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Therapy and diversity – an (un)therapeutic relationship?

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ABSTRACT

There is fundamental confusion and notable omissions within counselling and psychotherapy's adoption of diversity principles. This prevents the profession from achieving its aims of more respectful and efficacious clinical practice with certain populations. The article argues that uncritical over-reliance on ideas from outside the profession has resulted in a failure to appraise which groups might require specific attention. Unacknowledged confusion between celebratory and critical approaches to diversity is also identified as a source of practical muddle. Putatively radical assertions about understanding minority group experience are shown to actually exclude valuable ways of understanding social disadvantage, which might better enhance our understanding and efficacy. The article concludes by suggesting that the multiple difficulties within the profession's embrace of diversity can be understood in terms of a refusal to reconsider the theoretical, economic and organisational foundations of our therapeutic work to which questions of diversity pose a serious challenge. A case is made for a more open discussion of the relevant issues accompanied by a call for revised professional organization to support knowledge production.

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Therapie und Diversität – eine (un)therapeutische Beziehung?

ABSTRAKT
Es gibt grundlegende Verwirrung und bemerkenswerte Auslassungen bei der Übernahme von Diversity-Prinzipien durch Beratung und Psychotherapie. Dies hindert den Berufsstand daran, seine Ziele einer respektvolleren und wirksameren klinischen Praxis mit bestimmten Bevölkerungsgruppen zu erreichen. Der Artikel argumentiert, dass ein unkritischer übermäßiger Rückgriff auf Ideen von außerhalb des Berufsstandes dazu geführt hat, dass nicht eingeschätzt wurde, welche Gruppen besondere Aufmerksamkeit erfordern könnten. Auch die uneingestandene Verwechslung zwischen feierlichen und kritischen Ansätzen zur Diversität wird als Quelle praktischer Verwirrung identifiziert. Es zeigt sich, dass vermeintlich radikale Behauptungen über das Verständnis von Erfahrungen mit Minderheitengruppen tatsächlich wertvolle Wege zum Verständnis sozialer Benachteiligung ausschließen, die unser Verständnis und unsere Wirksamkeit verbessern könnten. Der Artikel schließt mit dem Vorschlag, dass die vielfältigen Schwierigkeiten innerhalb der Diversität des Berufs als Weigerung verstanden werden können, die theoretischen, ökonomischen und organisatorischen Grundlagen unserer therapeutischen Arbeit zu überdenken, für die Fragen der Diversität eine ernsthafte Herausforderung darstellen. Es wird für eine offenere Diskussion der relevanten Themen plädiert, begleitet von der Forderung nach einer überarbeiteten Berufsorganisation zur Unterstützung der Wissensproduktion.

Terapia y Diversidad - Un relación (no) terapéutica?

RESUMEN
Hay confusiones fundamentales y omisiones notables dentro de la adopción de los principios de diversidad por parte del asesoramiento y la psicoterapia. Esto impide que la profesión logre sus objetivos de práctica clínica más respetuosa y eficaz con ciertas poblaciones. El artículo argumenta que la excesiva dependencia acrítica de ideas ajenas a la profesión ha resultado en una falla en la evaluación de qué grupos podrían requerir atención específica. La confusión no reconocida entre los enfoques celebratorios y críticos de la diversidad también se identifica como una fuente de confusión práctica. Se ha demostrado que las afirmaciones supuestamente radicales sobre la comprensión de la experiencia de los grupos minoritarios en realidad excluyen formas valiosas de comprender la desventaja social que podrían mejorar nuestra comprensión y eficacia. El artículo concluye sugiriendo que las múltiples dificultades dentro de la adopción de la diversidad por parte de la profesión pueden entenderse en términos de una negativa a reconsiderar los fundamentos teóricos, económicos y organizativos de nuestro trabajo terapéutico a los que las cuestiones de diversidad plantean un serio desafío. Se aboga por un debate más abierto sobre las cuestiones pertinentes, acompañado de una convocatoria de una organización profesional revisada para apoyar la producción de conocimiento.

Terapia e diversità - Una relazione (non)terapeutica?

RIASSUNTO

Ci sono confusioni fondamentali e omissioni notevoli all'interno della consulenza e dell'adozione dei principi di diversità da parte della psicoterapia. Ciò impedisce alla professione di raggiungere i suoi obiettivi di pratica clinica più rispettosa ed efficace con determinate popolazioni. L'articolo sostiene che l'eccessiva dipendenza acritica da idee al di fuori della professione ha portato alla mancata valutazione di quali gruppi potrebbero richiedere un'attenzione specifica. La confusione non riconosciuta tra approcci celebrativi e critici alla diversità è anche identificata come fonte di confusione pratica. Si dimostra che le affermazioni presumibilmente radicali sulla comprensione dell'esperienza dei gruppi minoritari escludono effettivamente modi preziosi di comprendere lo svantaggio sociale che potrebbero migliorare ulteriormente la nostra comprensione ed efficacia. L'articolo si conclude suggerendo che le molteplici difficoltà all'interno dell'accoglienza della diversità propria della professione possono essere comprese in termini di rifiuto di riconsiderare i fondamenti teorici, economici e organizzativi del nostro lavoro terapeutico a cui le questioni della diversità rappresentano una seria sfida. Si chiede una discussione più aperta delle questioni pertinenti, accompagnata da un invito a rivedere l'organizzazione professionale a sostegno della produzione di conoscenza.

Thérapie et diversité – une relation non-thérapeutique

ABSTRAIT

Des confusions fondamentales et des omissions significatives au sein de l'adoption des principes de diversité en psychothérapie. Ceci empêche la profession d'atteindre ces objectifs d'une pratique clinique plus efficace et plus respectueuse des certaines populations. L'argument de cet article est que l'excès de confiance aux idées provenant hors de la profession et le manque d'un œil critique résultent un défaut d'évaluation des certains groupes qui requièrent une attention particulière. Il existe une confusion non-avouée entre les approches critiques et favorables de la diversité. Aussi sont-elles identifiées comme source de confusion pratique. Les différentes manières de comprendre le désavantage social qui nous aiderait à mieux comprendre et qui serait plus efficace sont exclues par des assertions radicales et putatives à la compréhension de l'expérience de groupes minoritaires. Pour conclure, l'article suggère que les multiples difficultés au sein de la profession dans l'acceptation de la diversité peuvent être comprises en terme d'un refus de reconsidérer les fondations théorétiques, économiques, et organisationnelles du travail thérapeutique. Ces questions de diversité posent un sérieux défi à ces fondations. Argumentant pour une discussion plus ouverte de cette problématique accompagnée par un appel à la révision de l'organisation professionnelle pour aider à la production de connaissances.

Θεραπεία και διαφορετικότητα: Μια (μη)θεραπευτική σχέση;

ΠΕΡΊΛΗΨΗ
Υπάρχει θεμελιώδης σύγχυση και αξιοσημείωτες παραλείψεις στην υιοθέτηση αρχών της διαφορετικότητας στην συμβουλευτική και στην ψυχοθεραπεία. Αυτό εμποδίζει το επάγγελμα να επιτύχει τους στόχους του με ορισμένους πληθυσμούς σχετικά με μια κλινική πρακτική σεβασμού και αποτελεσματικότητας. Το άρθρο υποστηρίζει ότι η μη-κριτικά υπερβολική βάση σε ιδέες εκτός του επαγγέλματος έχει ως αποτέλεσμα την αποτυχία εκτίμησης για το ποιες ομάδες ενδέχεται να απαιτούν ιδιαίτερη προσοχή. Η μη αναγνωρισμένη σύγχυση μεταξύ εορταστικών και κριτικών προσεγγίσεων της διαφορετικότητας διαπιστώνεται επίσης ως πηγή πρακτικής σύγχυσης. Υποθετικά ριζοσπαστικοί ισχυρισμοί σχετικά με την κατανόηση της εμπειρίας των μειονοτικών ομάδων αποδεικνύουν ότι στην πραγματικότητα αποκλείονται πολύτιμοι τρόποι κατανόησης των κοινωνικών μειονεκτημάτων που θα μπορούσαν να ενισχύσουν την κατανόηση και την αποτελεσματικότητά μας. Το άρθρο καταλήγει υποδηλώνοντας ότι οι πολλαπλές δυσκολίες στην συμπερίληψη διαφορετικότητας στο επάγγελμα, μπορούν να κατανοηθούν ως άρνηση επανεξέτασης των θεωρητικών, οικονομικών και οργανωτικών θεμελίων του θεραπευτικού μας έργου, στο οποίο τα ζητήματα της διαφορετικότητας αποτελούν σοβαρή πρόκληση. Γίνεται λόγος για μια πιο ανοιχτή συζήτηση των σχετικών θεμάτων συνοδευόμενη από μια πρόσκληση για μια αναθεωρημένη επαγγελματική οργάνωση για την υποστήριξη της παραγωγής γνώσης.

Introduction

The counselling and psychotherapy profession's enthusiasm for discussing issues of diversity proceeds unchecked (with odd, notable exceptions; see Dalal, 2008). Each year brings a fresh crop of publications and workshops, which are warmly endorsed. If consensus was synonymous with correctness, then offering a critical evaluation would be gratuitous.

Our clinical work can only be strengthened by a greater awareness of external circumstances and typical group experience. Unfortunately, the therapy[1] profession perpetually comes up with problematic answers to the right questions when it comes to diversity. Discussions typically perform a regrettable double manoeuvre of both impairing our usual ability to view our clients as psychologically-complex individuals whilst simultaneously offering narrow, oversimplified and empirically-

impoverished accounts of social realities. Moreover, seemingly iconoclastic calls for a revolution in our professional mindset turn out upon closer inspection to be merely re-hashed therapy-as-usual, tamely conservative at the level of understanding and intervention. I will suggest that the embrace of diversity by the therapy world has been warped by the need to shield our professional self-image and organisational structures from the crisis which a proper reckoning with diversity would entail. Current work on diversity risks discrediting a whole and very valuable area of inquiry. If a case is not made that these matters can be better addressed, some may wearily conclude that they just should not be talked of at all.

My argument is based on a close reading of recent UK-based academic and non-academic professional publications as well as workshop presentations I have attended. The problems I identify are typical of work in this area though inevitably the overall thrust of my criticism will map more fully onto some arguments than others. I will use the phrase 'diversity agenda' throughout the article to denote not merely a perceptible and dogmatic uniformity in assertion, but the way that diversity advocates aim at full professional support for a far-reaching program of action.

Diversity (ill-)defined

A term can only be defined as clearly as it is used; confused terminology can lead to confused thinking. At its most basic, the term diversity simply describes human variation. Descriptions often add a call for celebration: diversity is typically taken to be a good thing. Under the conceptual umbrella you will also find material on intercultural working and critical social justice (which takes the social fabric to be constituted primarily by insidious networks of power and privilege). Diversity is a kind of holophrase – a single term used in the service of multiple meanings – without possible inconsistency being acknowledged.

This linguistic compression erases important distinctions between different kinds of social phenomena, which require separate understanding. Cultural differences often require a quite different kind of comprehension than being a minority member of a majority culture (such as being gay) where a person might sometimes share in a majority mindset whilst differing at other times. Differences may be chosen or unavoidable, celebrated or regretted, permanent or transient. Too often discussions of the subject risk circling so far above the terrain that important distinctions disappear from view. We are more than capable of using different terms for meaningfully distinct phenomena and this would be a welcome development.

Why certain identity categories are deemed worthy of attention while others get passed over in silence is also contentious. At present race, sex/

gender and sexuality receive the most attention with the former very much first amongst equals at the time of writing. Dedicated concentration upon these categories comes perhaps less from self-evident clinical priorities than it does from their historic roots in venerable civil rights movements and their subsequent well-funded advocacy by dedicated academic disciplines and non-government organisations. Lacking alternative sources of knowledge upon which to draw, and almost certainly a little nervous about being branded prejudicial for failing to prioritise the needs of these high-profile groups, the therapy profession risks becoming a timorously deferential echo to the clamouring going on in the world at large. We forget at our peril that the loudest voices are not always the most representative.

Perhaps advocates for these groups might claim that they are the ones most severely marked by oppression. In fact, there is abundant evidence that people of below average income, intelligence or attractiveness typically experience a range of comparable social disadvantages (Goodhart, 2020; Markovits, 2020; Minerva, 2017; Rhode, 2010). To date, workshops on 'counselling ugly people' are notable by their absence. Concluding that these groups have not organised politically because their difficulties are inconsequential is uncharitable. Failure to develop a collective political articulation of your predicament can be a sign of a more complete oppression, pernicious exactly because it is unnamed.

It would also help if affirmative and critical approaches to diversity were distinguished within our conversations. Celebrating diverse forms of life as different yet equal is sometimes incompatible with the need to acknowledge the inhibiting and deforming impact of oppression on collective identity formation. A previous generation of political thinkers (i.e. De Beauvoir & Rowbotham, 2009) argued that oppression had not merely put barriers in the way of otherwise fully-formed peoples, but that it left them incapable of conceiving how they would have been under non-oppressive circumstances. These arguments were necessary to explain that the present inferiority of certain groups was not a given. It is crucial to understand that whilst we may *celebrate* diversity, we are called upon to *abolish* oppression (see Michaels, 2006).

Diversity literature too often erases this distinction between the need for groups to not merely embrace who they are but *change* who they are because it is troubled by any gesture that appears to diminish people. Under the distal influence of the pervasive misappropriations of postmodern ideas, which proclaim the superiority of the marginalised (Cusset, 2008; Pluckrose & Lindsay, 2020), the diversity agenda wants to have it both ways. It claims that minority identity categories are both venerable and simultaneously formed by ubiquitous disadvantage. At first glance, this can seem a necessary group-level counterpart to our professional creed of respecting the dignity and worth of individuals. We must of course honour what

remains of value in compromised lives, but if validation is not carefully qualified during the course of therapy it will encourage people to take their current limits for the horizon of their aspirations. Incompatible demands to name the ubiquity of oppression whilst celebrating all forms of life as equal can only be achieved by shrinking the scope of oppression down to minor disrespect by majority groups. Whilst the withholding of due estimation can indeed be painful, taking disrespect to be paradigmatic of oppression generally obscures more serious occurrences.

Our ethical requirement to recognise all group identities and cultures as equally valid also ultimately collides with the demand to understand important inter-group differences as structured by inequalities of power and privilege. It is hard to see how you can describe a social group as simultaneously oppressive towards others and also worthy of respect so we land by default on 'asymmetrical multiculturalism' (Kaufmann, 2018) where majority group cultures are denigrated and minority ones eulogised. No one has explained how therapists are supposed to treat majority population clients (male, white, heterosexual etc.) with the non-judgementalism necessary for good clinical work whilst also being compelled at other times to regard them as contemptible oppressors. Beginning from the premise that estimable and oppressive forms of diversity can exist concurrently in distinctive configurations within complex individual lives would surely be preferable.

Diversity in practice

As Russell Jacoby has shrewdly noted, the diversity agenda has the contradictory tendency to speak about a range of quite distinct phenomena in the same simplified way (Jacoby, 2020): the diversity agenda itself isn't very diverse! The plethora of writings and workshops currently in circulation are strikingly similar in phrasing and argumentative thrust. It can be reassuring when different authors reach the same conclusion independently because convergence can be taken to mean confirmation. Uniformity of expression is more concerning; to encounter the same narrow pool of ideas expressed in an interchangeable fashion again and again can leave us with the troubling impression that we are simply encountering the uncritical parroting of prominent ideas chosen without full awareness of the available alternatives. If there was a conversation in need of a greater range of informed voices engaging in open-minded discussion then it is this one.

More must be done about diversity, we are told, by writers who are thereby placing themselves ahead of other therapists designated by default as in need of moral instruction (Brown, 2005; Edwards, 2016; Jackson, 2017; Martin et al., 2020). Exhortations to be more 'courageous' (Holder, 2014) and to make oneself uncomfortable (Smith et al., 2021), frame any failure to concur with the author's preconceptions as resulting from a lack of nerve

rather than a matter of constructive disagreement. Articles often feature supporting testimonies about the author's experiences of feeling overlooked, excluded and misunderstood in professional circles (Haghverdi et al., 2020).

Given that therapists are typically thoughtful people, generally left-leaning politically and who uncomplicatedly accept the aims of the diversity agenda, it is curious to encounter exhortations for them to embrace what they already believe. It is rarely clear what these authors think they are telling people that they don't already know when all they seem to be doing is repeating commonplace assumptions. It is also rare to see the author specify exactly what the 'more' is that they think everyone else should be doing except in the most abstract terms of 'more awareness', 'more sensitivity' etc. The notion of 'doing more' is by definition an ever-receding horizon. There is never a sense of what 'enough' might look like.

It is therefore not an uncommon experience to feel in discussions about diversity that an opportunity to inform has been squandered in favour of an opportunity to accuse. There is a clear parallel here between the ways in which diversity is presented within the profession and how it is often discussed outside. As more than one critic has noted (Fisher, 2013; McWhorter, 2021; Mitchell, 2022), there is a distinctively religious cast to some forms of contemporary identity politics which aims no higher than the recognition of hurt feelings and the enforced confession and the public denunciation of oppressors. This politics neither works towards increasing reconciliation between groups nor the practical solving of identified social problems, settling instead for the ritual hunting for heretics as a means of purifying the collective soul. Transfused into therapy trainings, this typically leads to discussions which are big on condemnation and short on increasing people's working knowledge and efficacy by giving them more precise conceptual tools and a firmer grasp of the relevant facts.

Therapy is a naturally hospitable to such practices since we already embrace a quasi-religious, confessional impetus to self-knowledge as a precondition of our work (Foucault, 1978). Yet just as contemporary identity politics can mistake the mere holding of righteous beliefs as synonymous with political efficacy (Lilla, 2018), so the therapy world sometimes treats the willingness and capacity for reflective self-exploration as the *only* precondition for an increased ability to work with diverse client groups (Basset, 2021). In doing so it collapses any meaningful distinction between reflexivity and learning. It is possible to be entirely unprejudiced towards a particular group whilst also being widely ignorant about them just as deep hostility towards a group can be found amongst people who are intimately familiar with them. The absence of prejudice is not synonymous with the presence of knowledge and there is a risk that inviting majority-population therapists to reflect upon their supposed biases will only ever end up promoting a majority view of what they take a minority group's typical experience to be. This well-intentioned gesture may ultimately end up misrepresenting minority voices in attempting to speak for them.

The most pernicious expression of this quasi-religious impulse can be found in workshops where stereotypic rituals of exploration, accusation and confession increasingly predominate. The elation which sometimes accompanies the act of confession can engender a false confidence that in exploring your own culpability so openly you become purified of ignorance. In a profession which valorises compassion and self-awareness, the suspicion that one has not done enough to demonstrate these virtues is a stain of dishonour. Participants entering diversity training usually understand the rules of the game well enough. They grasp that the encounter is already pre-scripted with privileged oppressors and the price of their penance presumptively named, weighed and assigned in advance. Many mouth the right words for fear that objection will simply be understood as confirmation of their unacknowledged bigotry (Church, 2020). The opportunity for honest exploration, encounter and learning is too often missed

The misunderstanding of oppression

Writing on diversity typically only acknowledges a problematically-narrow spectrum of oppression. There is a near-exclusive emphasis upon, to paraphrase Nancy Fraser (Fraser, 1997), relatively slight injuries of 'recognition' - interpersonal acts of othering, excluding, disrespect and shaming (Cameron, 2020; Turner, 2021). As I have argued elsewhere (Sedgwick, 2021) oppression more often aims at dominating (and exploiting) groups. Though by no means incompatible with injuries of recognition, domination is a quite distinct form of oppression which will not turn up in the same way in our client's stories, nor is it easily picked up by practitioners trained to think of psychological distress in relational terms.

Dominated populations are socially included but within a subordinate role, serving the interests of the dominating class. This oppression can be more distal, indirect and clandestine: it works best when the dominated don't notice exploitation is happening and don't believe that change is possible. It often operates through the omnipresent, unexamined presuppositions governing everyday life not just in negative interpersonal encounters. Dominated clients may be unable to name their oppression, act to alleviate it or hold their oppressors to account. There will often be a marked sense of confusion and defeat and a feeling that better worlds cannot be imagined. This kind of oppression plays little distinctive role in the literature on diversity.

It is a psychological precondition of experiencing rage and shame at minor indignities that a minority group must have already achieved a sufficient political awareness and sense of entitlement. Groups often move out of oppression unevenly and it is not uncommon for the more advantaged members to have needs and hopes which are quite distinct from

those who lag behind. Therapists are often unaware that our ideas about the vulnerabilities of self-esteem to relational injuries have been quite self-consciously borrowed by some political movements to justify their claims to greater dignity in interpersonal matters (Lasch-Quinn, 2001). There is an identified tendency for relatively advantage members of a disadvantage group to treat their own needs as universally representative, to take control of political organisations and shape them in the service of their own relatively privileged interests (Reed, 2000; Táíwò, 2022). Redefining oppression to be mostly about minor misrecognitions typifies this manoeuvre. Therapists have been too credulous in accepting this because it is couched in language that is recognisably ours.

Respectful mention given to the dubious concept of 'microaggressions' (see Lilianfeld, 2017) therefore represents not the belated discovery of new oppressions but the naïve redefinition of the concept in terms of slight examples. Microaggressions are a mostly inconsequential part of life for many people, particularly in societies run along market lines where competition and meritocracy leave many struggling for status. I am not claiming that seemingly minor insults never have great personal significance. It is precisely a hallmark of good therapeutic practice that we attend respectfully to what things mean for our clients without worrying about how they might be typically experienced by others. I'm simply pointing out that in the effort not to further harm minority group clients, we can falsely presume that relatively slight experiences of misrecognition are always and everywhere hurtful in the same way: in doing so, we replace our customary professional respect for varied, psychological complexity with an insistence upon uniform psychological fragility.

In our fear of underestimating the insidious reach and impact of prejudice, we can end up misrepresenting whole groups as brittle by definition. By inference, those quickest to injure and first to speak are taken to be best placed to voice the collective group experience. This creates an inverted hierarchy which valorises suffering over coping. Sweeping definitions of entire groups as always vulnerable discounts the many individuals who have triumphed in the face of adversity or endured prejudice without being defined by it. My own experiences suggest that many clients are unhappy that their diversity-sensitive therapist has prematurely ghettoised them into an identity category and presumed their fragility by insisting that tolerated experiences are actually grievous emotional wounds whose significance they are downplaying. The silencing of such voices is just another consequence of diversity's reductive homogeneity.

Advocates of the diversity agenda also tend to paint an oversimplified picture of social context. Analysis is conducted using a handful of facts and a limited palate of concepts, most often 'power' and 'privilege' though terms like 'systemic' and 'structural' are now appearing with increasing regularity

(Beetham, 2019). When used properly these concepts can be a useful means for understanding some aspects our client's social realities, yet it often seems as if the author is using them solely for a kind of aesthetic effect. It as though mere citation might provide a patina of conceptual gravitas and technical know-how to arguments that might otherwise sound rather unconvincing were they more plainly stated. We are offered merely the vocabulary of critique without its substance.

Successful critique presupposes immanence; it must begin from an empirically-rich sense of *how* things are as a starting point for uncovering *why* things are as they are (Habermas, 1988). Having shown why things are as they are, it points the way to a better state of affairs. The term power is rarely defined in diversity literature and almost always used in a way which departs from its typical definition as the capacity to get others to do something against their will or interests (Lukes, 2005). Used well, the concept of power enhances critical understanding and identifies options for action. Looking away from the relatively inconsequential micropower of personal encounters towards institutional, statutory and legislative mechanisms would represent a genuine advance, but even here critical ideas must be combined with a detailed grasp of social specifics. If authors are going to talk about systems and structures they need to present a fuller account of exactly what they are referring to, their internal mechanisms and the nature of their impact. Instead, we too often get barely-supported generalisations about a group's collective experience or individual stories offered up as representative. The former typically descends into catastrophizing and cliché; the later cannot overcome the inevitable objection that individual stories don't always represent collective experience.

Clinical work requires an empiricallyrich understanding of social factors and typical group experience sufficient to illuminate the specific manifestations of general social conditions applying to a particular client. Done properly, knowledge of what is socially typical will not detract from our understanding of the individual but enhance it. If we can understand our client's stories as distally structured by multiple, varying and sometimes contradictory instances of power, ebbing and flowing in the course of their daily existence which makes certain actions and thoughts more or less likely, more or less achievable as the person moves through the world, then we will have achieved something usefully precise which can inform clinical work. Understanding the participants in a therapeutic dyad in terms of a static, standardised portion of power and privilege based on a simplistic picture of their respective group memberships is not enough. Replacing unknowing open-mindedness with crude stereotyping is not progress.

Basing our clinical work on simple, dystopian fairy tales about the world does not merely mis-represent it also misdirects. It risks plunging struggling clients into a state of unnecessary paranoia and pessimism under the false

promise of naming their unacknowledged hurt to better heal it (Boltanski, 2011). We name power to help our clients spot it, side-step it, gain more of it or take it away from those who wield it against them. It is not just another means of identifying yet more injuries of recognition to be met empathically. It's a sorry state of affairs when a profession that insists upon understanding a client's inner world in the highest possible fidelity is simultaneously so easily satisfied with an oversimplification of those same client's outer worlds. Psychological nuance is disregarded in a rush to place clients within a crudely sketched social firmament. This may often be worse than not considering questions of diversity at all.

The underlying rationale for the diversity agenda

The many difficulties identified here result indirectly from unacknowledged problems in our professional self-understanding and organisation. When I deliver training on the social context of distress I note that participants invariably turn up excepting to hear standard diversity fare about injuries of recognition in racial and sexual minorities. My efforts to persuade them that the most important difficulties typically facing certain groups are not injuries of recognition and therefore might not benefit from a relational conceptualisation often do not please them. Participants arrive hoping to extended but not change their working practices. They clearly hope to be told what they already know.

The diversity agenda has spread so quickly throughout the profession not merely because of its wider cultural ubiquity but because of its self-conscious deployment of therapeutic ideas. If you are told that what matters most are injuries of recognition in daily interactions then you are already embracing a vision of diversity which fits snugly inside an unmodified version of your therapeutic model's core relational assumptions which you use for all clients anyway. If all you are trained to look for is injuries of recognition then those are the only things you are going to find.

Minority-group therapists protesting their thoughtless misunderstanding at the hands of their colleagues may fancy themselves to be insurgent outsiders but they are actually attacking the profession on its own preferred terms. Accuser and accused are united in unthinking deference to their chosen relational assumptions and professional skill-set. That relational approaches to clinical work might not be the best way to understand or respond to certain forms of disadvantage is therefore never considered. Everyone in the conversation is predisposed to keep something like therapy-as-usual on its pedestal. The possibility of a more radical or materially-rooted approach to clinical work, or something other than therapy entirely such as practical help, political action or consciousness-raising, is therefore never raised.

Effective work with diverse and disadvantaged client groups customarily requires an immersive familiarity with their forms of life in addition to general clinical knowhow. As a middle-class man practicing in areas of high social and economic deprivation, it has taken many years of careful, reflective learning for this necessary knowledge to appear. I don't believe there are always short-cuts and I'm troubled that the diversity agenda seems to promise them. There is an assumption that 'working with cultural difference' and, say, 'working with anxiety' are somehow similar learning tasks when they are quite different in both nature and scope. The latter can be done briefly by learning a set of general working principles which are applied with variation to fit individual cases. The former is rather like learning to speak in a new language. It entails extended, respectful immersion in a form of life until its unique internal logic, its history and its cadences are intuitively grasped.

I have spent most of my working life as part of a team where it was often possible to match a client with a practitioner who understood their part of the world, yet we typically conceive of therapists as lone practitioners trained to see a full spectrum of clients. The most obvious reason for this is that teams of therapists possessing the kind of immersive familiarity with particular communities necessary for effective work would have to be planned, recruited and funded with state support. I believe moving towards specialist organisations based around targeted recruitment is a material and organisational precondition for addressing some of the concerns I have raised so far. The problem is both that we lack the current means to make this happen and fencing off large areas of work as requiring immersive life experience may be particularly unpopular with private practitioners whose revenue streams in a competitive marketplace presume minimal limits on the kinds of clients they can see.

The hasty embrace of the diversity agenda therefore heads off a serious challenge to our professional self-image since it prevents us from acknowledging that the usual tripartite division of theoretical mastery, personal development and clinical experience are necessary and sufficient conditions for producing complete practitioners. Take diversity seriously and you have to admit advanced social awareness of particular forms of life as an additional requirement. This may be why the diversity agenda doesn't just flatter our preferred modalities by focusing on injuries of recognition, it also says how we usually work doesn't need to change much. We are selling therapists on the idea that diversity competence can be spooned-out at half-day workshops offering stereo-typed depictions of group experience and accompanied by redemptive confessions of power and privilege. Given the pressure to do something, can we blame people for participating in a reassuring pretence of adequacy as they wait to collect their certificates after the lunch-time samosas have been served?

Meeting the challenges that diversity poses will require both improved conceptual tools and professional reorganisation that can support grassroots knowledge production. Focusing solely on the former at the expense of the latter will

yield only partial gains. Without an open acknowledgement of the nature and scale of the problem we face the diversity agenda will stumble onwards, magnifying small hurts and ignoring larger ones, mistaking confessions of privilege for the acquisition of useful knowledge, claiming to be radically reforming our practice whilst at the same implying that nothing much needs to change and offering only a thin, emollient illusion of competence which evaporates upon contact with the unforgiving realities of clinical practice.

Note

1. For the purpose of this article I will use the generic term therapy to cover counselling and psychotherapy.

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