleyne, 2005): The impact of being perceived negatively for who you represent to the other and consequently being discriminated against for this aspect of your identity. (This negative perception/projection from others is frequently based upon visible difference – e.g., some disabilities, dress, age, skin color, etc. – but it can also include less visible elements like mental health, sexual orientation, religious beliefs, etc. Please note that I have added
these further dimensions of diversity to Alleyne’s original conceptualization which was related specifically to ethnic, racial, and cultural identities.)

- **Internal oppressor** (Alleyne, 2004): This refers to the “oppressor” within the selves of minority group persons. Alleyne explains: “prejudices, projections, inter-generational wounds and the vicissitudes from our historical past are all aspects of this inner tyrant – the *internal oppressor*” (p. 49).

- **Internalized oppression**: “The process of absorbing the values and beliefs of the oppressor and coming to believe that the stereotypes and misinformation about one’s group is true (or partly true.) Such a process can lead to low self-esteem, self-hate, the disowning of one’s group, and other complex defensive behaviours in relation to one’s group” (Alleyne, 2004, p. 49).

- **Proxy self**: The presentation of an “acceptable” front/persona by a person of diversity that helps them manage life relating to those persons and attitudes of the dominant group (Thomas, 1994).

By contrast to the above injurious positions, I (Lago, 2008) coined the term “Identity Recognition.” I described this as the capacity of therapists to recognize and value unconditionally the (diverse) client and their circumstances. This value is an extension to Rogers’s quality of “Acceptance/Unconditional Positive Regard” and Buber’s conception of “Confirmation” (Merrill, 2008).

**The development of therapist’s skills, knowledge and awareness**

In a previous article (Lago, 2010), following on from the work of Sue, Arredondo, and McDavis (1992), Sodowsky, Taffe, Gutkin, and Wise (1994), and Moodley and Lubin (2008), I attempted to construct a map for therapist personal and professional development in the context of working with client diversity. In that map I detailed seven domains for consideration.

These are briefly outlined as follows: First, “Personal and professional qualities” (therapeutic relational competencies); Second, “Primary knowledge and understanding” (of diversities, “isms” and power). This second domain advocates the importance of understanding the complex societal mechanisms that perpetuate discrimination and oppression within society and where the therapist is situated in this spectrum. The third domain is entitled “Further knowledge and understanding of cultural differences” and relates to therapists working with specific diverse communities. Inevitably this work requires considerable “Awareness,” of self, cultural origins, identity, communication style, and attitudinal influences. The requirement of “Professional competencies” (e.g., in therapeutic settings, with groups and systems, as well as linguistic skills and theoretical knowledge) are all desirable. Beyond that, a high degree of “Professional commitment” to working with diversity is required. Finally, attention is drawn to the “Context/s” in which the multicultural counseling work is conducted.

**Concluding thoughts**

In summation, this paper posits several key points:

1. Oppression causes pain – that is, persons of a minority identity in society are more likely to have experienced discriminatory behavior.
(2) Both client and therapist, being persons in the world, are inevitably affected by the climate of attitudes that are held by and disseminated from the majority society in relation to minorities.

(3) The issue of diversity itself is not a universally appreciated phenomenon.

(4) Persons from diverse groups may be impacted by complex negative dynamics in society that affect their healthy personal development.

(5) This paper argues that the adoption of the theoretical position of the person-centered approach – that is, in offering a therapeutic relationship consistent with the conditions hypothesized by Rogers, whilst useful in all therapeutic endeavors, may not prove sufficient in multicultural therapeutic relationships.

(6) Ongoing supervision is necessary to facilitate therapist effectiveness.

(7) The identity development trajectories of both client and therapist can be such that they can either adversely or positively affect the therapeutic relationship and outcome.

(8) Consequently, when working with persons different and diverse to themselves, therapists are encouraged to consider seriously their background and position/identity in the world as that relates to their attitudes and perceptions towards different “others.”

(9) As a result of the above, therapists are encouraged to enhance their awareness, skills and knowledge for working with clients different and diverse to themselves.

References

Alleyne, A. (2004). The internal oppressor and black identity wounding. Counselling and Psychotherapy Journal, 15(10), 48–50.
Alleyne, A. (2005). Invisible injuries and silent witness: The shadow of racial oppression in workplace contexts. Psychodynamic Practice, 11, 283–299.
Atkinson, D.R., Morten, G., & Sue, D.W. (1993). Counseling American minorities: A cross-cultural perspective (4th ed.). Madison, WI: Brown and Benchmark.
Bains, S. (2010). Racism as trauma. In C. Lago & B. Smith (Eds.), Anti-discriminatory practice in counselling and psychotherapy (pp. 23–32). London: Sage.
Birrell, I. (2010, October 16th). A whirlwind of hatred against the disabled. The Guardian. Retrieved April 5th, 2011, from http://www.guardian.co.uk/commentisfree/2010/oct/16/crime-against-the-disabled
British Association for Counselling and Psychotherapy. (2004). A definition of diversity. A working paper of the Diversity Forum. Rugby, UK: Author.
British Association for Counselling and Psychotherapy. (2009, February). Prejudice study finds gay is the new black. (News Editorial section.). Therapy Today, 20(1), 6.
Brodley, B.T. (2004). Uncharacteristic directiveness: Rogers and the ‘On anger and hurt’ client. In R. Moodley, C. Lago, & A. Talahite (Eds.), Carl Rogers counsels a Black client (pp. 36–46). Ross-on-Wye, UK: PCCS Books.
Carter, R. (1995). The influence of race and racial identity in psychotherapy: Towards a racially inclusive model. New York: Wiley.
Cass, V.C. (1979). Homosexual identity formation: A theoretical model. Journal of Homosexuality, 4, 219–235.
Chaplin, J. (1998). Feminist counselling in practice. London: Sage.
Clare, E. (2001). Stolen bodies, reclaimed bodies: Disability and queerness. Public Culture, 13, 359–365.
Coleman, E. (1982). Developmental stages of the coming out process. Journal of Homosexuality, 7, 31–43.
Cooper, M. (2008). Essential research findings in counselling and psychotherapy: The facts are friendly. London: Sage.
Cross, W.E. (1995). The psychology of nigrescence: Revising the Cross model. In J.G. Ponterotto, J.M. Casas, L.A. Suzuki, & C.M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 93–122). Thousand Oaks, CA: Sage.

Denzin, N.K., & Lincoln, Y.S. (Eds.). (2003). *The landscape of qualitative research theories and issues*. Thousand Oaks, CA: Sage.

Downing, N., & Roush, K. (1985). From passive acceptance to active commitment: A model of feminist identity development for women. *The Counseling Psychologist, 13*, 695–709.

Equality and Human Rights Commission (EHRC). (2010). *How fair is Britain? A report on discrimination and disadvantage in British society*. London: London School of Economics.

Gill, C.J. (1997). Four types of integration in disability identity development. *Journal of Vocational Rehabilitation, 9*, 39–46.

Helms, J.E. (1995). An update of Helms’s white and people of color racial identity models. In J.G. Ponterotto, J.M. Casas, L.A. Suzuki, & C.M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181–191). Thousand Oaks, CA: Sage.

Henry, S. (2011). Disfigurement and visible difference: The impact upon personal and personality development and the implications for therapy. *Person-Centered & Experiential Psychotherapies, 10*, 274–285.

Holdstock, L. (1993). Can client-centered therapy transcend its mono-cultural roots? In G. Lietaer, J. Rombouts, & R. Van Balen (Eds.), *Client-centered and experiential therapies in the nineties* (pp. 109–121). Leuven, Belgium: Leuven University Press.

Inglehart, R., & Welzel, C. (2005). *Modernization, cultural change and democracy: The human development sequence*. New York: Cambridge University Press.

Kerwin, C., & Ponterotto, J. (1995). Biracial identity development. In J.G. Ponterotto, J.M. Casas, L.A. Suzuki, & C.M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 199–217). Thousand Oaks, CA: Sage.

Khoo, P.L. S., Abu-Rasain, M.H., & Hornby, G. (2002). Counseling foreign students: A review of strategies. In S. Palmer (Ed.), *Multicultural counselling: A reader* (pp. 98–113). London: Sage.

Lago, C. (2007). Counselling across difference and diversity. In M. Cooper, M. O’Hara, G. Proctor, & G. Wyatt (Eds.), *Handbook of person-centred therapy* (pp. 251–265). London: Sage.

Lago, C. (2008, September). Identity development in the UK and its role in therapy. *British Psychological Society Race and Culture Newsletter, 1–9.*

Lago, C. (2010). On developing our empathic capacities to work inter-culturally and inter-ethnically: Attempting a map for personal and professional development. *Psychotherapy and Politics International, 8*(1), 73–85. Retrieved April 5th, 2011, from http://onlinelibrary.wiley.com/doi/10.1002/ppi.v8:1/issuetoc

Lago, C., & Smith, B. (2003). *Anti-discriminatory counselling practice*. London: Sage.

Lago, C., & Smith, B. (2010). *Anti-discriminatory practice in counselling and psychotherapy* (2nd ed.). London: Sage.

Laungani, P. (2004). *Asian perspectives in counselling and psychotherapy*. Hove, UK: Brunner-Routledge.

Lee, C. (2006). Updating the models of identity development. In C. Lago (Ed.), *Race, culture and counselling: The ongoing challenge* (pp. 179–186). Maidenhead, UK: Open University/ McGraw-Hill.

Marszalek, J.F., & Cashwell, C.S. (1999). The gay and lesbian affirmative development (GLAD) model: Facilitating positive gay identity development. *Adultspan Journal, 1*, 13–31.

McCarn, S.R., & Fassinger, R.E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist, 24*, 508–534.

McIntosh, P. (1988). White privilege and male privilege: A personal account of coming to see correspondences through work in women’s studies. In L. Andersen & P. H. Collins (Eds.), *Race, class and gender: An anthology* (pp. 70–81). Belmont, CA: Wadsworth. Retrieved April 5th, 2011, from www.amptoons.com/blog/files/mcintosh.html

Merrill, C. (2008). Carl Rogers and Martin Buber in dialogue: The meeting of divergent paths. *The Person-Centered Journal, 15*(1–2), 4–12.
Moodley, R. (2005). Diversity matrix revisited: Crisscrossing multiple identities in clinical practice. Keynote paper at Multicultural and Counseling Symposium. Ithaca, NY: Cornell University.

Moodley, R., Lago, C., & Talahite, A. (Eds.). (2004). Carl Rogers counsels a Black client. Ross-on-Wye, UK: PCCS Books.

Moodley, R., & Lubin, D. (2008). Developing your career to working with multicultural and diversity clients. In S. Palmer & R. Bor (Eds.), The practitioner's handbook (pp. 156–175). London: Sage.

Ossana, S.M., Helms, J.E., & Leonard, M.M. (1992). Do “womanist” identity attitudes influence college women’s self-esteem and perceptions of environmental bias? Journal of Counseling and Development, 70, 402–408.

Ponterotto, J.G. (1988). Racial consciousness development among white counselor trainees. Journal of Multicultural Counseling and Development, 16, 146–156.

Poston, W.S. C. (1990). The biracial identity development model: A needed addition. Journal of Counseling and Development, 69, 152–155.

Proctor, G. (2004). The dynamics of power in counselling and psychotherapy: Ethics, politics and practice. Ross-on-Wye, UK: PCCS Books.

Schmid, P.F. (2001). Authenticity: The person as his or her own author. Dialogical and ethical perspectives on therapy as an encounter relationship. And beyond. In G. Wyatt (Ed.), Roger’s therapeutic conditions: Evolution, theory and practice. Vol. 1: Congruence (pp. 213–228). Ross-on-Wye, UK: PCCS Books.

Sodowsky, G.R., Taffe, R.C., Gutkin, T.B., & Wise, S.L. (1994). Development of the Multicultural Counseling Inventory (MCI): A self report measure of multicultural competencies. Journal of Counseling Psychology, 41, 137–148.

Straker, G., Watson, D., & Robinson, T. (2002). Trauma and disconnection: A transtheoretical approach. International Journal of Psychotherapy, 7(2), 145–158.

Sue, D.W., Arredondo, P., & McDavis, R.J. (1992). Multicultural counseling competencies and standards: A call to the profession. Journal of Counseling and Development, 70, 477–486.

Thomas, L. (1994). Lecture given to the RACE Division of the British Association for Counselling and Psychotherapy. London.

Thompson, C.E., & Jenal, S.T. (1994). Interracial and intraracial quasi-counseling interactions. When counsellors avoid discussing race. Journal of Counseling Psychology, 41, 484–491.

Troiden, R. (1988). Homosexual identity development. Journal of Adolescent Health Care, 9, 105–113.

Whall, D. (2008). A grounded theory investigation into what establishes and maintains relational depth between white female humanistic person-centred therapists and black male clients from Caribbean descent. Unpublished master’s thesis, Sherwood Training Institute, Nottingham, UK and Birmingham University, Birmingham, UK.

Vash, C.L. (1981). The psychology of disability: Springer series on rehabilitation – Vol. 1. New York: Springer.