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**PSYCHOLOGICAL DISCOURSES ON GENDER,
ETHNICITY AND SOCIOECONOMIC STATUS**

**A thesis presented in partial fulfilment
of the requirements for the degree of
Master of Arts in Psychology
at
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ABSTRACT

The present study was concerned with how the discourses used in cognitive behaviour therapy (CBT), theory and practice construct the identity categories of gender, ethnicity and socioeconomic status (SES). This study also focused on whether CBT practitioners view CBT as a psychotherapy that is designed and aimed more toward obtaining individual client change and adaptation to distress than focusing on social causation of client distress and social change awareness. The research aims were executed using both Potter and Wetherell's (1987) approach to discourse analysis and a feminist poststructuralist framework. Ten clinical psychologists, participated. They were interviewed about the identity categories of gender, ethnicity and SES in relation to CBT theory and practice. An open ended unstructured approach to interviewing was undertaken. Transcripts from the interviews were analyzed. Analysis resulted in the identification of three main discourses: the assessment discourse, the individual practitioner discourse and the empowerment advocacy discourse. Overall analysis of the discourses revealed how they acted to construct CBT as a beneficial psychotherapy to use with clients from ethnic minority groups, low socioeconomic groups and for women, despite the overall consensus that CBT is not specifically designed to assess the effect of gender, ethnicity and SES factors. Analysis of transcripts also revealed that participants view CBT as psychotherapy that is designed more toward obtaining individual client change, though participants stated that CBT has the potential to design social change initiatives. The key issues arising from the findings are discussed and some general conclusions are presented. Limitations and future directions for research are also discussed.

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INTRODUCTION

“Systems of psychotherapy not only reflect culture but shape culture as well” (Woolpack & Richardson, 1984:784).

An individual's gender, ethnicity and socioeconomic status (SES) affects how they experience the social world: How they are treated by other people, how they view themselves and their access to certain resources. These experiences influence people's cognitions and behaviours in certain ways (Kantrowitz & Ballou, 1992, Van Bilsen & Norris, 1997).

At present Cognitive Behaviour Therapy (CBT) is one of the most utilized forms of psychotherapy in Western countries such as New Zealand (Hays, 1995). Like other mainstream psychotherapies, it has been critiqued for changing the individual, their beliefs and actions, without forms of change to the existing external, environmental, social conditions which have caused an individual's mental health problems. Problems and issues which are external, such as ongoing experiences of sexism or racism, cannot be properly addressed by this internal, individual client change (Ussher, 1991, Hirini, 1997).

According to Kantrowitz & Ballou (1992) current CBT initiatives are directed toward individual client change, not social, community change. Also individual differences which result from gender, ethnicity and or socioeconomic factors are either ignored or not fully taken into account in CBT etiology, diagnosis and treatment models.

Ethnicity

An individual's thoughts, behaviours, values and general world view are influenced largely by their ethnic or cultural background (Padesky & Greenberger, 1995, Marshall & Turnball, 1996). Ethnicity is not a natural or innate category. It has been viewed as a identity or defining system, categorizing individuals on the basis of both physical characteristics and shared values, beliefs and practices that transcend from one generation to the next (Matsumoto, 2000).

CBT is a Western psychotherapy that was founded by White Euro-American middle class men. It is a psychotherapy that encompasses the world views and experiences of individuals who are members of this category (Kantorowitz & Ballou, 1992).

Unger (Cited in Espin & Gawelek, 1992) argues that the psychological assessment criteria which are used to evaluate human behaviour are based on the behaviours and world views of White middle class males. Their behaviour, views and experiences are constructed as the human norm.

Forms of psychotherapy have been critiqued for ignoring individual differences based on ethnicity (Kantorowitz & Ballou, 1992, Ussher & Nicholson, 1992). Reid (1995) argues that the identity categories of ethnicity and SES are generally only viewed as descriptions, demographic information, and are not examined or evaluated as factors that affect human experience.

Within psychology the category of ethnicity has traditionally been treated as a deficiency (Ussher & Nicholson, 1992). The behaviours and cognitions of ethnic minority people are viewed as either needing to be changed to meet the normative standards of behaviour or are seen as innate (Espin & Gawelek, 1992). Espin & Gawelek (1992) argue that the discipline of psychology only knows how to study individual differences and is only designed to study human diversity as difference.

Gender

Gender, like ethnicity, is not a natural or innate category. It is a social construction, it encompasses specific beliefs, values and practices that are culturally specific. An individual's gender is attached to biological sex differences. Pihama & Mara (1994) argue that gender is linked to social power relations because it affects how individuals are positioned in society, such as one's rights, experiences, roles, and allocation of resources. For example, historically women's social positions have been subordinate to men's.

Gender is not the only salient identity category in the lives of all women. For some non White women, ethnicity rather than gender may be a more centrally determining factor to their identity (Espin & Gawelek, 1992). A woman's ethnicity and socioeconomic position will affect how she experiences gender (Brown & Ballou, 1992, Du Plessis, Bunkle, Irwin, Laurie & Middleton, 1992). It is argued (Harding, 1987) that there is no one woman and thus no one woman's experience, because women are the products of different ethnic and socioeconomic positioning and experiences.

Veronica, Miles & Miles (1995) argue that psychological theories do not tend to cater for Black North American women, because when Black people are studied they are usually Black men and when women are studied they are usually White women and from these findings generalizations are made about Black American women.

Psychological disorders appear to be gendered, with more women compared to men being diagnosed with depression and dependent personality disorder and more men being diagnosed with alcohol and drug problems and anti social personality disorder (Ussher, 1991, Chesler, 1997).

Several different explanations exist for the gendered nature of psychological distress. Walsh (1997) proposes that women are socialized from birth to be more emotional and interpersonally connected with other people and when they are too emotional or too connected they can be diagnosed with either histrionic personality disorder or dependent personality disorder. Unger & Crawford (1992) also point to environmental factors, arguing that the gendering of disorders is the result of women's experiences of the social environment. Parker, Georgaca, Harper, McLaughlin & Stowell-Smith (1995) do not view so much the internalization of socialization factors, but view the positions that are available to women as affecting the occurrence of certain disorders. Such positions are based on notions of gender as a differing principle in society.

It has been argued (Unger & Crawford, 1992, Worell & Remer, 1992) that when both women and men present with the same symptoms they are given different diagnoses.

According to Ussher (1991) women are labeled as mad and are positioned in a psychological discourse, while men are labeled as bad and are positioned in a criminal discourse. This can be related to a different diagnosis of symptoms based on constructed gender differences.

According to Ussher (1991) & Chesler (1997) psychological distress in women is the result of their anger or outrage being pathologised. Such anger is a response to unjust oppressive social conditions and is the only outlet that most women have for expressing their discontent and experiences of marginalization.

Socioeconomic Status (SES)

Socioeconomic status (SES) has been defined as a system that is used to place individuals into economic groupings based on the type of occupation they have and associated income (Bell & Carpenter, 1994). An individual's economic status also affects their access to resources (Gillies, 1999).

Various psychological studies have found that a relationship exists between lower SES and the occurrence of psychological disorders (Hollingshead & Redlich, 1958, Myers & Bean, 1968, Ussher, 1991). A recent study found that women in low socioeconomic groups had higher rates of depression compared to other groups in the population (Parker et al, 1995). Because of their position in the social hierarchy, they experience higher levels of unemployment, thus lack of financial resources and increased daily stressors associated with this situation.

Ussher (1991) argues that women's mental health problems are the result of an economic root of madness, because most women compared to men have a lower status in our society. They earn less money have less access to resources, which all contribute to feelings of powerlessness.

The Social Origin of Psychological Distress

Within a critical psychological framework psychological problems or disorders are not seen as being individual in origin, or having resulted from internal factors. They are not the result of individual pathology or intrapsychic conflict (Unger & Crawford, 1992). Yet most forms of psychotherapy, including CBT, do not focus on social, environmental change. No changes are made in regard to the larger environmental factors that cause and maintain women's distress (Chesler, 1997).

Both the cause of and the solution to the disorder/distress are viewed as existing within the individual client. The individual is taught to believe that the problem lies within her mind and/or body (Chesler, 1997, Perkins, 1991). This shifts attention away from the individual looking at external factors of causation and trying to work toward changing the social factors that are causing her distress.(Ussher, 1991).

Psychotherapy focuses on individual client solutions, not on more collective solutions (Unger & Crawford, 1992). Issues of shared concern are privatized in therapy, which Perkins (1991) refers to as the 'privatization of distress' using the example of lesbians in therapy to highlight this. She argues that lesbian clients are taught to view

their distress/issues as resulting from internal psychological processes not from external shared oppressive realities of a homophobic society.

Therapeutic alleviation is viewed by Ussher (1991) as both ensuring that the individual can't complain about an unjust society as well as directing attention away from unjust social factors which continue to produce such inequalities and distress. When therapeutic alleviation of distress does occur it is usually only short term and superficial, resulting in the individual remaining dependent on the therapist (Chesler, 1997). There is also no plan for empowerment (Ussher, 1991).

In the case of CBT there is a plan for empowerment, as the main therapeutic goal is for the client to become their own therapist. Empowerment in CBT has to do with the client being able to adapt, adjust and develop skills to deal with their distress (Marshall & Turnball, 1996). The term empowerment in a critical feminist framework is related to client conscious raising in regard to the social origins of their distress.

It is argued (Unger & Crawford, 1992) that while therapy does offer some form of relief by helping the individual cope with distressing social conditions, it cannot fully help the individual client unless it raises the consciousness of the client so that they will be less likely to tolerate such conditions in the future.

Therapy as Social Control

The modern discipline of psychology in Western countries has a major role in defining

which behaviours and practices are normal and acceptable (Hare-Mustin & Marecek, 1988). According to Ingleby (1995) the French philosopher Michel Foucault viewed the discipline of psychology as an apparatus of both social regulation and management. The way an individual thinks and behaves is strongly influenced by the discourses (theories and practices) of psychology (Burr, 1995).

According to Burr (1995) psychology has the potential to be a liberating discipline that can contribute to emancipatory social change. Instead it is viewed as a mechanism of social control in the form of the surveillance techniques it uses. These techniques include psychological tests and measures, such as intelligence tests, personality inventories, measures of attitudes and tests of masculinity and femininity. Such tests are used to establish norms for morally and socially acceptable behaviour, which are then used to ensure that we all obtain and maintain normative standards of conduct.

Therapy is viewed as a form of social control (Unger & Crawford, 1992, Ussher, 1991), as the aim of therapy, including CBT is to ensure that individuals conform to and accept the dominant social world view (Ussher, 1991, Mirkin, 1994). Traditional forms of psychotherapy such as the shaping techniques used in CBT, are viewed as being far more effective at normalizing an individual's behaviour than anti psychotic drugs (Kvale, 1992).

Within a critical psychological framework mental illness and mental health are seen as socially defined with those in power determining what behaviours and views constitute

such categories. Ussher (1991) argues that diagnostic labels are given to behaviours/ cognitions that are non-normative or those that question the status quo/unjust power relations in society.

According to Caplan (1995) mental health or well-being is viewed as a satisfactory adjustment to society, while mental illness is not viewed as something an individual has but as something they do (Gerhardt, 1989).

Hare- Mustin & Marecek (1988) argue that psychologists are viewed as experts and are given authority to prescribe behaviours and views that are constructed as normal and healthy and to sanction those that are constructed as abnormal or inaccurate in some way. They are seen as authority figures because of the scientific practices they engage in to reach such conclusions. This scientific orientation is constructed as being reliable, value free and apolitical.

The Discipline of Psychology

Mainstream, traditional psychology, as it exists today is both founded on and based around a liberal humanist perspective, which in turn is the theoretical basis of taken for granted, unquestioned commonsense (Gavey, 1989).

Within this liberal humanist perspective psychological knowledge in the form of theories and practices are viewed as neutral and objective. Gergen (1973, in Burr, 1995) contests

this view and argues that all forms of psychological knowledge are both historically and culturally specific. Thus in order for practitioners to have a more critical view, research needs to extend beyond the individual and look at the socio-cultural context which also includes political and economic factors.

Within a liberal humanist framework psychology is viewed as a discipline which makes discoveries about individuals and other phenomena. According to Espin & Gewelek (1992), and Parker (1999) psychology and psychological knowledge is not discovered, it is instead being constantly constructed and re/produced.

Science: The Backbone of Psychology

Science is viewed as an epistemological system (McCreanor, 1993) which is centered around discourses that construct it as a search for knowledge and truth not effected in any way by social, moral or political factors (Reiger, 1992). Its claims to authority (its justification device) are that it is value-neutral, reliable, empirical and the universal foundation for knowledge which is socially beneficial for all people (Lather, 1992).

In the middle ages science began to replace the then dominant Christian world view as the path to authority and knowledge. Its justificatory aim was to liberate individuals, their ways of thinking and behaving, from the authority of kings and priests (McCreanor, 1993, Lather, 1992).

Science (including psychology and CBT) is constructed and constituted in a liberal humanist positivist discourse (Lather, 1992), which dominates the creation/production of

knowledge in Western societies (McCreanor, 1993). Such knowledge is constructed as being legitimate because its modernist theoretical positioning states that there exists objective truths and realities about the social world, including individuals, that can be discovered by empirically validated scientific observation and experimentation, and that what exists in the world is what we actually perceive to exist, that is discoveries are not constructed (Burr, 1995).

It is argued that science itself is a project that is linguistically, historically and ideologically produced (Lather, 1992). Scientific constructions in the form of theories, experiments and research findings are far from neutral or objective, they are viewed as serving political and economic interests (Lather, 1992, Reiger, 1992).

Burr (1995) argues that most scientific funding is paid for by groups of individuals who hold powerful positions in both industry and/or government. Lather (1992) further adds that we need to critically question in whose interest knowledge of the identity categories of gender, ethnicity and socioeconomic status (SES) has such knowledge been constructed.

Critiques of Mainstream Research

As has been previously discussed, the idea that scientific research is valid, reliable and apolitical is viewed as a discursive construction, within a poststructuralist framework Fine (1992) argues that all forms of research are political to some degree and that our research constructs a particular version of the world (Potter & Wetherell, 1987).

It has been argued (Lather, 1992, Graumann and Gergen, 1996, Gergen, Gulerce, Lock and Misra, 1996, Potter, Wetherell, Gill and Edwards, 1990) that researchers construct their object of inquiry, because facts are constructed by the questions that are asked, which in turn are the product of culturally specific understandings and available linguistic categories. Research findings are the researcher's interpretation(s), which are partial and affected by their cultural orientation, biases and interests/investments as well as larger sociopolitical issues. A neutral researcher/scientist does not exist (Ussher, 1997, Ussher & Nicholson, 1992).

Reflexivity

As mentioned above, the idea of both neutral research and a neutral researcher is a myth. It is also argued (Kidder & Fine, 1997) that all forms of research contain certain biases, but it is within critical qualitative work (such as work within a feminist or critical discursive framework) in which such biases are acknowledged, examined and written about. Kidder & Fine (1997) argue that the researcher needs to not only reflect on their own biases but also those of their participants, as this will also affect the research process. For this reason a section on my own position is included in the following pages.

Rationale for the use of Discourse Analysis and a Feminist Poststructuralist Methodology

Societal problems such as racism and sexism are not adequately addressed by current forms of inquiry (methodological paradigms) in mainstream psychology, as it individualizes its view of such problems. This occurs because the role that socio-cultural

(external environmental) factors have in such matters is either not adequately acknowledge/examined or is ignored (Sloan, 2000).

The research aims in this project could not be adequately carried out within a traditional mainstream psychological research paradigm. Within such a framework these two issues would not likely to have even arisen, hence the use of a discursive analysis and a feminist poststructuralist framework for the analysis of the CBT practitioner participants accounts (Sloan, 2000, Gavey, 1989).

Discourse analysis will be used as a research methodology in this project because of the importance of language and its role in constructing and producing meaning. This study is concerned with how the participants talk constructs the identity categories of gender, ethnicity and socioeconomic status (SES). From this discursive analysis inferences can be made about how such constructions may affect therapeutic practice (Willig, 1999, Potter & Wetherell, 1987).

There are different approaches to discourse analysis, each approach is located within a specific theoretical framework. The present study will incorporate a feminist post-structuralist framework within the discourse analysis (Gavey & McPhillips, 1999). This type of analytic framework will be used because of its underlying theoretical orientation, which by its very nature will provide a different perspective/view of the three identity categories and thus will treat them differently from a CBT theoretical orientation, which is located within a humanist, positivist discourse. A discursive feminist post-

structuralist analysis will allow for an examination of how the participants are positioned within a CBT discourse and how this positioning can effect their practice in regard to working with women clients. Another advantage of this framework is that it provides us with both the positive and negative ways that such identity categories are constructed and viewed within society.

A combined discursive and feminist poststructuralist framework allows the researcher to both critique and problematize dominant mainstream psychological conceptions and frameworks, which allow for alternative views to emerge. This framework also acknowledges and examines the role and influence that socio-cultural factors have in influencing our lives (Willig, 1999, Burman, 1992, Gavey, 1989, Hare-Mustin & Marecek, 1988, Sloan, 2000).

Purpose of the Present Study

Research Aims

The present research aims to investigate the discourses of clinical practice in cognitive behaviour therapy (CBT), with regard to how practitioners talk about their views of CBT theory and their own professional practice in dealing with issues concerning gender, ethnicity and socioeconomic status (SES) while working with women clients. Another aim of the research is to examine whether the practitioners view CBT as an adjustment model centered on ensuring individual client change as opposed to highlighting or working on wider social environmental awareness and change, which has been viewed as

causing clients psychological distress in the first place.

The first research aim is based on the argument that present forms of psychotherapy such as CBT ignore or downplay individual client differences that are based on gender, ethnicity and socioeconomic status (SES) in regard to etiology, diagnosis and treatment. It assumes that these three identity categories affect how individuals experience the social world and daily life which in turn affects their cognitions and behavior in certain ways (Kantrowitz & Ballou, 1992).

The second research aim is based on the argument that present forms of psychotherapy such as CBT are based on an adjustment model in which the therapeutic emphasis is on ensuring individual client change. The client is taught how to adjust to their distress by being taught new ways to think and behave (Ussher, 1991, Unger & Crawford, 1992, Chesler, 1997, Brodsky & Hare-Mustin, 1980). When the client is experiencing distress over problems that are social not individual in origin, such as racism and sexism, CBT therapeutic practices do not fully deal with such external issues (Kantrowitz & Ballou, 1992, Hirini, 1997, Unger & Crawford, 1992).

Cognitive behaviour therapy (CBT) is centered around the argument that it is a psychotherapy that is designed to ensure client empowerment. This empowerment exists in the form of teaching clients skills and strategies to help them to adjust and cope with their distress, to in effect become their own therapist. Client empowerment in this model is not concerned with raising client consciousness in regard to the social conditions that have

caused their psychological distress (Unger & Crawford, 1992).

My Position

The following section discusses what lead me to be interested in the type of study I have undertaken and also what theories have influenced my research aims.

My initial interest in undertaking a research project such as this was greatly influenced by a stage three psychology paper I completed that looked at gender issues, the discipline of psychology, and the active role of language in providing us with meaning. This paper provided me with a much needed critical view of psychology.

My interest in examining how CBT deals with issues concerning ethnicity, gender and socioeconomic status (SES) in regard to therapeutic practice with women clients resulted from a module that was taught in the paper. This module was structured around the argument that mainstream forms of psychotherapy, such as CBT are based on an adjustment model. They are designed to teach clients how to cope with their distress and are not aimed at raising client awareness regarding the social roots of distress.

The identity categories of gender, ethnicity and SES have influenced my own life experiences and the experiences of those people around me. My real, conscious awareness of these factors resulted from the first university paper I completed. This paper was designed specifically for student teachers. Issues concerning gender, ethnicity and SES were examined within a critical theoretical and social constructionist framework. The main aim

of the paper was to make us/student teachers aware that nothing in society is given or natural and that every aspect of social life is socially constructed. By challenging our commonsense understandings of the social world we can see whose interests are being served, by such constructions, whether they relate to gender, ethnicity and, or SES factors.

The research questions and aims of the present study are influenced by critical theory, social constructionism and feminist poststructuralism and postmodernist theoretical frameworks, which continue to greatly interest me and have formed my current value and belief systems.

Summary

The first section of this chapter discussed literature in regard to the research aims. The areas covered were ethnicity, gender, socioeconomic status (SES), the social origin of psychological distress, psychotherapy as social control, the discipline of psychology, science and its relationship to psychology and the rationale for using both a discursive and feminist poststructuralist methodology. The final section stated the research aims of the present study. Also discussed were experiences that lead me to be interested in this particular study and also what theories influenced the research questions I have asked.

The following chapter will discuss, in detail, the theoretical framework that will be adopted to undertake the research.

THEORETICAL BACKGROUND

The purpose of this chapter is to provide background material on the theoretical frameworks used in this study. The two combined theoretical frameworks are discourse analysis and feminist poststructuralism. The first part of the chapter covers material on discursive theory, which includes a definition of discourses, what they do, how they are related to history, culture, knowledge, power, institutions and social practices. Also discussed are the implications of discursive theory regarding human subjectivity and power relations. Also discussed is material on feminist poststructuralism, which illustrates why feminist poststructuralism and discourse analysis are combined as a research approach. The final section of this chapter discusses discourse analysis, including a definition, its purpose and benefits, its practical application as well as a critique of research in mainstream psychology. The overall aim of this chapter is to provide the reader with an understanding of the theoretical concepts of both discourse analysis and feminist poststructuralism and its benefits for the type of research I am undertaking. I will also discuss how they differ from mainstream research paradigms used within the discipline of psychology.

Discourses

A discourse can be referred to as a set of statements which conveys meaning whether written or spoken and which constructs an object, account or person. Discourses are not restricted to words as pictures and objects can also convey meaning (Parker, 1992,

Weedon, 1997, Burr, 1995).

A discourse can also be understood as a signifying device that produces some form of meaning. According to Burr (1995) any phenomena that can be read for meaning, such as a pictorial image, can be viewed as discursive. For example, a certain style of clothing is a signification device because a discourse is operating within that medium, thus the medium (pictorial advertisement for a piece of clothing) is conveying meaning of some sort. Discourses are socially, culturally and historically produced through shared social meanings, they are not individual constructions (Parker, 1992, Weedon, 1997).

What Discourses Do

Discourses are patterns of meaning (which at the most basic level are formed first within language) and are sets of knowledge which we use to understand ourselves, other people and our social world. Discourses are viewed as systems of sense making constituted in and through language as language provides us with ways of understanding phenomena such as objects, practices and people because it is used to convey and interpret meaning (Parker, 1999, Potter & Wetherell, 1995).

Feminist Poststructuralism and its Relationship to Discursive Theory

Both discursive theory and feminist poststructuralism hold similar theoretical perspectives mainly concerning the active role of language in the social world. This research is using a feminist poststructuralist framework approach in conceptualising the data (the clinicians discourses), which is based predominately on the work of Weedon (1997) and Gavey

(1989).

The term poststructuralism is plural because it does not have a single fixed meaning. It can be described as consisting of a collection of theoretical positions, which are developed from the work of critical theorists such as Michel Foucault and Jacques Derrida (Weedon, 1997, Gavey, 1989).

It has also been viewed as a movement which is concerned with the study of language and meaning. It is centered around the rejection of structuralist claims of the existence of explanatory (truth) structures which are seen as underlying phenomena. A linguistic view is that meanings are conveyed in signifying systems such as in language and are not fixed but are fluid and questionable (Richardson, 1996, Burr, 1995).

Weedon (1997) states that not all theoretical positions of poststructuralism are beneficial for feminism. She claims there is a need for a theory that can examine the relationship between language, social practices, subjectivity and power relations.

Feminist poststructuralism can be defined as consisting of different poststructuralist theoretical positions which provide theories relating to language, knowledge production, social practices, subjectivity and power relations in society. The result is the development of a framework that can be used to understand, analyze, critique and change existing power relations and related inequalities centered around gender, ethnicity and social class (and other categories) by identifying the structures that reproduce such factors and

implementing strategies and practices for (emancipatory) change (Weedon, 1997, Gavey 1989).

This framework rejects the possibility of objectivity, absolute truth and the existence of a single fixed reality (Gavey, 1989). Our experiences of the social world do not carry a single fixed essential meaning or reality as they are only given meaning in language.

Because language is always dynamic our social world and reality have no fixed stable meanings. For example, the meanings of femininity differ from culture to culture and over time, from the Victorian era to the suffrage movement, to the era of the working woman and mother.

As previously stated there is no final knowledge (absolute truth) in the form of psychological theories and practices. These are not stable or fixed. They are instead always being formed and reformed through language to suit certain purposes. The phenomena (object or subject) of the psychologists' gaze is always emergent because it is constructed by language. Thus it is always temporary and new 'discoveries' are constantly produced and constructed (Lather, 1992). In this view knowledge, truth, reality and experience are the products of power interests (Reiger, 1992).

Lather (1992) and Gavey (1989) both argue that feminist poststructuralism is not concerned with discovering reality or revealing truth claims. It is concerned instead with both disrupting and displacing dominant oppressive forms of knowledge.

Feminist poststructuralism is beneficial to the discipline of psychology because it allows us

to reframe a phenomena, such as an account, object or subject and to view it not as an absolute truth but as one truth/version held in place by language and power relations (Gavey, 1989, Parker, 1990).

How Discourses are Related to History and Culture

An individual enters a world where language, discourses constituted in and centered around specific meanings, categories and labels, already exist. The individual is not seen as the guarantor or originator of the description or account they are giving because their understanding or conceptualization of a phenomena is restricted to the discourses that are available to them. These are not individual conceptions but are social, cultural and historical productions (Parker, 1990, Gavey, 1989).

In this sense our subjectivities and experiences as well as understandings of the social world are not independent of language but are the result of discursive constructions. We can only make sense of and describe a phenomena through the language that is available to us. Thus language not only provides a description but actively constructs social reality for us: description results in construction of some sort (Burr, 1995, Weedon, 1997, Ussher, 1992, Gavey, 1989 & Wilkinson and Kitzinger, 1995).

Discourses refer to other discourses, they can be supported by other related discourses because they are both produced and modified in relation to other discourses (Parker, 1990, Hollway, 1989). Discourses are historically produced because the objects and

other phenomena that they construct were constructed in the past, though discourses are not static, they are dynamic, connected and effected by other discourses (Parker, 1990). Over time discourses can change. An example of this can be seen in regard to constructions of sexuality and the removal of homosexuality as a mental disorder from the diagnostic and statistical manual. Changes in the meaning (construction) of human sexuality are governed by larger societal power relations (Lather, 1992).

How Discourses are Related to Knowledge

According to Foucault (1980 in Weedon, 1997) discourses can be viewed as establishing knowledge (which are regarded as truth claims) which construct both us (our subjectivities) and our social world (practices and institutions).

According to Weedon (1997) discursive theory views discourses as providing us with particular ways of thinking about the phenomena that they construct, in this sense they can both inform and restrict the way we think about things. For example Foucault, described how the available circulating discourses (in legal papers and in associated accounts such as the media) concerning a murder trial provided the possible explanations that could be given to describe the incident.

An account that is put forward is only one particular version constructed from the available linguistic resources presently circulating in both our social and cultural positioning (Parker, 1990). Discourses also enable us to bring phenomena into sight because they enable us to focus on concepts that are abstract or objects that are not

physically present (Parker, 1990).

How Discourses are Related to Power

Weedon (1997) argues that discourses are the structuring principles, the building blocks of society, because it is through language that the social world is organized and given meaning. Language is also the first site where issues of power are constituted and activated (Denzin & Lincoln, 2000).

Some discourses are more powerful, that is they are more widely circulated and made more legitimate than other discourses. Dominant 'commonsense' discourses hold such a position because they are implicated somehow in constructing the social world. Also over time they have become normalized and taken-for-granted, seen as right and 'natural' and thus rarely (if) ever questioned. This can be seen in the case of discourses that construct marriage and parenthood as 'natural' and normal roles to take up (Gavey, 1989).

Discourses which contradict (and in some sense compete) with such discourses are usually marginalized. Because of this discourses provide us with both contradictory and competing ways of giving meaning to phenomena, such as our experiences of the social world. We can also examine which discourses are in use by analyzing the contradictions they are producing (Denzin and Lincoln, 2000, Parker, 1990, Gavey, 1989).

Foucault (1980 in Weedon, 1997) viewed discourses as constructing truth claims. Discourses that are viewed by society as being true and which construct what our social world should be like including both the subjects (individuals) and objects that inhabit it construct truth claims. This ensures the production and maintenance of certain practices and the types of knowledge (and objects) we should be interested in, such as what should be studied or investigated, what practices we should undertake.

It has been argued by Weedon (1997) that the liberal humanist view of language is itself a commonsense truth claim. Truth claims exist in the form of sets of knowledge that are viewed as factual as they are empirically validated (within a Western framework) (Parker, 1990). Language is viewed as only descriptive and neutral and thus free from any ideologies. It has also been argued (Cameron, 1992) that language is the fundamental structuring principle of all forms of domination and inequality, because of its role in producing meaning, defining reality and giving meaning to experiences of the social world. Thus not only does language have a primary role in reproducing power relations, it is also the site at which social change can begin (Parker, 1990).

Forms of social power are exercised through specific discourses, such as through discourses that are constructed around truth claims. By paying closer attention to certain truth claims, for example those surrounding gender or ethnicity, the effects of power relations can be identified by the oppressive effects that such discourses can have on certain groups in society (Burr, 1995, Gavey, 1989).

Certain discourses that construct gender, especially those that characterize femininity and masculinity, have become naturalized and normalized. It is through such common-sense understandings that gender operates as a differentiating principle in society. For example, women are constructed as being able to care for children, having certain kinds of personalities and skills (in some cases seen to be innate) which make them suitable for certain occupations (teaching, nursing/caring and hospitality type of work) which supports and maintains existing patriarchal power relations (Hare-Mustin & Marecek, 1988, Burr, 1995). Such discourses and discursive practices can also be viewed as forms of social control because they affect the daily lives of individuals in the form of what such individuals can do in their jobs, their level of work and social autonomy, level of income, access to resources (Burr, 1995).

Foucault (1980 in Weedon, 1997) has argued that discourses constitute power, because they directly effect how phenomena (including individuals) are constituted, given meaning and viewed within the social world. Gavey (1989) further adds that forms of knowledge are unstable and fluid because they are socially produced and connected to power relations. Groups of individuals who have access to such power have control over the production of truth claims so that they are able to maintain their own access to the material advantages, other resources, and interests that this regulation of power allows them (Unger & Crawford, 1992).

Thus language is seen as a site where existing relations of power (and inequality) can be either reproduced, contested and changed. Competing discourses exist, some more

dominant some marginalized, thus competing ways of giving meaning to phenomena also exist, a single fixed reality does not exist. Instead different versions of reality exist, but dominant discourses (ways of constituting meaning) are connected to the organization and maintenance of social power relations (Gavey, 1989).

Certain groups of individuals benefit from the way that gender and ethnic constructions are represented in society. Thus these particular forms of representation need to be maintained so that these groups can justify their prominent positions and access to material resources (Weedon, 1997, Reiger, 1992). The wider social consequences and effects that certain discourses can have can be examined through an analysis of ideological effects (Parker, 1992).

Ideology can be defined as a system of beliefs and practices which maintain unequal power relations between social groups (Potter & Wetherell, 1995). Parker, (1990) also views ideology as a description of relations and effects, a way of presenting and managing a representation of a particular view of the world or a social group. An ideology is also viewed as a long term set of publicly expressed beliefs in the form of justification devices (Reeves, 1983).

Discourses that have a role in reproducing power relations have ideological effects.

Ideological discourses justify and rationalize unequal conditions between social groups (Parker, 1990).

Burr (1995) views ideology as certain sets of knowledge (truth claims) that have been developed to ensure that the position that certain groups of individuals have in society is maintained. Discourses alone do not contain ideological effects, it is how the discourses are put to use, how they are activated that determines when and how they become ideological. In this view the ideological aspect of discourses is dormant until it is activated, put to some sort of use (Parker, 1992).

It is argued (Reeves, 1983) that discourses are primarily activated through language in the communication process in a justificatory role/manner. Discourses need to be socially circulating. According to Reeves (1983) ideology in its discursive format emerges when an individual (or a group) is trying to justify a certain state of events or an action of some sort and are trying to account for it (and their actions and views) to other people. They try to show their own vested interest as that of a social and general collective interest with benefits for all, not just a few.

How Discourses are Related to Institutions and Social Practices

Discourses both produce and maintain (reproduce) the objects and individuals of the social world, such as institutions like universities and prisons and social practices like marriage and parenting (Potter & Wetherell, 1994, Richardson, 1996). Individuals are constituted through sets of discourses which govern our very experience of the social world including our thinking, behaviour and relationships with other people (Weedon, 1997, Kvale, 1992). According to Hollway (1989) and Ussher & Nicholson (1992) individuals are the product of social factors which are centered around power

relations and practices, because for discourses to be effective (such as in the production of gender categories) they require activation through individuals. For example for femininity to be produced it must be acted out (Weedon, 1997).

Discourses are also maintained through discursive practices which are the practical applications of discourses, such as therapy in psychology. Discursive practices also produce and maintain differences in the form of specific actions that can be undertaken, resource allocation and rights of individuals depending on the discourse(s) that are in activation (Hollway, 1989, Ussher & Nicholson 1992).

According to Weedon (1997) the most dominant (legitimate) discourses which circulate in our society have firm institutional bases such as the government, the law, medicine, social welfare and the education system. These dominant discourses are viewed as the products and reflections of social, economic and political factors and functions. They are maintained, reproduced and activated by the role that they have in institutional and discursive material practices (Wilkinson & Kitzinger, 1995). Foucault, (1972 in Parker, 1990), thought that discourses and practices should be viewed and treated as if they are the same thing, because material practices always contain some form of meaning. Material practices can be practical in effect, such as therapy in psychology, or in medicine, physical body examinations. Parker (1992) also views texts, for example in the form of medical books and journals, as well as speaking (spoken medical discourses) as material practices. Such practices play a fundamentally major role in reproducing, justifying and maintaining institutions.

The discourses that are involved in the reproduction and maintenance of institutions also reproduce power relations because they effect how individuals can interact in such discourses within institutional settings. For example, within the discipline of psychology issues regarding the right of clients and lay people to certain speaking positions in psychological discourses reproduce psychologists as experts (Parker, 1992). This directly effects social power relations as the client has less rights because they are positioned as the non expert in the discourse (Weedon, 1997).

Discourses can also be used to justify and naturalize, as well as reproducing and strengthening certain psychological phenomena as well as certain psychological and social practices. Discourses cover/disguise power interests through the use of certain institutional/disciplinary practices. In psychology these practices are in the form of therapy, diagnostic labels and categories and psychoactive drugs. These practices also go on to reproduce and maintain unequal power relations (Hollway, 1989, Parker, 1992). As Ussher (1991) and Chesler (1997) have argued, diagnostic labels and the use of medication are forms of social control used to ensure that the individual conforms to normative, socially desirable standards.

Institutions have ideological effects because the discourses that construct them constitute and effect social power relations (and inequalities), which are in turn reproduced and maintained through the these institutions (Weedon, 1997).

According to Parker (1992) examining discourses for ideological effects allows us to question and examine which institutions are reinforced by the use of particular discourses as well as examining which groups gain from the use of such discourses. Antaki (1988) states that is important to establish which groups of individuals benefit from such claims and practices, but we also need to examine at the same time which groups do not benefit from the circulation and activation of such discourses and practices.

Psychology's View of Language

Traditional mainstream psychology is both based on and centered around a positivist humanist framework in which language is viewed as being a neutral means for describing the world. It is constructed as a neutral, objective, transparent medium that is merely describing things that already exist. Objects and other phenomena are not viewed as linguistic constructions, they are merely made present through a labeling process. This view implies that language only reflects changes that have occurred prior and independent of it (Weedon, 1997, Gavey, 1989).

Implications of Discursive theory for Human Subjectivity

This section will discuss the meaning of the terms subjectivity and subject positions and how the three identity categories are viewed within a discursive framework, as well as an examination of how mainstream psychology views the individual.

Discourses provide us with subject positions to take up and be placed into, something like the different roles of a mother or a psychologist. An individual positioned in a specific

position will have different levels of access to various discourses. These in turn will affect the type of the experiences, speaking and acting rights and allocation of resources to which an individual will have access. Our subjectivity is constructed by and through discourses, discourses produce us (Gavey, 1989, Weedon, 1997).

The concept of subjectivity is used to explain how we view ourselves (our identities), our conscious and unconscious thoughts and feelings and how we experience and understand our relationships to our social world (Weedon, 1997). Subject positions are socially produced because the discourses that construct them are socially as well as both historically and culturally located (Gavey, 1989).

Our sense of who we are is constructed through the available linguistic terms and concepts of our culture. In western capitalist countries such as New Zealand, concepts such as 'I' and 'me' are salient in the production of individual subjectivities (Burr, 1995). Within a feminist poststructuralist framework our subjectivities are viewed as being the products of our history, our culture and larger societal power-relations. This is in comparison to the traditional psychological construction, which is based on a positivist humanist framework in which the individual is constructed as being conscious, unified and rational. Such an individual possesses a distinct fixed personality and attitudes which reflect a fixed and unified internal psychological state. Individuals are constructed as being self determining agents who are the originators of their own thoughts and actions (Burr, 1995, Wilkinson & Kitzinger, 1995, Weedon, 1997).

According to Gavey (1989) the individual is viewed as the composer/originator of the claim, attitude, perspective or account they are describing. Feminist poststructuralism aims to decentre this concept of a rational unified, fully conscious and autonomous individual who is the creator of meaning.

Feminist poststructuralism incorporated in a discursive analysis views the individual's subjectivity as being fragmented, inconsistent and contradictory because our subjectivities and subject positions are not fixed, static or singular. We can be placed (and are placed) simultaneously into more than one subject position and also competing and contradictory discourses are at work in positioning us (Gavey, 1989, Weedon, 1997).

Because our subjectivities are constituted through discourses they are socially produced thus they are not innate, genetically determined essential (fixed) states. They are socially constructed through language in discursive formulations and put into effect through discursive practices and positioning (Weedon, 1997).

Individuals are social products, produced through shared social meanings and practices. In this sense there is no essential innate category such as gender. Notions of gender are the products of discursive practices and are related to discourses surrounding biological sex (Weedon, 1997, Burr, 1995, Burman, 1992).

The category of gender and the discursive practices which produce types of femininity such as clothing, hairstyles, regulation of body weight, a certain style of acting, results in

the social construction of gender and thus the discursive positioning of femininity which affects how women live their lives (Weedon, 1997).

How an individual understands and views themselves and how they behave is affected by the discourses that have constructed their subjectivity. These are affected by discourses which are based on gender, ethnicity and psychological (labeling) constructions (Weedon, 1997). For example, the dominant discourses which constitute the discursive formulation of femininity construct women as nurturant, emotional and negatively affected by certain biological states. This particular portrayal has become one 'commonsense', naturalized discourse which constructs the category of women and it has certain implications. For example, women may be viewed as being better able to care for children and being unable to cope with intensive amounts of responsibility. These latter two constructions can effect the career opportunities of some women in particular occupations (Burr, 1995).

As has already been mentioned we are a product of social factors, structured around discursive practices and relations of power (Hollway, 1989, Ussher & Nicholson, 1992). This can be illustrated in Gavey's (1989) research which was designed to locate women participants accounts (discursive formulations) of their experiences of heterosexual coercion in relation to specific discourses which produce gender relations and sexuality to which the women had access, affecting how these women experience gender relations and sexuality.

A study carried out by Gavey & McPhillips (1999) illustrated how subject positioning in specific discourses can constrain or facilitate an individual's actions. These researchers found that when some of their women participants were positioned in discourses of both heterosexual female sexuality and heterosexual romance, they experienced passivity in regard to initiating condom use. The researchers argue that if this study had been carried out within a mainstream psychological research paradigm the research findings would have focused on attitudes and change occurring at the level of rational cognitive processing. This might conclude that condom use can be initiated by individual women if they are assertive enough and have a specific view regarding safe sex practices.

Another example of how discourses provide us with specific positioning and experiences can be seen in relation to the diagnostic label of anorexia nervosa. It has been argued by Wilkinson & Kitzinger (1995) that the theory of anorexia as a social construction is created by the language (specific sets of discourses) that are used to describe it, as it does not have its origins inside an individual's body. The construction of anorexia is based around the individual being a social product, the individual is placed in (and can place themselves) in discourses which construct anorexia.

As Weedon (1997) has argued, discourses go beyond providing individuals with ways of thinking and producing meaning, they also construct aspects of our bodies, our physical and mental states. Our bodies, thoughts and feelings have no meaning outside their discursive formulations. Our subject positioning also directly effects how we experience something and the meanings that we formulate.

Gavey (1989) makes the important point that individual experience does exist but it is only given meaning in language. Thus the way we give meaning to experience and try to explain it is never independent of language or discourses. Wilkinson & Kitzinger (1995) further add that because language is used to provide us (and others) with explanations regarding our experiences it not only describes the social world but actively constructs it.

This can be seen when a woman is in an abusive relationship. The way she views the relationship and her experiences (and reality) of it are the result of the discourses which are available to her. For example, if the abuse is constituted within the discourse of a normal marital act and husband/partner rights, it may be experienced as a normal part of the relationship (Hare-Mustin & Marecek, 1988, Denzin & Lincoln, 2000).

Therefore the discourses that form our subjectivities can both enable and constrain our actions because they enable or constrain how we think, view ourselves (and others), how we behave, how others see us (Weedon, 1997, Willig, 1999).

The discourses that constitute our subjectivities also affect how we are positioned in other discourses and also how we are positioned in interactions with other people. Different access to discourses results from the concept of positioning which refers to how we are positioned within (a circulating/active) discourse. According to Parker (1990) discourses address us and position us as a particular type of individual, such as a woman, ethnic minority, a client or a therapist in specific discursive interactions. This includes our speaking and acting rights within the specific discourse(s).

How we are positioned in a discourse effects what type of rights we have, such as speaking rights and other types of actions and behaviours we can and cannot undertake. For example in a psychological discourse there are positions for experts (the psychologist) and the less knowledgeable (the client). Within this discourse the psychologist has the right to make a diagnosis, formulate a treatment plan, implement it and access progress. The client who is positioned as the recipient of such services, is addressed differently by (and in) the discourse as someone who has fewer rights in regard to questioning the psychologist's judgment and making certain decisions. This also illustrates how we do not have equal access to certain discourses (Parker, 1990, Weedon, 1997).

As has been mentioned our subjectivities are constituted by (and through) the discourses that are available to us, therefore our gender, ethnicity, SES, age, occupation and sexual orientation, among other things, affect what type of discourses are available to us in regards to producing our subjectivities. These in turn are not natural categories, they are discursive productions, given meaning through language and discursive practices. It has been argued (Burr, 1995) that long term subject positions such as that of being an ethnic minority person and experiencing forms of associated oppression will constrain (and produce) subjectivities in particular ways. Such a long term positioning is seen as affecting how the social world can be experienced and how others view the individual and how they are positioned in other discourses (Burman, 1991, 1992).

The way in which certain discourses constitute subjectivities, especially those circulating around gender and ethnicity, have implications for both the reproduction and resistance

of power relations. For discourses such as those surrounding the construction of gender to be effective they require their activation through individuals who in turn are governed by such discourses. In this sense certain discourses can be seen as social scripts that ensure we fit neatly into a linguistically and socially produced category, which provides us with meaning and experience by describing, prescribing, and providing us with ways of thinking, feeling and behaving (Weedon, 1997).

This view is in direct contrast to the liberal humanist (mainstream) psychological view that the individual (and their characteristics) are essentially fixed and to some degree innate and thus psychologists can go on to make empirically validated discoveries about such states (Weedon, 1997, Wilkinson & Kitzinger, 1995).

Feminist poststructuralism aims to decentre the humanist conception of an innate and essential individuality because our subjectivities (identities and experiences) are a site for struggle over issues of power. It is also a site where potential emancipatory change can occur. By disrupting and rejecting the belief in an innate, essential autonomous individual, our subjectivities are opened up to (emancipatory) change (Weedon, 1997).

Discourse Analysis

The following material will provide a discussion on discourse analysis, its benefits, its practical applications, as well as a critique of mainstream research and issues concerning reflexivity.

Discourse analysis refers to a wide range of analytic techniques which all share language as their focus of interest. Analysis varies depending on the theoretical approach that a particular analytic technique uses, as well as the specific research questions aims for studying language, from academic reasons through to social change issues. Types of discourse analytic work range from cognitive linguistics, which has a primarily linguistic focus to a poststructuralist focus on critical analysis and social change (Gavey & McPhillips, 1999, Wilkinson & Kitzinger, 1995, Burr, 1995, Weedon, 1997). The type of discourse analysis discussed here is influenced by a feminist poststructuralist framework. This approach to discourse analysis views both written and spoken words (text and talk) as social practices (Potter & Wetherell, 1995, Potter & Wetherell, 1994).

Purpose of Discourse Analysis

In undertaking a discursive analysis there is a concern with how individuals use discourses and also how discourses use us. The present research is concerned with how the clinician participants are positioned in cognitive therapeutic discourses and how this positioning may effect their practice with women clients. This opens up issues concerning power relations in regard to socially determined meanings, including the production of individual subjectivities. It includes a concern with the constraining effect that certain discourses can have on certain groups of individuals in relation to gender, ethnicity and socioeconomic status factors (Potter & Wetherell, Gill & Edwards, 1990, Burman, 1991).

This form of analysis does not view language as neutral or representational (merely describing something that exists in a meaningful way independent of language), but rather as constitutive of experience. In this sense language has one of the most salient and

active parts in making or constructing the social world and the subjects and objects that reside in it (Willig, 1999, Gavey, 1989).

Although discourses are the product of social, cultural and historical factors, not the result of one individual's construction, analysis is concerned with how individuals use discourses to serve specific functions. The researcher looks for competing versions, consistency and variation in the text and infers what effects or implications this construction of something can have. There is also a concern with how accepted or legitimate an account/description is seen to be (Praat & Tuffin, 1996, Willig, 1999, Potter, 1996 and Potter & Wetherell, 1995).

Analysis

Analysis is also concerned with examining how accounts are socially determined and how certain social conditions can arise. For example there may be a concern with how racism and sexism result from the types of discourses that are available and presently circulating and how such discourses can maintain such views and practices (Burman, 1991, Willig, 1999). According to Richardson (1996) undertaking this type of discursive analysis involves changing the way we view language, in this sense language is not seen as reflecting some form of underlying psychological or social reality as would be seen in a mainstream analysis because individual experiences are given meaning by the linguistic concepts that are available to us (Potter, 1996, Potter & Wetherell, 1995).

The discourse analyst is concerned with asking psycho-social questions not linguistic questions. This approach requires the analyst to be critical and reflective of their own

understandings and techniques. According to Woolgar (1988) to do this we need to continually ask ourselves 'why am I reading this text in this way and what features of the discourse allow me to produce this reading?'

This form of discursive analysis views the discourse itself as the topic of study and interest (Richardson, 1996). Potter & Wetherell (1987) state that there is no fixed systematic method to this type of analysis (as opposed to other analytic methods used in mainstream psychology). Because this approach uses a poststructuralist framework, Potter & Wetherell (1987, 1995) argue that analysis is not concerned with whether the claim that is being presented is true but with how the claim/version is constructed and what social consequences it may have (Gavey, 1989, Potter, 1996).

Analysis at its most basic level is first concerned with contradiction, nuances, variation and consistency, and then for possible functions with inferences made to social factors and consequences (Richardson, 1996, Gavey, 1989). It is also argued by Weedon (1997) that with this theoretical framework, the text (piece of analysis) does not contain an essential true fixed meaning, different meanings can be constructed by the same individual on different readings because different discourses are also at work in the text as well as individual biases. There can be many different readings of a piece of text. In regard to the present research it allows the reader to form their own conclusion.

Benefits of Discourse Analysis

It has been argued by Potter (1996) that discourse analysis is much more than another analytic method that can be used within psychology. It is also viewed as being able to

offer a critical and sometimes emancipatory perspective on social life because of how language is theorized within this research paradigm, especially its recognition of the role that language has in producing and conveying meaning.

Gavey (1989) and Parker (1990) both view discourse analysis as a tool that can be used to bring about social change because it allows us to reframe an account/version/construction and not treat it as an absolute truth, but as one truth maintained by linguistic and social practices.

According to Willig (1999) at present there exists three different forms of discursive analysis that are praxis oriented. These are discourse analysis as social critique, as empowerment and, as a guide to reform. All three approaches work to expose how language is used ideologically to serve the interest of particular groups. Application results from publication, deconstruction, proposing alternative accounts and developing social interventions based on research findings within existing institutions such as schools.

Willig (1999) argues that discourse analysis can be viewed as a beneficial research approach to use within psychology as it allows alternative/subjugated views and theories to be considered and existing ones to be questioned and challenged. It offers a new way of looking at psychological phenomena (such as diagnostic categories and labels) it allows for deconstruction of dominant discourses and related discursive practices which (can) maintain and justify oppression .

The conclusions of the analysis are open to evaluation because the researcher who uses this form of analysis is likely to include extracts from the transcripts/piece of text (which can have multiple readings). The analysts (researcher's) interpretation is only one possible interpretation, this allows the reader to formulate and reach their own conclusion(s) (Potter & Wetherell, 1995). The analyst can show how they reached their conclusions by showing the entire analytic process from the data (text) to the formulation/ construction of their conclusions.

Summary

This chapter discussed discursive theory, which included material on what discourses do and how they are related to history, culture, knowledge, power, institutions and social practices. Also discussed was how mainstream psychology views the role of language. Implications of discourse theory regarding human subjectivity and power relations were discussed. Also discussed was the theoretical aspects of feminist poststructuralism. The final section of the chapter discussed both the purpose and benefits of discourse analysis. The following chapter will discuss aspects of the theory and practice of cognitive behaviour therapy (CBT).

COGNITIVE BEHAVIOUR THERAPY: THEORY AND PRACTICE

This chapter is designed to provide a basic description of the theory and practice of cognitive behaviour therapy (CBT). It contains material on the history and emergence of CBT, its theoretical underpinnings, guiding principles, therapy aims, the framework for disorders, assessment procedures and therapeutic practice.

CBT History and Emergence

Cognitive behaviour therapy (CBT) is based on a theoretical framework which integrates three different fields of psychology: behavioural, cognitive and social psychology (Fodor, 1996). According to Clark & Fairburn (1997) the development and emergence of CBT occurred in three stages. Firstly behaviour therapy emerged in the 1950s, secondly cognitive therapy as founded by Aaron Beck, emerged in the 1960s and the final stage was the joining of behaviour and cognitive therapy into CBT in the 1980s in the United States.

Behaviour therapy is grounded in the application of modern learning theory principles developed by Ivan Pavlov, John Watson and B.F Skinner (Fodor, 1996). In the 1950s it became a popular alternative to the then widely used psychoanalytic method of treatment for clinical problems (Wilson, 1997).

The work of Pavlov, Watson and Skinner in the early 1950s was centered on stimulus response relationships and learning from paired association. Skinner's work on operant

conditioning resulted in the view that all behaviour is learned and thus can be unlearned. It is determined by the surrounding environment and is a function of its consequences. Thus adaptive behaviour (behaviour that is viewed as socially desirable) can be obtained by the use of reinforcement contingencies and maladaptive (socially undesirable) behavior can be decreased and, or extinguished through withholding reinforcement contingencies (Fodor, 1996, Kantrowitz & Ballou, 1992).

In the early 1960s Aaron Beck developed cognitive therapy which is interchangeably called cognitive behaviour therapy (CBT) at the university of Pennsylvania. Beck had been conducting research on depressed clients, with the aim of validating Sigmund Freud's theory of depression, resulting from a case of anger turned upon the self. Instead Beck found that these clients had a negative bias in their cognitive, information processing (Beck, 1995).

Further clinical observations and experimental testing validated Beck's initial finding and what resulted was the cognitive model of depression. Therapy is short term, focused on the present and focused on modifying the underlying cognitions that are seen to affect behaviour and emotional states (Freeman & Dattilio, 1992, Beck, 1995).

Beck's initial cognitive model of depression and emotional disorders has been used as underlying framework in the development and expansion of CBT since the 1960s (Blackburn & Twaddle, 1996). Beck's initial theory has been adapted to cover a more diverse set of psychological disorders and has also been adapted for dealing with a range

of populations, such as individual clients in a range of ages, with groups, couples and as family therapy (Beck, 1995).

CBT's Theoretical Underpinnings

According to Freeman & Dattilio (1992) and Blackburn & Davidson, (1995), CBT is developed and structured around three main theoretical approaches, these are the phenomenological approach, structural theory and cognitive psychology.

The phenomenological approach proposes that individual behaviour is the result of how one views one's self and the world. Structural theory deals with cognitive aspects, in which it is proposed that there is a hierarchical structuring of knowledge into primary and secondary processes of thinking. Finally, cognitive psychology proposes that our cognitions/thoughts and related information processing skills affect our behaviour (Blackburn & Twaddle, 1996, Freeman & Dattilio, 1992).

CBT is also structured and influenced by social learning theory, which is based on the view that an individual's actual experiences of events can be affected by their behaviour and affect their behaviour. There is a reciprocal interaction among cognitions, behaviour and environmental factors (Fodor, 1996).

Definitions of CBT

CBT is a psychotherapy that is centered around empirically validated findings, that an interrelationship exists between cognitions (thoughts), emotions (feelings) and behaviour

(actions) (Marshall & Turnball, 1996, Plaud & Vogeltanz, 1997). It is a structured, problem oriented, therapist directed, short term (12-16 sessions) psychotherapy that aims to empower the client through self directed change so that they have control over certain aspects of their lives. There is an emphasis on prevention and relapse issues with the view that the therapist can help the client to cope more flexibly with the distressing situation (Marshall & Turnball, 1996, Ivey, Ivey & Simek-Morgan, 1997, Plaud & Vogeltanz, 1997).

At present CBT is one of the most utilized forms of psychotherapy in Western countries such as New Zealand. Within New Zealand, CBT has become a widely used psychotherapy for many mental health practitioners for several reasons, the most salient being that it is a scientifically validated evidence based form of therapy (New Zealand Health and Hospital, 1996).

Its continuing scientific and clinically validated effectiveness has led to the development of a cognitive therapy centre at Auckland's North Shore hospital. The centre has become the first of its kind in New Zealand with regard to its role in training mental health professionals in CBT (New Zealand Health and Hospital, 1996).

The directors of the Auckland Institute for Cognitive Behaviour Therapies (Van Bilsen & Morris, 1997) view CBT interventions as able to be applied at three levels.

Firstly, at an intrapersonal, therapeutic level, specific CBT approaches can be used for a wide range of clinical disorders. Secondly, at an interpersonal level CBT approaches are

used for skills training, such as interventions for violent behaviour and for lack of social skills. Lastly, at the community level, interventions are designed to minimize maladaptive behaviour in people diagnosed with a mental disorder and to teach such people pro-social desirable behaviour.

Wilson (1997) believes that CBT is likely to continue to be a highly used psychotherapy because of the current economic climate and associated healthcare policy. Such policy is aimed to reduce costs and because of its short term, problem focused nature, CBT can be adapted to a wider range of populations and disorders.

Plaud & Voyeltanz (1997) further add to the above reasons stating that certain CBT principles and practices can be used as preventive mental health measures in the form of educational programmes, for both adults and children, with the purpose of not preventing but decreasing emotional disorders.

Empirical Support

Wilson (1997) claims that CBT has undergone more evaluation in the form of randomized controlled experiments compared to other forms of psychotherapies and as a result it presently dominates the scientific psychological literature on empirically supported treatments. CBT is viewed as a scientist practitioner form of psychotherapy, its theories and practices are empirically validated which has resulted in its present status of been one of the most used forms of psychotherapy in Western countries (Clark & Fairburn, 1997).

CBT treatment outcome studies have shown CBT techniques to be effective in the treatment of various psychological disorders, such as major depressive disorder, social phobia, eating disorders, substance abuse and relationship problems (Beck, 1995).

Controlled studies comparing the combination of both CBT and antidepressant medication in the treatment of depression have been conducted. Meta analytic research has shown that CBT has been either as effective or more effective than medication in treating depression. It has also been found that medication results in more relapse, whilst CBT seems to provide longer lasting therapeutic effects (Freeman & Dattilio, 1992).

The Guiding Principles

Although CBT is an individually tailored psychotherapy there are certain basic guiding principles that underlie the CBT process for all clients. The first principle involves a cognitive conceptualization of the client's presenting problem so that a treatment plan can be formulated to ensure that therapy progresses in an organized and focused manner (Blackburn & Davidson, 1995). CBT is also based on an evolving formulation of the client and their problems, as new information is discovered during the therapy process. Because CBT is a time limited psychotherapy there needs to be a clear therapy structure including a set session structure to ensure that all client issues are covered (Beck, 1995). Secondly, in the case of etiology, CBT views disorders and psychological issues as resulting from environmental factors not from internal physiological or intrapsychic states. All behaviour whether adaptive or maladaptive is viewed as being learned and thus can be unlearned (Fodor, 1996).

The third principle is related to the importance of a collaborative therapeutic relationship between the therapist and the client. The therapist demonstrates certain skills and behaviours, such as showing warmth and empathy toward the client, which in turn provides a safe environment in which the client can feel comfortable to explore and share their feelings and views with the therapist (Blackburn & Davidson, 1995, Padesly & Greenberger, 1995). Emphasis on the importance of a collaborative therapeutic relationship also stems from the use of a phenomenological approach, with the aim of the client and therapist working together in planning the structure of therapy or sessions and treatment goals (Blackburn & Davidson, 1995).

Another principle is related to the role of the therapist who is viewed as a teacher or consultant who is to help the client gain insight about themselves. A hierarchical relationship between the therapist and the client is not seen as desirable. Instead a more collaborative relationship exists (Fodor, 1996). The therapist also needs to ensure that they clearly communicate with the client about their disorder and the CBT process. This involves client education and a rationale for treatment strategies (Marshall & Turnball, 1996).

The fifth principle is centered around the active involvement of the client. This stems from CBT's orientation to empower clients by increasing a client's ability to help themselves (Marshall & Turnball, 1996, Beck, 1995). This emphasis on the importance of active client involvement also stems from a phenomenological emphasis in which the client's view of and input into the therapy process is encouraged. This process allows a

collaborative relationship to develop (Blackburn & Davidson, 1995).

The final guiding principle of CBT is related to the varied collection of treatment strategies. Firstly during the assessment period and also during therapy sessions the therapist uses socratic questioning which consists of asking the client questions concerning their thoughts, feelings and actions with the aim of helping the client to gain more insight and make discoveries for themselves. The therapist does not offer their interpretation directly to the client (Beck, 1995, Blackburn & Davidson, 1995).

Therapy Aims

CBT is defined and viewed as a psychotherapy that is aimed at empowering individual clients. The aim of therapy is to allow the client to take and have control over what is presently causing them distress (Marshall & Turnball, 1996). CBT views psychological disorders (such as anxiety) as resulting from errors in an individual's information processing. These errors in thinking produce or result in dysfunctional (inaccurate) thoughts, beliefs and behaviours (Dryden & Scott, 1990).

The aim of CBT is to help the client identify these dysfunctional beliefs and to treat them not as actual facts but as hypotheses that need to be tested (Plaud & Vogelanz, 1997).

The therapist teaches the client new information processing skills (Hong, Domokos and Ham, 2001, Bergin & Garfield, 1994), with the aim that these new skills will replace maladaptive cognitions for adaptive (more realistic) thoughts, so that the client has a new more positive way of looking at the phenomena that was previously causing them

distress (Hong et al, 2001).

Dryden & Scott (1990) argue that the basic underlying principles and strategies of CBT (identify, test and replace maladaptive cognitions) can be applied to variety of emotional disorders, with the only difference being that the type of cognitive distortions will differ depending on the type of disorder.

Mechanisms and Disorders

Schema

A schema is defined as a cognitive structure that exists in the form of sets of knowledge structures such as attitudes and beliefs which are relatively stable and are formed from past experiences, thus affecting our emotions and behaviours (Blackburn & Twaddle, 1996, Bergin & Garfield, 1994, Marshall & Turnball, 1996, Ivey et al, 1997).

In CBT certain psychological disorders are seen as arising from biased schemas. The aim of therapy is to modify schemas because they determine how an individual interprets something (Marshall & Turnball, 1996, Ivey et al, 1997).

Cognitions and Information Processing

Beck (1979, cited in Martin & Pear, 1999) viewed psychological disorders as arising from a systematic bias in information processing, that is the individual has certain distortions (inaccurate thoughts) in interpreting certain events or situations. Beck viewed such distortions in information processing as centered around seven different processes:

Dichotomous thinking, arbitrary inference, overgeneralization, magnification, minimization, selective abstraction and personalization.

Firstly there is dichotomous thinking in which the individual thinks in only absolute black and white terms. Secondly in arbitrary inference, the individual reaches a conclusion on little or no evidence. In overgeneralization an individual also reaches a conclusion on the basis of little evidence, they take one piece of actual negative evidence and generalize it to other unrelated situations (Martin & Pear, 1999).

In magnification and minimization the individual either interprets an event as being more significant than it actually is, or a significant event is downplayed. In selective abstraction the individual reaches a conclusion about something based on evidence which is situation specific and irrelevant to the present context. The final processing bias is personalization, in which the individual interprets an event or situation as having direct personal relevance to them without any relevant evidence (Martin & Pear, 1999, Marshall & Turnball, 1996).

Kantowitz & Ballou (1992) view cognitions as being learned responses, in the same way as overt behaviour is learned, through observation, modeling and reinforcement. In addition cognitions in the form of thoughts and beliefs determine the emotions we can experience in certain situations.

The Disorders

Depression

Beck (1989, cited in Bergin & Garfield, 1994) viewed depression as resulting from the activation of certain schema, such as a negative cognitive triad in which the individual has a negative view of themselves, the world and the future. The activation of such schema effects the types of interpretations that can be made about situations/events, resulting in a systematic distortion in information processing. The negative triad is proposed to result from an interaction between the individual's experiences and their attempt to understand certain events. This way of inferring meaning becomes part of the individual's long term memory, therefore becoming part of their schema (Marshall & Turnball, 1996).

CBT treatment for depression is to teach clients to think of their beliefs as hypotheses that need to be tested by collecting information. This can be done by getting the client to review all the information that they have including both the negative and positive aspects as well as neutral information (Bergin & Garfield, 1994).

Another technique that is also used is activity scheduling, in which pleasure enhancing activities are scheduled because the depressed individual is likely to be less active (Padesky & Greenberger, 1995).

Anxiety

CBT views anxiety disorders as resulting from the way an individual incorrectly and negatively evaluates a situation. For example, the overestimation of the perception of

danger or threat and an underestimation of one's ability to cope (Beck, 1995, Bergin & Garfield, 1994).

CBT deals with anxiety disorders by teaching the client to identify and modify the thoughts that accompany anxiety attacks (Padesky & Greenberger, 1995). The client is taught to focus on their interpretations of events and modify cognitions by reappraising the risk. Also through cognitive restructuring, the client is taught how to cope in such a situation (Begin & Garfield, 1994, Padesky & Greenberger, 1995).

Assessment Procedures

In CBT the assessment process is seen as fundamental to therapeutic success because a formulation of the presenting problem is the foundation on which treatment is based (Marshall & Turnball, 1996).

Functional Assessment

According to Dryden & Scott, (1990) one well used model for assessment in CBT is an ABC model, also known as a functional analytic assessment. 'A' is the activating event, the precipitating factor(s), 'B' is the actual behaviour the client is presenting with and 'C' is the consequences of the presenting behaviour, both the negative and positive aspects.

This ABC model of assessment allows the therapist to ask the client questions regarding what is currently happening in their lives, for example a current stressful event, relation-

ship or work problems. The phenomenological approach can be seen at work here because of the emphasis on client input. This approach to assessment also allows both the therapist and the client to identify links between thoughts, feelings and behaviour and how each affect the other (Marshall & Turnball, 1996).

The Five Part Model

A five part model is also another commonly used assessment tool in CBT. The five aspects of the model are the individual's cognitions, emotions, behaviour, physiological body states, and environment.

The model is viewed as an educational tool for the client and is generally used in the following way. Firstly the therapist asks the client questions about the five aspects of their lives, their cognitions (thoughts, beliefs, memories and images), emotions (feelings, and moods), behaviour (actions), physiology (physical bodily factors) and environment (both the present and past) (Padesky & Mooney, 1990). The therapist then discusses with the client how the five areas are interconnected and thus how a change in one area will affect the other areas (in either a positive or negative way). For example changes in behaviour can influence thinking and vice versa (Padesky & Greenberger, 1995).

The Environment

Though CBT theory and practice is centered around teaching the client to identify, test and change their maladaptive thoughts, environmental changes are just as important. Such factors as early childhood learning and family influences affecting later adult attitudes

and beliefs (Padesky & Greenberger, 1995). The therapist needs to both encourage and help the client to evaluate their present, and in some cases past environments, in regard to how these environments may be maintaining their present maladaptive beliefs.

Persons (1989) argues that it is a combination of dysfunctional cognitions and environmental factors that can cause and maintain psychological problems. Changing one's cognitions in regard to a specific event or situation for more adaptive ones is not always enough. Environmental changes in the form of both physical and behaviour changes also need to occur (Padesky & Greenberger, 1995). An example of an environmental change in reducing stress which can trigger or add to distress can be an individual saying 'no' to the unreasonable demands of other people in their environment (Persons, 1989).

CBT Practice

Session Format

Beck (1995) has outlined the goals of the first CBT session, as follows: The emphasis is to establish the therapist, client collaborative relationship, providing the client with information about the basic theory and practice of CBT (client education, discussing with the client their expectations of therapy, and obtaining information about what is causing the client distress.

The following is an outline of a typical CBT session which includes a review of the client's state; this entails asking the client how they feel and the salient things that have happened since the last session. The therapist and client collaboratively set the session agenda, a

review of the previous homework task. Session targets, which are the goals of that session, assigning a new homework task which is relevant to the session goals. Session feedback from the client is sought as this helps the therapist know if the client is clear or not about what has been discussed. Finally the therapist provides a summary of what the session consisted of (main findings) (Blackburn & Davidson, 1995).

Socratic Questioning and Guided Discovery

It has been argued (Dryden & Scott, 1990) that CBT is a problem solving, client centered psychotherapy and the techniques used in therapy are centered around these two factors. For example the therapist uses socratic questioning. This form of questioning facilitates the client with guided discovery, helps them gain insight and reach their own conclusions without relying on therapist interpretations. The rationale for using socratic questioning is that the therapist uses questions which allow the client to become aware of information that was previously out of their conscious reach (padesky & Greenberger, 1995).

Homework

CBT is a psychotherapy that uses homework. Homework tasks consist of cognitive and behavioural tasks, such as hypothesis testing and keeping thought and activity logs. The use of homework is seen as an important part of the therapeutic process and has been found to be related to better client therapeutic outcome (Dryden & Scott, 1990).

Techniques and Strategies

The aim of using CBT techniques is long term change through the use of self maintenance.

Clients are given the rationale behind the use of such techniques and how to implement them independently of the therapist, both for present and future use (Marshall & Turnball, 1996).

Cognitive restructuring techniques are used to challenge and change dysfunctional thoughts (Fodor, 1996). One such technique is called (interchangeably) hypothesis testing or reality checking, in which once the client has identified the maladaptive assumption(s), they can then view them not as truth or fact but as hypotheses that can be tested for accuracy via a behavioural experiment (Martin & Pear, 1999, Marshall & Turnball, 1996).

Another cognitive behavioural technique that can be used is a self instructional coping method, in which the client learns to counteract their dysfunctional thoughts by replacing negative self talk with positive self talk (Martin & Pear, 1999).

Problem solving is a further technique that is used to teach clients how to think through problems, such as situations they are likely to encounter in their daily lives. It consists of brain storming alternative solutions, choosing the best solution by examining both the positive and negative factors of the proposed solution, implementing it and also following up its progress (Martin & Pear, 1999).

Social skills training is also another technique that is used, with the rationale that social interaction affects mental health and that social problems affect all aspects of an individual's life (Dryden & Scott, 1990).

Because CBT takes environmental factors into consideration, therapists may use family consultation, in which significant others also attend therapy with the client. The rationale for this is that problems usually have an interpersonal origin (Fodor, 1996).

Termination Preparation

Because CBT is structured and presented as a client centered as well as short term psychotherapy, the therapist discusses with the client early on in the therapy process issues to do with therapy termination. In preparing the client for discharge, the therapist works with the client in anticipating future difficult situations and how they can be dealt with, by formulating a plan. Issues to do with relapse or temporary set backs are also discussed. CBT also has follow up sessions such as a booster session in which the client can return for a therapy session if they feel they require it (Marshall & Turnball, 1996).

Summary

This chapter has provided a basic description of the theory and practice of CBT. The history and emergence of CBT was detailed as well as CBT's theoretical underpinnings, guiding principles, therapy aims, the framework for disorders, assessment procedures and therapeutic practice. The following chapter will discuss how the three identity categories of gender, ethnicity and SES are currently treated within CBT theory and practice.

GENDER, ETHNICITY AND SOCIOECONOMIC STATUS: THEIR TREATMENT WITHIN COGNITIVE BEHAVIOUR THERAPY

This chapter will discuss how the identity categories of gender, ethnicity and socio-economic status (SES) are treated in CBT. Material will be discussed that highlights how ethnicity can influence cognitions and behaviour, followed by material regarding CBT and its use with specific ethnic minority groups, this material also covers gender and SES issues. Finally I will discuss specific guidelines that have been recommended by CBT practitioners for dealing with assessment and treatment issues regarding ethnic minority clients, which can be used to ensure that safe and beneficial service is obtained.

The following section discusses CBT's use with minority groups, including Maori clients within a New Zealand context.

The following issues that will be discussed are based on material written by two Maori psychologists. The first article by McFarlane-Nathan (1994) explains why CBT can be a beneficial psychotherapy to use with Maori clients. The second article written by Hirini (1997) discusses the importance of the cultural context and raises the important issue of what happens when clients issues are not individual, person bound concerns.

Firstly CBT is viewed as a beneficial Western psychotherapy for Maori clients when the assessment procedure takes into consideration environmental stressors and psychological disorders caused by acculturation and deculturation issues, such as alienation from the

mainstream culture and, or not fitting into one's own culture as well.

Secondly consideration is given to the maintaining factors which might be certain acculturation, deculturation or other environmental stressors such as low SES and unemployment. These factors can also be taken into consideration in regard to modifying aspects of the client's environment, such as in the form of social skills training, anger management workshops and employment schemes (McFarlane-Nathan, 1994).

McFarlane-Nathan (1994) argues that CBT has been empirically validated as an effective treatment for anger management for several reasons. Firstly a functional analysis is undertaken in which the client can be asked questions about the problem, its history/emergence, frequency and intensity as well as what the negative and positive consequences are for them.

The therapeutic techniques such as recognizing triggers, thought stopping and retraining old aversive behaviours are practical in nature and can be readily implemented by the client. McFarlane-Nathan (1994) argues that CBT is a practical psychotherapy, in that he can explain and educate the client about it. The client is provided with information about the theory and practice of CBT and their disorder. They are given a clear rationale for treatment strategies and thus the client begins the therapy process from an informed position. This helps to also build a collaborative relationship (McFarlane-Nathan, 1994).

The second article views CBT as an effective psychotherapy to use with Maori clients if it is adapted to the belief system of Maori. Hirini (1997) argues that CBT is based on a Western framework where issues surrounding individualism and independence seem to be the therapeutic goal. In more collectivist cultures, individuals who display individualistic tendencies may be viewed as displaying dysfunctional behaviour by members of their cultural group. In such cultures interdependence and a collectivist attitude are viewed as healthy adaptive behaviours.

Hirini (1997) also raises the important practical ramification concerning CBT's focus on individual change in regard to client issues concerning the experience of racism. Racism is not an individual or person bound problem, thus individual (internal) change in the form of modifying or teaching new ways of thinking and behaving for the client are not going to be very beneficial or helpful in such a situation.

In the case of CBT and some Native America clients, there appears to be a congruence between CBT and the preferences of Native American clients. Such preferences are related to the fact that CBT is a focused, directive psychotherapy with practical homework applications (Renfrey, 1992).

In the case of Asian American clients, Hong, Domokos & Ham (2001) argue that a certain congruence exists between the use of CBT with many Asian American clients, firstly because of the structured nature of CBT, its problem focused approach and the therapist's directive/instructional and expert role.

While the above factors appear to be beneficial for these clients, the importance of taking culturally specific factors into consideration is also a fundamental consideration for beneficial and safe therapeutic practice and outcome. Factors which need to be taken into consideration are the individual therapist's awareness and ability to accurately assess a client's presenting symptoms (thoughts, feelings and behaviour) in the context of their Asian American cultural norms and environment. Issues of acculturation and deculturation also need to be examined so as not to stereotype. In other words the therapist must find out if the client's presenting symptoms are also seen as maladaptive within the cultural and environmental context in which the client lives (Hong et al, 2001)

Treatment goals and strategies must also be chosen in regard to matching or meeting the needs of the client's cultural and environmental contexts. For example Hong et al (2001) illustrate that a cultural mismatch can occur in the case of assertiveness techniques and non-mainstream cultural groups. They use the example of how certain Asian American children have been taught assertiveness training within school counseling programmes. Such behaviours/skills work well within the school (mainstream cultural) environment but not within their home and community environments, where such behaviours are seen as inappropriate and rude by parents and other members of their cultural community.

The above example highlights the importance of why therapists need to take cultural and environmental/situational factors into account when dealing with ethnic minority clients in regard to all aspects of the therapeutic process (etiology, assessment and treatment).

In the area of assertiveness training Hong et al (2001) state that the therapist needs to

discuss openly with clients the effect of their behaviour (and cognitions) in different environments and situations and to help clients decide which environments are appropriate for their new behaviours to be used in.

The following material highlights issues in regard to all three identity categories.

In a study undertaken to explore the effectiveness of CBT approaches, participants were placed into one of three groups, a control group, a cognitive therapy group and a behaviour therapy group (Comas-Diaz, 1981). Participants were middle aged Puerto Rican women in the United States who were diagnosed with clinical depression. Participants were also unemployed, members of a low SES group and had low educational attainment.

The results of the study show both behaviour and cognitive therapy to be more effective on a short term basis compared to the control psychotherapy. Within the study participants in the behaviour therapy group were instructed to undertake pleasurable activities when feeling depressed, these were behaviours they could implement by themselves. Participants in the cognitive therapy group were educated about the nature of their depression and were also taught to challenge and modify their depressive beliefs. Participants were also taught that it was important for them to take control of their lives. But such individuals are not in a position (or situation) where they have such control. Experiences of racism and poverty and lack of social support are barriers to such control or to the development of positive attitudes (Comas-Diaz, 1981). Seligman (1975, cited in Comas-Diaz, 1981) views depression as resulting from experiences of

helplessness and marginalization. Ruiz (1975, cited in Comas-Diaz, 1981) views etiological and maintaining factors in depression resulting from powerlessness, loss of self esteem and assimilation (cultural alienation) factors.

Differnbucher & Rivera (1976) raised three important questions in their research concerning ethnic minority women and behaviour modification use. The questions were, who decides who is to be treated, who chooses what behaviour needs to be changed, and who assists in the process of change? In regard to the first two questions, they argued that input was needed from the client's own ethnic group. In regard to the third question, they argued the need for more ethnic minority psychologists.

Cultural Influences on Cognitions and Behaviour

An individual's view of the world including their thoughts, beliefs, values and interpretive skills and interpersonal experiences are influenced predominately by their cultural, ethnic, gender and SES orientation. These categories influence the individual's cognitive processing abilities in the form of content and structure (Padesky & Greenberger, 1995), Marshall & Turnbull, 1996).

The following scenario highlights how ethnic factors can influence an individual's cognitive processing. A panic attack is triggered by catastrophic interpretations of bodily or mental experiences. The content of the catastrophic misinterpretations is affected by the culture or ethnic beliefs that exist about such experiences. An American woman may have a panic attack when she experiences a rapid heart rate and may believe she is having

a heart attack. Meanwhile an Asian woman who experiences the same symptoms may believe she is haunted by evil spirits who are trying to kill her (Padesky & Greenberger, 1995).

Another example of how ethnic and cultural factors influence an individual's cognitive structure can be seen at the level of schema formation. Cultural mismatch between a therapist and client can result in misdiagnose. For example in the United States a predominant schema is that related to individualism. Padesky & Greenberger (1995) highlight a case where a White American therapist with an individualistic schema misdiagnosed a Japanese American as having a dependent personality disorder because the client displayed a group schema which does not match with the CBT emphasis on independence.

Just as clients are influenced by their ethnic and cultural orientations so are individual therapists (Marshall & Turnbull, 1996). Padesky & Greenberger (1995) highlight another case study were a White American therapist who had a Black American client misinterpreted the client's cognitions. At first the therapist thought the client was presenting with a catastrophic cognitive distortion. The client came to therapy for anxiety issues. He feared he was going to loose his job because he was the only non-white employee. He was also continually experiencing racist comments from his co-workers. He had experienced a history of racism. Once the therapist realized these environmental, contextual factors, therapy was aimed toward developing action plans to protect the current job and also how to find a new job if the client was dismissed, this seemed to

decrease the client's level of anxiety.

Empirically validated research has found that when both a client and therapist are matched in regard to ethnic and cultural factors, SES and gender, a more positive and beneficial therapeutic relationship is found to exist with better therapeutic outcome for the client (Bergin and Garfield, 1994, Marshall & Turnball, 1996).

Guidelines for the Assessment and Treatment of Ethnic Minority Clients

According to Padesky & Greenberger (1995) the following guidelines should be used in the assessment and treatment of ethnic minority clients to ensure that cultural awareness is incorporated into the therapeutic process. Firstly the therapist should know if the client's presenting problem (cognitions and behaviours) are normal within the client's cultural and social environments. The therapist also needs to find out if the people in the client's environment view psychological intervention as an appropriate way to help the client. Also the therapist must determine if there are environmental supports for the client that can aid and facilitate in the client's treatment recovery and relapse prevention (Marshall & Turnball, 1996). Finally if a client comes from a collectivist culture or has strong bonds with significant others in their social environment such as family members, then co-therapy with family members or group therapy with individuals of a similar ethnic or cultural orientation may be more beneficial for the client (Padesky & Greenberger 1995).

This section has discussed material on how CBT deals with ethnic, gender and socioeconomic (SES) factors in regard to working with non dominant group clients.

In regard to the ethnic minority groups discussed, a certain degree of congruence has been found to exist between certain cultural groups beliefs, views and needs concerning psychotherapy and the theory and practice of CBT.

Research discussed also highlighted how certain CBT treatment strategies can be ineffective with such groups of individuals in situations where issues are not internal/person bound, such as experiences of racism or sexism. In such cases the modification of an individual's thoughts and behaviour can only alleviate a certain amount of distress, while the larger environmental, social problem in the form of actions and thoughts of other people remain unresolved and unchanged (Hirni, 1997).

Material was also discussed that highlighted how CBT treatment strategies for the treatment of depression for ethnic minority, unemployed women failed to consider how such factors affect and impact on the daily lives and social positioning of such individuals. The treatment strategies did not take into account the client's experiences of marginalization and cultural alienation. Strategies and goals such as a positive outlook and exercising self control are realistically difficult for such groups to achieve or maintain (Comas-Diaz, 1981).

CBT Strength's

The following are reasons why CBT can be an effective psychotherapy for ethnic minority groups, women and clients from low socioeconomic backgrounds and thus

what the potential strengths of CBT are according to Casus (1988) and Hays (1995)

The types of assessment procedures used in CBT such as a functional analytic assessment (ABC model) and the five part model acknowledge the role that environmental factors can have as potential etiological and maintaining forces. The phenomenological approach is also used within such assessment models, as this can allow for client input and provide helpful contextual information for the therapist (Martin & Pear, 1999).

Following from the above point, possible explanations regarding etiology are not centered around reductionist biological theories which focus on innate traits or characteristics concerning ethnicity, gender and causation (Ingleby, 1995). Another strength is that it does not emphasize intrapsychic forces.

CBT emphasizes the uniqueness of the individual client because of its behavioural foundation which looks at learning principles, environmental reinforcement and influences. A strength of CBT is that it can acknowledge individual differences based on ethnic and gender factors and can thus alter treatment to encompass such factors, such as ensuring that treatment goals and strategies do not violate the client's values, beliefs and culture specific environments (Hays, 1995).

CBT is based on collaborative approach in which the therapist and client work together on planning treatment structure and goals. The relationship is not viewed as hierarchical and such a relationship is seen to provide a safe and accepting environment for the client

in which they can explore their feelings and thoughts and feel comfortable in sharing them with the therapist (Hays, 1995).

The focus of CBT is on client empowerment, to try and help the client regain control of their thoughts, feelings and actions. There is also an emphasis on instilling both a sense of hope and independence in the client. The client is encouraged and provided with opportunities to independently (of the therapist) apply the skills/techniques they have learnt in therapy, with the aim that they will become their own therapist and will eventually be independent of the therapist. CBT also has a 'here and now' orientation, it is problem oriented and focused on the client's present situation and environments (Casus, 1988, Hays, 1995).

The following material discusses how CBT can be beneficial for women when a feminist framework is combined within treatment strategies. For example CBT approaches in the area of depression have tried to take more environmental factors into consideration, such as educating women clients about critically identifying and examining thoughts and beliefs they hold that are culturally specific, commonsense, sexist beliefs. The aim is that women can make their own informed decisions about whether they will adhere to and accept such views or whether they will try and critically question or ignore them (Corob, 1987).

Fodor (1996) argues that in the area of women and weight control CBT has caused women clients more distress because of its emphasis on self control, individual

empowerment and choice, which leads to self blame. When a feminist framework is used within CBT for weight issues a better outcome in regard to alleviation of client distress can be achieved.

Fodor (1996) states that the therapeutic emphasis should be on women's acceptance of their weight, not on a focus of weight loss. She argues that therapists need to stop buying into cultural stereotypes about the ideal body and that cognitive restructuring techniques need to focus on teaching clients that their problem is not their actual weight but the negative evaluations they have about their weight. Clients need to decide what is an acceptable and realistic weight for them and to re-educate their social supports, the people in their environment about such issues, which may also ensure that they get ongoing support from significant others.

This section has discussed reasons why CBT can be an effective psychotherapy for women, ethnic minority people and clients from lower socioeconomic backgrounds. The assessment procedures used allow environmental factors to be considered, thus etiology is not centered around intrapsychic or reductionist biological claims. CBT also emphasizes the uniqueness of the individual client, thus therapy can be altered to encompass treatment goals that do not conflict with a client's cultural beliefs and values. A collaborative approach is also undertaken which allows the client to be actively involved in the therapeutic process and also provides a safe environment for the client. The client obtains skills and strategies they can use throughout their lives and this is

viewed as client empowerment. Therapy is also short term and problem focused.

Material was also included which discussed how CBT can be beneficial for certain women when therapy is combined with a feminist framework as in the case of weight issues.

Critiques of CBT

The following section discusses a number of critical arguments regarding CBT's limitations and ineffectiveness in regard to treating certain groups of ethnic minority people, women and people from low socioeconomic backgrounds.

Certain researchers and practitioners (Kantrowitz & Ballou (1992), Fodor (1996), Casus 1988), Hays (1995) have argued that the theory and practical applications of CBT do not fully take into account individual client differences caused by gender, ethnicity and socio-economic (SES) factors. These factors affect how certain groups of individuals experience their daily life and how such experiences affect an individual's cognitions, emotions and behaviours. For example, such an individual may experience learned helplessness or have an external locus of control.

As has been previously mentioned, CBT assessment procedures and associated frameworks and theories on etiology look toward external environmental factors, moving the focus away from intrapsychic or biological factors and thus attributions of self blame. Hays (1995) argues that while environmental factors are acknowledged the impact they can have and their long term affect on an individual's functioning is not acknowledged within a CBT framework.

Another salient factor that needs to be taken into consideration is that CBT is a Western psychotherapy that was founded by Euro-American, White middle class males. The criteria used to determine what is healthy functioning (adaptive behaviour) and what needs to be changed or modified (maladaptive behaviours) is based on the normative standards of the dominant social group. Such notions are based on White Euro-American middle class male values, views and experiences (Kantrowitz & Ballou, 1992).

It has been argued (Hays, 1995) that the CBT framework still remains in most cases implicit or unclear about the impact that sexism, racism or poverty can have on individuals because most practitioners are members of the dominant (mainstream) ethnic group and can also differ from the client in regards to gender and SES. In such cases practitioners may continue to experience the world differently from these specific clients, thus the differing effects of ethnicity, SES and, or gender may be less apparent to them.

Although CBT has been viewed as encompassing the values of the dominant group in Western society, individual therapists who are usually also members of such a group are viewed as having a powerful influence over their clients, especially in the case of cognitive restructuring. Thus if a mismatch between a client and therapist exists in terms of either ethnicity, SES or gender, specific forms of cognitive restructuring may be at odds with a client's cultural and social belief system and their current experiences of the world and daily life (Kantrowitz & Ballou, 1992).

As has been mentioned, a beneficial strength of CBT is that it views etiology as external to the individual because of its social learning foundation. Though it doesn't focus on either intrapsychic or biological factors, it still locates the problem within the individual. For example the individual has biases in their information processing, hence their dysfunctional, inaccurate cognitions. Or the individual has experienced some form of faulty learning or they lack certain skills such as assertiveness (Ussher & Nicolson, 1992)

CBT like other psychotherapies also locates the cause as well as the solution to the problem as existing within the individual client (Perkins, 1991). CBT views the client as the locus of change. It is centered around a valuing of independence and self control. Hays (1995) argues that the above values are those of the dominant social group and are actively pursued in therapeutic practice. These can be evident in therapeutic notions of individual responsibility or contribution to problems and the individual possessing both the potential and responsibility to change (Kantrowitz & Ballou, 1992).

Because CBT is constructed and presented within a Western individualistic framework, the focus of change lies within the client. Kantrowitz & Ballou (1992) argue that such a framework was evident in the self help management movement of the late 1980s and 1990s, which contributed to the therapeutic view of self as commodity.

Kantrowitz & Ballou (1992) and Fodor (1996) view this individuality emphasis being played out in therapy through subtle messages that have been given to clients. For example, the therapist can help the client to deal with and undo prior negative conditioning

but it is up to the individual to achieve change. This can be seen in the therapeutic goals of self management and enhancement workshops and self help books, which all convey the message that you can be a better, more successful person if you just try and make your own individual changes. Such a view ignores or downplays the ongoing realistic and negative environmental factors and experiences of sexism, racism and economic poverty, which make it difficult for individuals to achieve or maintain such changes.

As previously mentioned, at present CBT is one of the most widely used forms of psychotherapy in Western countries largely because of its empirical validation (Wilson, 1997), but also because it is a psychotherapy that is both designed and aimed at empowering clients (Marshall & Turnball, 1996).

The meaning of empowerment in CBT differs from a feminist or a critical psychological framework. In CBT empowerment consists of teaching clients therapeutic skills and strategies they can use throughout their lives to help them to cope with and adjust to whatever is causing them distress (Marshall & Turnball, 1996). From both a feminist and critical psychological framework, empowerment is concerned with raising client consciousness in regard to the social conditions that are causing the distress (Unger & Crawford, 1992).

CBT has been critiqued for ignoring the effects and factors associated with the identity category of gender on women's life experiences. Firstly certain CBT programmes (treatment goals) have been found to encourage women to fit into and act out traditional roles

in a more successful and capable manner. Fodor (1996) argues that certain CBT programmes have been designed to ensure that women clients become better wives and mothers and that marriage and family therapy reinforces stereotypic gender roles. In this regard therapy is also focused on ensuring that women adapt well to specific roles even if such roles are causing them distress.

While certain CBT approaches can be used to help some women to break out of cultural stereotypes, when an individual woman's perceptions and situational/contextual environmental factors are ignored or downplayed, new behaviours and ways of thinking are not adequate to help lessen or relieve distress (Kantrowitz and Ballou, 1992).

For example, in the case of assertiveness training, the individual may not use her new behavioural skills because such behaviours have negative consequences for her. Her male partner and employer may have valued her more when she was accommodating and passive (Kantowitz & Ballou, 1992).

The CBT treatment strategy of cognitive restructuring has been critiqued as exhibiting a way of thinking that reflects certain male ways of problem solving and interacting.

Alternative cognitive processing styles and world views that some women and ethnic minority people may exhibit such as a more circular, contextual, interpersonal way of interacting, and issues of spirituality, are devalued in this model (Hays, 1995, Kantrowitz & Ballou, 1992).

A study was carried to examine if depressed men and women respond similarly to CBT. The study found that the male participants used more active coping skills compared to the female participants. The authors (Thase, Reynolds, Frank, Simons, McGreary, Fusiczla, Garamon, Jeannings & Kupfur, 1994) argued that this gender difference could be related to the rational analytic framework of CBT and the match between how some groups of males are taught to deal with depression (outward focus).

Cognitive restructuring approaches have also been critiqued for the role they may have in reinforcing an individual's belief that they are unable to accurately think for themselves and must continue to rely on other people including their therapist to help them make accurate decisions (Kantrowitz & Ballou, 1992).

Another fundamental critique of CBT is that the concept of substituting maladaptive beliefs for adaptive ones is too simplistic. It does not take into account all aspects of the individuals problems, or environmental factors. Certain cognitions should not be judged as irrational or distorted because they are the result of lived realities, the experiences of discrimination and oppression. CBT's focus on obtaining more realistic cognitions can imply to clients that they are responsible for their own distress and can result in self blame which in turn can invalidate a very realistic experience (Kantrowitz & Ballou, 1992).

Issues surrounding cognitive processing (maladaptive beliefs and information processing biases) are more realistically the result of life experiences of sexism, racism, poverty and other oppressive factors. Individuals who have experienced and still continue to

experience such conditions may have developed a specific cognitive structuring outlook on life, such as an external locus of control or responsibility in which such individuals realistically realize they have very little control over many aspects of their lives. This has been found to lead to depression and anxiety disorders (Comas-Diaz, 1981). Such cognitive structures can act as barriers to certain CBT self control therapeutic approaches (Kantrowitz & Ballou, 1992).

Another critique in regard to CBT and its role as a psychotherapy that works as an adjustment model, is that it can be ineffective in cases of racism and sexism and spousal abuse, where individual client change does very little to deal with and resolve the larger problem, which is social in origin (Hirini, 1997, Kantrowitz & Ballou, 1992).

The following scenario highlights the ineffectiveness of individual client change compared to change at the social larger interpersonal level when assertiveness training is used to help a woman who has been sexually harassed in the workplace. CBT approaches in the form of schema change (cognitive restructuring) and skill development (behaviour change) do not address the real issue, the external environmental factors, the behaviours, actions, attitudes, cognitions of other people that contribute to the harassment, are not addressed or changed in any way (Kantrowitz & Ballou, 1992).

Kantrowitz & Ballou (1992) state that CBT needs to develop approaches and programmes that are aimed at modifying the environment as opposed to only the individual. Ivey et al (1997) argue that action needs to be undertaken at a community level in the

form of challenging and modifying oppressive social norms, beliefs and ideologies. Hays (1995) adds that oppressive views and practices can be changed at an environmental social level. For example, both individuals and groups can undergo cognitive restructuring in regard to modifying the racist, sexist and other prejudiced beliefs they may have.

In the case of socioeconomic status (SES), it has been argued (Fodor, 1996, Hays, 1995) that CBT is directed toward clients from middle socioeconomic backgrounds, as certain techniques require middle class world views and resources. Fodor, (1996) described a case study which had a successful outcome with a specific client who was matched to both the ethnic and SES framework. The client was a middle class White American woman who was well educated, had a private income and was able to work on self development in the form of cognitive restructuring techniques. This woman also had social supports which are needed to support most CBT strategies. An individual's educational level/attainment may also effect the therapy process, as certain tasks require facility with language, literacy and insight as well as commitment to homework activities (Marshall & Turnball, 1996).

The fundamental aim of CBT is to change aspects of an individual's thinking which leads to associated behaviour change, A number of researchers and practitioners (Kantrowitz & Ballou, 1992, Fodor, 1996, Marshall & Turnball, 1996) have raised several salient critical questions concerning CBT's therapeutic goals. For example, who defines what is adaptive and maladaptive behaviour, who has to change, what has to change and who chooses the interventions? Also whose frame of reference should be used (taught to

clients) and what justifications are there for this particular view being chosen over other perspectives?. A feminist poststructuralist framework can be implemented to examine the above questions.

CBT is constructed and presented as being value neutral, but like all psychotherapeutic interventions it represents some degree of valuing for client change (Hays, 1995).

Kantrowitz & Ballou (1992) argue that the goals of CBT (theories and therapeutic methods) support the values and agendas of the dominant group. The goals of therapy are based on social value judgments and are carried out in the guise of value neutral assumptions. For example CBT's therapeutic techniques such as cognitive restructuring and problem solving are viewed as tools of conformance, that is to produce clients who can efficiently function in the workforce (within the capitalist domain).

Feminist critiques further add that the aim of therapy is also to ensure that clients conform to socially acceptable normative standard of thinking and acting that do not question the status quo (Chesler, 1997, Ussher, 1991). Clients are taught strategies to help them to improve their adaptive abilities to cope with environmental demands. This in turn has been viewed as a paradox because the client is taught how to succeed and be productive in the environment(s) that are responsible for causing the original distress (Kantrowitz & Ballou, 1992).

CBT is founded on and centered around a scientist practitioner model, thus scientific grounding is seen as the only way to obtain reliable, objective and accurate knowledge

within this model of psychotherapy (Ivey et al, 1997).

The social learning model approach that encompasses CBT, with the view that all behaviour whether adaptive or maladaptive is learned and thus can be unlearned, has been critiqued as being both simplistic and non value free as well as viewing clients not as unique individuals influenced by socio-cultural factors and experiences but as learning principles. An individual's actions are reduced down to what is either observable or measurable and are viewed in a cause and effect linear relationship. This over reliance on empiricism overlooks the individual living within a certain environment/social context and how different environments effect them. Such scientific methods do not adequately take such salient factors into account. It has been argued that CBT techniques are used uncritically by many practitioners (Ivey et al, 1997, Kantrowitz & Ballou, 1992).

CBT's emphasis on the importance of the scientist practitioner model and the (individual) therapists use of the literature to build their knowledge base and guide their practice which seems to have some shortcomings in the case of ethnic minority clients. Casus, (1988) conducted a literature search within a psychological database for the period between 1968 and 1988 and found only four journal articles that mentioned the use of CBT with ethnic minority clients in reducing anxiety problems. Casus (1988) argues that because previous studies have not taken ethnic or cultural factors into account in the development of their research paradigms, the efficacy of CBT treatment strategies with ethnic minority clients remains largely unknown.

According to Woolpack & Richardson (1984) CBT (more specifically the behaviour modification aspect) is related to modernity, which is a philosophic approach which highlights the impact and influence that science and scientific technology have had on the world. CBT is a scientifically derived psychotherapy, it uses a scientific/technological perspective on human function and behaviour . It encompasses an epistemological stance which is related to the modernist view of the ideal of progress through a modern technological society.

Science is viewed as a problem solving activity (Plaud & Voyeltanz, 1997, Ivey et al, 1997) and also as a site where discoveries are made, where hypotheses and predictions are made, where phenomena can be controlled. Thus it is portrayed as the ultimate, rational, objective and empirically derived source of knowledge (Woolpack & Richardson, 1984). A feminist poststructuralist framework can be a beneficial tool to use here, to examine how such constructions are made and how they function.

According to this framework, science is the site where the power interests of dominant groups in our society are carried out (Kantrowitz & Ballou, 1992). CBT and other psychotherapies are viewed as having an ideological agenda since their construction (theory and practice) is influenced by sociopolitical factors. All forms of knowledge are viewed as the product of the social context, encompassing cultural and ideological foundations. Our examination and understanding of CBT (and other psychotherapies) must take into consideration both social and historical factors, as all forms of psychotherapy both reflect and influence our social world (Woolpack & Richardson,

1984).

Though CBT is viewed a client centered, empowering psychotherapy where the therapist and client work collaboratively together, the therapist still holds a certain degree of power in such a relationship. This power results from the therapist's role as being that of an expert, the holder of a distinct knowledge base (Marshall & Turnbull, 1996). In countries such as New Zealand, a registered psychologist must adhere to a code of ethics which guides their professional behaviour. Such a code specifies a normative standard of professional views and behaviour, thus CBT practitioners both position themselves and are positioned by other people in such discourses. These specific discourses prescribe and describe how a psychologist can, to a large extent, think and act within their professional role. A feminist poststructuralist analysis of this can result in examining who benefits from the employment of a code of ethics.

Summary

This chapter has discussed how the identity categories of ethnicity, gender and socioeconomic status (SES) are treated within CBT, as well as what CBT's strengths are in regard to dealing with these identity categories. The final section of the chapter discussed why CBT can be ineffective in regard to dealing with client differences based on ethnicity, gender and socioeconomic status (SES). The critiques were centered around the argument that CBT is a Western White middle class male founded psychotherapy, which encompasses the values and experiences of only a certain group of people. Also when practitioners are members of the dominant ethnic group, and can also differ in regard to gender and SES, the three identity categories and how they differently affect and

impact on clients can be less apparent to certain practitioners. In regard to the issue of empowerment, the emphasis is on teaching life long coping strategies not initiating client conscious raising in regard to the social origins of client distress. Problems and solutions to the distress/disorder are viewed as existing within the client. Issues concerning science and socio-political agendas were also discussed. Also there was a brief mention of possible proposals to deal with issues at the social, environmental level in the form of community interventions and cognitive restructuring for groups of people who hold oppressive (inaccurate) beliefs. The following chapter discusses the method that was undertaken in the present study.

METHOD

The purpose of this chapter is to discuss the research process undertaken in the present study. Firstly the research aims are presented, followed by information on participants, the interview process, the method of analysis and ethical considerations.

The purpose of using an interview format in this present study was to generate text to meet the research aims. The theoretical framework that the present research is based on (discourse analysis and feminist poststructuralism) considers language as an active medium that both constructs as well as gives meaning to experiences and realities (Potter & Wetherell, 1995, Gavey, 1989). Hence the focus on participants' accounts concerning their own practice with women clients and their views on specific issues. Analysis was conducted with the purpose of drawing inferences from these accounts regarding how the three identity categories are treated within CBT theory and practice and the possible effects that such constructions can have for women clients.

Research Aims

The focus of the present study is concerned with how the discourses of clinical practice in cognitive behaviour therapy (CBT), as used by the clinician participants, construct the identity categories of gender, ethnicity and socioeconomic status (SES) and how these constructions can affect clinical practice with women clients.

The second research aim is concerned with examining whether the participants viewed CBT as a psychotherapy that is designed as an adjustment model, centered on ensuring individual client change as opposed to highlighting or working on wider social environmental awareness and change in the form of raising client consciousness to the social conditions of psychological distress. Participants talk about their practice is examined for evidence of the use of an adjustment model focus.

Participants

Criteria for Recruitment

The criteria for participation was that the participant be a registered psychologist, whether currently practicing or not and that they used CBT in their practice.

Recruitment Process

Three methods were employed to obtain participants for this study. Firstly an advertisement providing a brief description of the study was placed in a nation wide monthly newsletter for New Zealand psychologists (see appendix B). Three participants volunteered through this process. The second method of recruitment consisted of contacting by mail to the director of a local cognitive behaviour therapy clinic. The director was provided with a participant information sheet, with the purpose that he would pass on this information to his colleagues at the clinic (see appendix A). Two participants were obtained through this process.

The third method of recruitment consisted of participants providing contact information to the researcher regarding colleagues who they assumed would be interested in participating. Five participants were obtained through this process.

The Participants

The participants were ten female clinical psychologists. Each were asked a set of demographic questions, which included ethnic identity, age, where they were born and where they studied psychology and how long they had been practicing. These demographic questions were asked because they to contain identity category material, which may affect how participants both experience and view things.

The following material provides a brief description of each participant. All participants are identified by pseudonym only.

Participant One

Leonie is in her early thirties. She is Maori and was born in New Zealand.

She studied psychology in New Zealand and has been a practicing psychologist for 2.5 years in the field of clinical psychology. She has also used CBT for 2.5 years. Leonie works for a government funded community mental health organization in the North Island.

Participant Two

Santi is in her late twenties. She is Indian and was born in New Zealand.

She studied psychology in New Zealand and has been a practicing clinical psychologist

for 3 years. She has also used CBT for 3 years. Santi works for a government funded community mental health organization in the North Island.

Participant Three

Caroline, is in her late twenties. She is a White North American and was born in the United States. She studied undergraduate psychology in North America and postgraduate psychology in New Zealand. She has been a practicing clinical psychologist for 6 months (post internship). She has used CBT for 2 years (during her internship). Caroline works for a government funded community mental health organization in the North Island.

Participant Four

Sarah, is in her early fifties. She is a White South African and was born in South Africa where she also studied psychology. She has been a practicing clinical psychologist for 20 years and has used CBT for 7 years. Sarah lectures on a postgraduate CBT programme and concurrently works at a government funded CBT clinic that is affiliated with the university at which she works. Sarah works in the North Island.

Participant Five

Kerry, is in her early forties. She is Pakeha and was born in New Zealand. She studied psychology in New Zealand and has been a practicing clinical psychologist for 13 years. She has also used CBT for 13 years. Kerry is a part time lecturer on a postgraduate clinical psychology programme at a North Island university. She does not work with Sarah or Heather.

Participant Six

Jackie is in her early forties. She is Pakeha and was born in New Zealand.

She studied psychology in New Zealand, has been a practicing clinical psychologist for 14 years. She has used CBT for 8 years. Jackie works part time at a women's hospital in the North Island and part time at a university student health and counseling centre.

Participant Seven

Nicki is in her late thirties. She is Pakeha and was born in New Zealand.

She studied psychology in New Zealand, has been a practicing clinical psychologist for 11 years and has used CBT for 9 years. Nicki works for an organization in the North Island that provides free counseling for women and children who have been sexually abused.

Participant Eight

Gail is in early forties. She is Pakeha and was born in New Zealand. She studied psychology in New Zealand and has been a practicing clinical psychologist for 17 years. She has also used CBT for 17 years. Gail works on a government funded community mental health programme in the North Island.

Participant Nine

Fiona is in her early fifties. She is a White Australian and was born and studied psychology in Australia. She has been a practicing clinical psychologist for 28 years and has used CBT for 23 years. Fiona works on a government funded community mental

health programme in the North Island.

Participant Ten

Heather is in her late thirties. She is Pakeha and was born in Australia. She studied psychology in New Zealand and has been a practicing clinical psychologist for 12 years. She has also used CBT for 12 years. Heather lectures on a postgraduate CBT programme and concurrently works at a government funded CBT clinic that is affiliated with the university she works at, which is situated in the North Island.

Interviews

Interview Location

All ten participants chose where they wanted to be interviewed and all were interviewed at their place of work.

Interview Questions and Process

The purpose of this study was to discursively analyze CBT practitioners talk about CBT theory and their own clinical practice in dealing with issues concerning gender, ethnicity and SES regarding their clinical/therapeutic practice with their women clients. Also examined was if practitioners viewed CBT as another mainstream psychotherapy that aims to ensure individual client change in the form of teaching coping strategies as opposed to highlighting client consciousness to the social level of causation of client distress.

To obtain text for analysis, semi structured interviews were undertaken. This type of interview allows participants to be actively involved in the construction of the research

data. It allows the participants to share their views of reality and, in this case, their professional work experience of clients with the researcher. It allows the participants to share with the researcher in their own words their experiences, memories, as well as ideas and thoughts rather than these being conveyed or inferred by the researcher (Reinharz, 1992).

Kidder and Fine, (1997) argue that critical qualitative inquiry in psychology can allow for the 'voice of participants' to be heard, thus allowing certain perspectives and experiences to be exposed and talked about, which quantitative and hypothesis driven research does not allow for. In regard to the present research, this is relevant because it allows the participants to talk about their own practice and experiences with their clients. It also allows for their views to be acknowledge and discussed.

In relation to the present research, even though it was a semi structured interview format, an interview schedule was designed (see appendix D) to obtain this information.

Participants were all asked the same questions, but not always in the same order. Ordering of questions depended on participants responses. This type of interview style also allowed the participants to determine the amount of time they spent on each question or topic area. It also allowed them to introduce additional issues (Reinharz, 1992). The interviews varied in length from 35 minutes to 55 minutes.

Method of Analysis

The following section discusses the type of analysis that was undertaken, which includes a

rationale for the type of analysis used in relation to the research aims. It includes detail on how the analytic process is carried out, which includes material on transcription, coding and how the discourses and dominant discursive themes were identified.

The Research Aims and Their Relationship to the Analytic Approach

The purpose of using Potter and Wetherell's (1987) approach to discourse analysis is to identify discourses and the dominant discursive themes (related statements or terms regarding the topic of discussion) that cohere within these discourses in relation to how participants accounts, construct the identity categories of gender, ethnicity and SES and their of accounts of CBT as an adjustment model and, or tool of empowerment. Also examined was how participants are positioned in CBT discourses and how they draw on CBT discourses and how this can affect their clinical practice with women clients.

Potter and Wetherell's Approach to Discourse Analysis

Potter and Wetherell's (1987) approach to discourse analysis is centered around three salient features of language: function, construction and variation. This approach to discourse analysis views language as an active medium that is both constructive and constructed to perform certain actions. Thus the focus of this approach is largely interested in how individual's use their language to perform different functions. The analysis focused on the functional aspects of language, on how language is constructed to achieve certain tasks, such as justifying, describing and blaming and how language construction results in variation of accounts. This approach also examines and questions what the probable social consequences of such linguistic constructions may be (Potter and

Wetherell, 1987).

Potter and Wetherell's (1987) approach to analysis is influenced by three different theoretical frameworks which provide differing perspectives on the use of language within a social context. Firstly, speech act theory works at the level of words, in which it is recognized that individual's use words to perform certain tasks. Secondly, ethnomethodology involves examining how individual's use language to both understand and interact in their social environments, such as how they learn to behave in different ways depending on the situational context. The third and final theory is that of semiology, which is concerned with the science of signs and is based on the work of de Saussure. This theory is based on the idea that individual's have a system of systematic rules for dealing with specific situations which help them to make sense of the social environment (Potter and Wetherell, 1987, 1995).

This approach to discourse analysis was initially formulated to deal with the shortcomings in social psychology, to allow for a more critical, holistic and alternative analysis, which takes contextual/situational factors into account in the analysis process (Potter and Wetherell, 1987). This approach to discourse analysis can be considered a post positivist, postmodern approach because it does not make modernist epistemological assumptions. A feminist poststructuralist framework can be integrated within this approach to both broaden and strengthen the analytic focus by adding new concepts and areas for analysis, such as theoretical positions on subjectivity, gender, ethnicity and power relations (Gavey, 1989, Weedon, 1997).

The Three Major Components

Function

Language is viewed as having a particular functional orientation, the individual does something with their talk (action orientation). The focus on the functional component is concerned with the effect the discourse has, different constructions will achieve different effects. For example, an individual can describe the same object/incident/phenomena in different ways. No two accounts will necessarily be the same (Potter and Wetherell, 1987, 1995). Variation in an account can relate to its function in regard to the effect that the account can have. For example, it can be constructed to justify, blame or explain something.

This type of discursive analysis is interested in how discourses are constructed, their action orientation (to explain, blame, justify) and the effects that they have, not whether the statement or account put forward is accurate. An added feminist poststructuralist stance allows us to question whose interests are being served by this language construction and also takes into consideration that because language is used for different purposes its functional implications/effects result in different consequences (Potter and Wetherell, 1987).

Potter and Wetherell, (1995) argue that it is important that the researcher examines the context (the situational background information) and that contextual information is provided. This allows us to hypothesize what the functional aspects of a particular discourse could be. For example, within different contexts or situations, language dis-

courses will have different functions as the individual moves on from blaming to justifying.

Construction

The second major component in this approach is that of construction. Language is viewed as both constructed and constructive. An individual is viewed as constructing a particular version of an account or phenomena of some sort when they speak. There is more than one way to describe something and an individual selects and omits certain words to achieve a particular effect, such as justifying an action. An individual constructs an account through the use of pre-existing linguistic concepts (Potter and Wetherell, 1987).

Variation

The third component is variation. As mentioned, language is used to serve specific functions, thus achieving different effects at both linguistic and social levels. Because accounts (both spoken and written) are constructed by selection and omission of certain discourses, variation in accounts will occur. Variation in an account on a particular topic will occur depending on the functional purpose. For example, within an interview setting variation can occur in a participant's account of the same incident depending on the context in which a particular question is asked.

For example, variation may result if a participant is asked how they view a particular situation from a professional work related role and then how they view the same situation from a non work role/position. Also different contexts or occasions also can result in variation in accounts. An individual may describe the same incident one way to a parent

and another way to a friend. Thus different constructions of accounts are produced to do different things and thus have different social effects (Potter and Wetherell, 1987).

Potter (1996) argues that variation is a key concept in discourse analysis because variation in accounts can provide the researcher with clues to the possible functional purpose of language. In their discursive analysis on racism, Potter and Wetherell, (1992) found that participants accounts highlighted the different ways that both groups of individuals and events could and were constructed to achieve different effects.

This form of analysis does not view the discourse that an individual uses as reflecting underlying attitudes or fixed and stable beliefs and views. Within mainstream psychology, especially in the case of social psychology, when variation does occur in an individual's account, a label of cognitive dissonance is usually given, in which case variation is seen as a conflicting, uncomfortable psychological state (Potter and Wetherell, 1987).

Method of Discourse Analysis

There is no specific set structured method to discourse analysis as there exists in traditional, mainstream empirical and research in psychology. The focus of a discursive analysis is affected by the theoretical framework of the research project. The present research is using a form of discursive analysis which was formulated by Potter and Wetherell (1987). Their analytic approach consists of ten steps. They state these are not sequential steps, rather they merge together during the analytic process and are helpful in validating the researcher's findings.

Stage One: Research Questions

The first step is concerned with formulating research questions. In the present research, this process was undertaken by reading material which provided a critique of particular aspects of psychotherapy. I focused on issues concerning the argument that therapy is based on an adjustment model, as well as factors associated with gender, ethnicity and SES. Material on CBT and its critiques was also researched and the research aims were formulated from these readings.

There is also a concern with the interview questions and how the participant's responses are affected by the kind of questions the researcher asks. The focus is on the construction of accounts and what is gained by this construction. As stated the focus of analysis is on how participants construct the identity categories of gender, ethnicity and SES and how these constructions can affect their practice with women clients (Potter & Wetherell, 1987, 1995). This focus directed the construction of interview questions.

Stage Two: Sample Selection

This form of analysis differs from mainstream research practices. Quantitative research and both qualitative and critical qualitative research methods are founded on different theoretical principles. Thus a large sample size is not required and such a sample size can actually hinder analysis because finer linguistic details may not be evident among large amounts of text. The present study had a sample size of ten. Potter and Wetherell (1987) state that a sample size of ten is an adequate number because a number of different linguistic patterns usually emerges from a few participants.

Stage Three Collection of Data/Interviews

This stage is concerned with the type of data that will be analyzed, which can vary from a spoken (transcribed) conversation to archival documents (Potter & Wetherell, 1987).

The present research consists of transcribed interviews. An interview format was chosen as it allowed the research aims to be both formulated and examined within a critical discursive poststructuralist framework.

Within this type of analysis the focus is on participants accounts and the effects that such accounts can have, not whether they are accurate. This allows inferences to be made about the possible functions of such constructions and how participants are positioned (affected and governed) by various discourses (Potter & Wetherell, 1987, 1995).

Stage Four: Interviews

In regard to interviews, within mainstream psychology the aim is to obtain a degree of consistency in participants responses because consistency in accounts is viewed as relating to a fixed set of attitudes, beliefs and actions. Within this type of analysis consistency is also important, though in a different way, it is important in regard to the researcher being able to identify regular patterns of language use. Consistency in a participant's account also demonstrates how the participant is drawing on a limited range of predetermined discourses. When answering the researcher's questions, variation in accounts is also important and can help provide the researcher with clues to what the participant is trying to do with their account/language use and the larger social affects that it can have (Potter & Wetherell, 1987, 1992, Parker, 1992).

In regard to the present research, an interview is seen as beneficial because a variety of topics such as gender, ethnicity, SES and therapy factors can be covered with a number of different participants. The participants are asked the same questions which allows the researcher to compare responses and makes the coding process easier (Potter & Wetherell, 1987). A semi structured interview format allowed for open ended questions to be asked and also allowed for participants to spend as much time as they wanted talking about specific issues or answering a specific question.

Also to facilitate the examination of both consistency and variation and use of subject positioning, where possible participants were asked about the same issue concerning the areas of interest, but in a different way (the question was worded differently) and at different times during the interview.

Stage Five: Transcription

This stage in the analytic process consists of transferring interview data from audio tape format into a written format. In the present research, all ten interviews were audio taped and the entire interview was transcribed, as the questions the researcher asked are not viewed as neutral, but are constructive (Potter & Wetherell, 1987). Transcription notation was used that is based on that of Atkinson and Heritage's (1984) format (see appendix E).

Stage Six: Coding

This stage involves identifying themes in the transcribed accounts and in turn related to the

research questions (Potter & Wetherell, 1987). In the present research this process involved identifying the discourses and dominant themes related to discursive constructions of gender, ethnicity and SES. These discourses and themes were identified in relation to the regularity in which they appeared in the transcribed accounts (Pratt & Tuffin, 1996, Parker, 1992). Each identity category was considered a separate code and specific questions were asked regarding the categories, which made the coding process more manageable.

Stage Seven: Analysis

This stage involves the careful and multiple readings of the pieces of text. The researcher looks for patterns of both consistency and variability in the text/transcribed interviews. Consistency consists of accounts sharing similar linguistic constructions and differences in accounts. Parker, (1992) states that contradictions in a piece of text in the form of different ways of describing the same phenomena, facilitate the analytic process (Potter & Wetherell, 1987).

In relation to the present research the transcribed texts were read and re read to identify discourses and dominant themes. The coding process facilitated this process as interview questions were in specific sections, such as gender, ethnicity and SES sections. As mentioned, the analysis aims to identify how participants construct the identity categories of gender, ethnicity and SES, as well as how these can affect clinical/therapeutic practice and how they are related to their positioning in CBT discourses. The practitioners accounts were examined for both function and construction (Potter & Wetherell, 1987). In the case of function, this was done by making inferences regarding the effect that

constructions of accounts may have. In regard to construction, accounts were examined for their degree of variation and consistency.

Potter and Wetherell, (1987, 1992) stress the importance of providing contextual information. In the present study when participants extracts are presented so are the researcher's questions and comments.

Stage Eight and Nine: Validation and Writing the Report

These two stages involve ensuring that a coherence exists in the analysis. The researcher explains how the analytical findings are connected to certain discourses and how language construction produces certain effects. In regard to the present research, the research aims have been stated, the researcher's interpretations and claims are presented along with the participants dialogue which allows the reader to reach their own conclusions (Potter & Wetherell, 1987, Willig, 1999).

Stage Ten: The Application

The final stage in the analytic process is application, in which the analysis of this kind is seen as allowing us to view different types of discourses from everyday conversations, medical constructions to political speeches in a critical way (Potter & Wetherell, 1987). In regard to the present research, the aim of the application component is to allow the reader to conceptualize how discursive constructions of gender, ethnicity, SES and therapy may affect the clinical practice of certain practitioners. This is in relation to how the participants are themselves placed within CBT theoretical and clinical discourses,

which can affect the participants/practitioners views and behaviour (world views).

According to Willig, (1999) the present study would be considered an analytic study at the level social critique, as it is not designed to provide praxis/practical application.

Ethical Considerations

Given the nature of this type of study, the ethics proposal was not directly submitted for review to the human ethics committee of Massey University. It was peer reviewed by two Massey University psychology lecturers. Upon the completion of the review the two reviewers deemed that it met the ethical requirements of the Massey University human ethics committee expected for this type of research with human subjects.

Potter and Wetherell, (1987) stress that when researchers use a discursive analytical methodology, they have to contend with ethical issues regarding the degree of information that they give participants concerning the aims of the research, as the aim is usually to explore the degree to which participants hold some type of prejudicial views.

In relation to the present study, informed consent was obtained by all participants as all participants were informed in writing of the research aims via an information sheet (see appendix A). All participants were also informed in writing via a consent form (see appendix C) of their right to withdraw from the study up until the time that the data analysis was completed and also their right to refuse to answer any particular questions. Consent was also sought for all of the interviews to be audio taped and participants were informed that they had the right to ask for the audio tape to be turned off at any time during the interview. All participants were also informed that their interview transcripts

and identities would remain confidential. Pseudonyms were used and all identifying material was deleted from their transcripts.

All participants provided information on the understanding that their anonymity would be protected and that the researcher and only her supervisor would have access to the identifying data. Prior to the commencement of all ten interviews, each participant read the information sheet and signed a consent form.

Summary

This chapter discussed the research process undertaken in the present study. The research aims of the study were detailed, information on participants and the interview process were detailed. The method of analysis and ethical considerations were also discussed.

The following three chapters discuss the findings of the study.

ANALYSIS: THE ASSESSMENT DISCOURSE

The following three chapters discuss the findings of this study. Each chapter focuses on a particular discourse and the discursive themes which cohere around it which were identified through the analysis of the participants' accounts. Accounts were examined for function, construction and variation in the participants talk about gender, ethnicity and socioeconomic status (SES). How constructions of these three identity categories relate to the constructions and effects of therapeutic practice for women clients was also considered. In addition, analysis involved examining how participants position themselves in cognitive behaviour therapy (CBT) discourses, which resulted from the discourses that they drew on to answer the researcher's questions.

Analysis of the accounts resulted in the identification of three predominant discourses. These discourses were identified by the degree of regularity with which they appeared throughout participants' accounts. The second research aim was concerned with whether participants constructed CBT as a psychotherapy that is designed to facilitate individual change in the form of teaching coping strategies, with or without providing social change in the form of raising client's consciousness to the social element of their distress:

This chapter focuses on the assessment discourse, which constructs the assessment process used in CBT. In particular the chapter is concerned with how this discourse

relates to accounts constructing the identity categories of gender, ethnicity and SES, as well as the possible affects these constructions can have on the therapeutic experiences of women clients. Chapter Seven focuses on the individual practitioner discourse, in which accounts are centered around the claim that it is the responsibility of individual therapists to both understand and incorporate the categories of gender, ethnicity and SES and their affect on women clients CBT practice. Chapter Eight is centered around the analysis of accounts that construct CBT as a psychotherapy designed to facilitate client empowerment through the discourse of advocacy.

The Assessment Framework

This section examines some of the ways participants' accounts constructed the benefits of a CBT assessment framework for the three identity categories. Participants explicitly stated that gender, ethnicity and SES factors are not overtly mentioned in CBT assessment models. Even so, participants used various ways to construct the benefits of a CBT assessment framework. These constructions function to demonstrate how gender, ethnicity and SES factors may be integrated into the existing framework.

Asmita: As a CBT therapist, using a CBT framework, how are the categories of gender, ethnicity and socioeconomic status viewed in regard to women clients presenting problems, are they taken into account?

Nicki: Its not a model that explicitly looks at the content of things like that. So it gives you a framework but it doesn't necessarily address these things.

Leonie: I, I don't know that it does adequately. I think that what it does do is provide mechanisms for the sort of categories that can affect the development of psychological problems. So that rather than to have a particular model specified, the inclusion of culture or say gender variables. You are more likely to have a model

that talks about global factors, global demographics like education, school achievement that kind of thing, the role parents and peers play.

The above extracts both acknowledge that while the assessment framework employed in CBT is not specifically designed to address the identity categories of gender, ethnicity and socioeconomic status (SES), a general global framework is provided that can allow for the three categories to be acknowledged and examined further.

Leonie's account constructs the CBT assessment process as acknowledging the external, social factors that can affect an individual, such as the daily experiences and influences of people within their social context. This construction functions to demonstrate that a general framework exists that does acknowledge environmental factors that can affect clients in a general way. Possible effects of the identity categories can then be seen as being more specific and needing to be integrated within the general overall framework.

Accounts construct a difference between 'global' and 'specific' factors and influences. The global consists of content as it exists within the existing CBT framework, while the specific is constructed from the content of such factors as gender and SES. This distinction means that gender, ethnicity and SES are constructed as able to be included in the global framework but at the same time they are not necessary to it.

Santi: Its not explicitly stated as one of the factors in the model. For example like we've got thoughts, feelings, behaviour, it doesn't take it, doesn't say ethnicity, gender, SES. The thoughts, feelings, behaviour, environment, um the biological. When you do your assessment, predisposing, precipitating, maintaining and protective factors, can incorporate gender and class and ethnicity into these.

The above account illustrates how Santi is positioning herself in a CBT discourse by talking about the five part model and its role in assessment. The actual factors that compose the CBT assessment framework are mentioned. This precedes the suggestion that the effects or role that gender, ethnicity and socioeconomic factors can have on the client, can be examined in regard to how they may have contributed to, and maintained a client's current presentation.

This account also constructs the CBT assessment framework as consisting of global categories or dimensions, such as cognitions and maintaining factors, as well as being able to contain specific factors, such as the three identity categories. The effect of this construction is that the role and effect of gender, ethnicity and SES (specific factors) are secondary to the CBT framework and do not always have to be incorporated. This construction implies that gender, ethnicity and SES-factors only affect or concern certain circumstances and groups of individuals. Also implied is the idea that it would be possible to develop psychologically without these having an effect on a client.

Context for the following extract: Later in the interview when we got to the ethnicity section, Santi talked about issues of assessment bias in CBT regarding ethnicity.

Santi: There is bias in assessment, definitely so in that way I think its really important to be objective as much as possible. But incorporate your individual client, and I do think CBT is really useful because that can be used with anybody. Um but then again you know I do think there needs to be a lot more multicultural and gender sensitive research done too with using CBT on different, specific for ethnicity and gender issues. Um so I think its got a lot of potential though, I think its, yeah.

This account appears to have two functions. Firstly it is constructed so that the issue of bias in assessment is highlighted. Secondly the participant justifies the benefits of CBT despite the existence of such biases. The effect of the first function can be beneficial for clients because the participant states that bias does exist within the assessment process. This can imply that gender, ethnicity and socioeconomic factors, which contribute to different experiences, can be considered.

Santi states that CBT is helpful because it can be used with everyone. She continues to justify this assertion by stating that more research needs to be undertaken that looks at the role of ethnicity and gender. This construction draws on scientist practitioner principles, on which CBT is firmly based. This extract also appears to be consistent with Santi's earlier account, where in both, she talks about the importance of incorporating the three identity categories in regard to how they can affect a client into the existing assessment framework.

Sarah: -- Um I think that the cognitive material as such places somewhat less emphasis on those kind of aspects, perhaps than some other models, for example narrative therapy.

Kerry: -- I think its better than um psychodynamic, psychoanalytic models because they are very much into looking at people's individual processes and a lot of its um you know assumptions that you make based on what you say rather than on what they say. At least in CBT when people talk about their behaviours or thoughts you know talking about what they think rather than you making assumptions about what they think. So I think that is a real advantage, that.

Caroline: Noo, probably better than other frameworks.

The content and function of the first two extracts vary from each other. Both extracts compare and contrast CBT to other types of psychotherapies. This comparison with other psychotherapies can either construct CBT as better or worse, depending on the grounds of comparison. Sarah's account constructs CBT as placing less emphasis on the identity categories as she compares CBT to another form of psychotherapy. Kerry's account constructs CBT as being a more beneficial psychotherapy because of its phenomenological approach, in that client input is sought. This implies that if gender, ethnicity and, or SES factors were impacting on the client in a certain way, the client could share this experience with the therapist. It also assumes that the client would be aware enough of the impact to articulate it themselves.

Caroline's account appears to be similar to those of Sarah's and Kerry's. She agrees that a CBT framework does not fully acknowledge the three identity categories. However she qualifies that it is better equipped at acknowledging these factors when it is compared against the assessment frameworks of other forms of psychotherapies. It appears that Sarah, Kerry and Caroline are drawing on similar discourses where CBT assessment and the three identity categories are concerned.

This section has analysed extracts that have constructed a CBT assessment framework as being able to incorporate the three identity categories of gender, ethnicity and SES into its existing framework.

The Five Part Model

The following extracts elaborate on how specific assessment techniques used in CBT can allow the identity categories of gender, ethnicity and SES to be taken into consideration in regard to causation, maintenance and diagnosis.

Context for the following extracts: I ask the participants how the identity categories are specifically taken into account in the assessment process used in CBT.

Sarah: - - - In the initial assessment one actually asks questions. - - We are looking at um things like predisposing factors, precipitating factors and maintaining factors. There is going to be a component of each of those kind of sub groups where things like gender, SES, language etc are going to be - - really important.

Caroline: - - - I think the clinical interview is actually - allows some kind of flexibility. - Who ever presents and it is based on a Western model and you have to keep that in mind.

Santi: - Usually spend two or three sessions or how long it takes doing an assessment period in which I gather as much information about the person as I can, and that includes not only the person themselves but the role that they have in their family, their interpersonal relationships, their background, environmental contingencies that are happening and put it all together in a framework based from a CBT perspective. So that it incorporates thoughts, feelings, behaviours, physiology and environment.

Sarah, Caroline and Santi all talk about individualized clinical interviews and how these interviews allow them to gather contextual information about the client. Such information would allow factors associated with a client's gender, ethnicity and, or SES to emerge.

These accounts enable the participants to construct CBT and their own professional practice as being designed to take sociocultural factors into consideration in regard to etiological and maintenance factors. For example, Sarah talks about how a clinical interview can allow for flexibility in light of the fact that CBT is based on a Western framework which is not specifically designed to incorporate the world views of differing

ethnic groups. Santi's account is consistent with her earlier account in which she stated that gender, ethnic and SES factors could be incorporated into a CBT assessment framework. In the above extract she explains how she gathers client information concerning the identity categories during an assessment session and how these factors can be incorporated into an existing CBT framework.

The construction of these accounts function to justify participants using a CBT framework to assess how gender, ethnicity and, or SES factors have psychologically impacted on a client.

The following extracts highlight a link between the participants' accounts and CBT theory and practice. They illustrate how participants draw on CBT discourses concerning the beneficial aspects of the five part model with regard to constructions of gender, ethnicity and SES factors and effects on psychological distress. This can be also beneficial for clients because it allows both the client and therapist to examine the external environmental factors that are causing a client's distress.

Context for the following extract: I asked the participants if they used the five part model in their work, followed by asking them if they thought it was beneficial in regard to acknowledging the three identity categories.

Jackie: Yip, yip, because you can identify all of those things when you are doing the five part model with a person. - - - So we've got unemployment, um illness within the family, um financial stress, you immigrated from Samoa 25 years ago, your family are there - - - and, and you get this current situation where, where there is a debt collector on the door. What goes through your mind when you hear someone knocking on the door. So a particular problem say that's related to anxiety like that um can be embedded with an awareness of this wider context.

Santi: - - - I will incorporate family and gender roles into that as well and CBT does allow for that too.

Sarah: The fivepart model is really good for understanding some of these situational, environmental factors.

Kerry: - - You can integrate um you know social impact on people. - - That's one of the reasons why I like the model is that you can um incorporate the impact of people's you know learning environments early on, and that environments sort of maintaining sort of beliefs about themselves.

These four extracts all appear to serve the same common function of constructing one particular assessment procedure as being a beneficial assessment and therapy tool because it allows the client to impart contextual, environmental information about their lives to the therapist. In their accounts of the five part model, these four participants have constructed it as being able to incorporate gender, ethnicity and SES factors in the form of contextual, situational and environmental information.

Jackie's account highlights how ethnicity and socioeconomic factors can impact on a client in regard to the etiology and maintenance of anxiety disorders. Kerry talks about social factors and the role of, and affect of, an individual's environment on their cognitions and behaviours. In regard to the above accounts, the CBT assessment discourse is constructed around notions of incorporation and integration of the identity categories into existing assessment models. Participants have constructed examples which can be beneficial for clients, because there is an implicit awareness of how the identity categories can and have affected a client's psychological functioning.

Context for the following extract: In a later extract Kerry's account concerning the five part model showed variation from her first account concerning the benefits of this type of

assessment tool.

Kerry: -- I teach my classes and the issue there is that there is no, where is the spirituality and for a lot of people you know that's a major omission. -- Five part model, there is no integration of spirituality.

This account appears to show some slight variation from Kerry's first account, in that the first account states the benefits of the five part model and its ability to incorporate social environmental factors into its framework. The second account draws attention to the fact that issues of spirituality are absent from the model. The function of this construction maybe for the participant to position herself as culturally sensitive by drawing attention to her practice of teaching.

Kerry states the concept of spirituality can be important for many clients. For example, spirituality is a salient component in Maori mental health, as well as with other ethnic minority groups. As mentioned in the chapters on CBT, CBT is based on a White Euro-American framework, in which spirituality remains absent from the model. The function of Kerry's account is to acknowledge that she raises this issue with the students she teaches, with the effect that the student psychologists she teaches obtain some awareness of such issues.

This section has analysed extracts that have functioned to discuss how the five part model assessment tool used within CBT allows gender, ethnicity and SES factors to be acknowledged and examined, in regard to their role in etiology and maintenance.

Ethnicity, Assessment and Treatment Issues

This section specifically examines participant's accounts regarding the issue of ethnicity, "the ethnically different client" and the assessment, diagnosis and treatment of such clients within CBT.

Context for the following extracts: The extracts in this section are in response to a question I asked the participants about how they would work with a client who was from a different ethnic group from them (in this scenario it was a Japanese woman). As CBT is based on a Western framework, how would they know if the cognitions and behaviour the client was presenting with were abnormal in her culture.

Leonie: Go screaming for the literature on mental health and the Asian population, then look for someone who worked in mental health who was Asian. - - - There is also the assumption that if you are from a particular minority group that you have taken on board their traditional values and attitudes and that's not necessarily so either.

Asmita: Do you think it can be beneficial for the Japanese client if you know a bit about her culture and what's adaptive and maladaptive?

Leonie: Oh you would have to - - - because if you didn't you would be seriously be doing them a dis- service, simply because you would be imposing your world view on that person.

The first extract illustrates how Leonie is positioned in a CBT discourse by the link between CBT theory and practice and her account concerning what steps she would undertake with such a client. She positions herself in a scientist practitioner discourse, when she states that she would access researched literature when working with such a client. Leonie's account can also be viewed as providing a somewhat critical perspective on the scientist practitioner model as she emphasizes that stereotyping can occur.

The second extract constructs the therapist as needing to have some knowledge of the minority client's culture to avoid imposing their own view. This account can be positioned within the individual practitioner discourse, as it places responsibility on the individual practice of therapists.

Santi: Um I would deal with that client from a CBT perspective as much as I could. -- I think I would spend more time finding out about their role. For example as a Japanese woman what that means to that woman in her family context -- I think cultural factors, the implications of her culture on her and her current presentations.

The construction of this account positions the participant as being culturally sensitive. The extract seems to function as a justification of personal practice, as Santi talks about the importance of both acknowledging and understanding how a client's gender and cultural context affect them.

Kerry: I would have a two prong approach. -- First check if there was somebody more appropriate that could see them but obviously in New Zealand I can't think of a Japanese psychologist. -- I would check that they didn't have a language problem -- asking lots of clarifying questions all the time to check that we have mutual understanding. -- The other prong -- getting -- a bit more knowledge about it, but even when doing that that's really dangerous cause you don't want to then become, every article is only one opinion.

The first part of this account discusses fundamental issues and concerns that need to be considered when working with ethnically different clients. This account is also constructed to direct attention to the concept that the Pakeha therapist or ethnically different therapist may not be the most appropriate person for the client to work with, this directs attention to individual therapists and therapist, client compatibility. Kerry then

moves onto mention differences in language. The second part of the extract can illustrate an association with a more critical poststructuralist discourse, as Kerry states that an article is only the perspective of the author. This implies that there is not simply one 'truth' or set of 'facts' on the issue. By making this assertion Kerry is not positioning herself in the CBT discourse of the scientist practitioner model, in which there is a reliance on the empirically validated research literature.

Jackie: - - I would probably try and get a article on how that problem is kind of viewed within Japanese culture before I saw them if I've got time.

In this extract Jackie draws on the CBT discourse of the scientist practitioner model and its role in providing research based information, to ensure effective and culturally safe practice. This can be beneficial for the client because it provides the therapist with some information about the client's ethnic group/world views. This may also help to facilitate the client therapist relationship, because it provides the client with the impression that the therapist understands them better because they know something about their culture. Other participants and more critical literature has highlighted the need to take acculturation factors into account and not to stereotype, as well as to question, from whose point of view has material on ethnic minorities been written.

Context For the following extracts: I have asked participants if they think that CBT deals with the issue of ethnicity and ethnic minority clients quite well.

Kerry: I think that in terms of the research - - - CBT is framed and things like Judith Beck's book, they don't really address issues of gender or culture or ethnicity - - - I think that should be noted or highlighted um in terms of your practice. Um so I think that's a deficit in terms of a lot of the literature that's being written by - - Aaron Beck or any of the major players. They really don't address issues of power

differences and its only recently that people are starting to write about it.

Leonie: Psychology does have a broad literature base but it has its um shortcomings in cultural perspectives so you might find that its perspectives or theories on why a particular person may present in a particular way from a particular ethnic group, that have come from anthropology then picked up from psychology. So its not always easy to determine whether its valid.

The above two accounts and parts of earlier extracts (Leonie, Kerry and Jackie's) are centered around the scientist practitioner discourse that exists in CBT. The scientist practitioner discourse within CBT in regard to the ethnically different client suggests the need for research based literature that practitioners utilize to ensure both safe and effective practice with such clients. The above extracts illustrate how participant's draw on the scientist practitioner discourse and how this can affect their work with their clients.

Kerry's account highlights the shortcomings of this scientist practitioner approach in regard to ethnic minority clients and gender issues. This account draws attention to such issues and how they are not addressed by the major theorists/researchers. This construction implies that practitioners who read such prominent material do not get appropriate information about cultural and gender issues.

Leonie's account positions her more within a CBT discourse concerning the merits of the scientist practitioner approach. Her critique of the five part model is based around the argument that some material on ethnic minority groups may not be scientifically valid because it comes from another discipline that would have different forms of research

methods as well as research goals from that of psychology.

Heather: - - I would consult with someone, which is what we do most of the time as well as with Maori or Pacific Island clients. You would consult with someone of that ethnic group and check out what is appropriate, what it not. Again you have to be very careful using a consultant because again you get their view. So I would want to understand her initially and then I would bring someone else in or talking with someone else. I'd have to get her permission probably or else I would do it hypothetically.

Leonie, Kerry and Heather state that they would talk with a mental health professional who belonged to the same ethnic group as the client to gain information regarding the client's presenting symptoms and if they were appropriate or not within her culture. These aspects of their accounts enable these participants to construct themselves as being aware of cultural differences. In varying contexts all three mention that in such cases they are mostly drawing on the opinion/view of one individual, either when accessing literature or the input of another therapist.

In the last few extracts, participants have positioned themselves in the CBT scientist practitioner discourse when they have stated that they would refer to existing literature regarding such ethnic minority clients. To varying degrees some participants have been more critical of such a practice by highlighting its shortcomings.

This section has analysed extracts that discuss how the identity category of ethnicity is dealt with within CBT assessment and treatment frameworks.

Gender and Assessment

This section examines participants accounts regarding how CBT deals with the identity category of gender in etiology and diagnosis.

Context for the following extracts: The following is the question I asked all participants at the beginning of the gender section of the interview.

Asmita: As a CBT therapist, using a CBT framework how is gender viewed in regard to women clients presenting problems?

Jackie: - - - I actually see gender as a defining variable. - - I would always take it into account that I'm conceptualizing why someone is presenting with a certain problem um and, usually explore a whole range of things attached to that about their social framework and support system and that sort of thing.

Asmita: How does the assessment framework that you use take gender into account?

Jackie: - - I think its very much part of asking a person about their social role in life type of family system or relationship, work, parenting. I mean it comes into just about everything including the way they handle their emotions and the way they have actually accessed the system even.

These constructions demonstrate how the identity category of gender can impact on an individual. In the first extract Jackie states that she views gender as a defining factor that she would take into consideration when she is making a diagnosis. This illustrates an association between professional therapeutic practice and CBT's emphasis on the role that external environmental factors can have on a individual.

In the second account this is further highlighted when she states factors that need to be considered and acknowledged, such as the client's family and work life, their social, environmental contexts. In this extract Jackie states that she would ask the client such questions about their social/environmental contexts. By doing this she is positioning

herself in a CBT discourse that is centered around the phenomenological approach of obtaining client input.

Context for the following extract: The following extract is in reply to the first question mentioned at the beginning of this section.

Heather: - - - The ideal is initially to do a individual conceptualization and in order to do that you have consider the person as an individual and being a woman is going to be important in that. So you are understanding some kind of belief structures they would hold. Um you need to understand how they have developed, you know because they are female, like certain beliefs are more prominent in females. For example that you should be very nice, not get angry, um that you should please other people, um I, I guess ideas around control. I think they are very specific. So I guess you are considering that all the time, the kinds of views that woman may have put on them from our society and the expectations. So yes, right at the outset I think you are considering that.

Heather's account is similar to Jackie's, as Heather also states that she would take external factors into consideration. The significant effect of this account is that it constructs and highlights factors regarding how the gender constructs of society can impact internally on an individual in the form of belief structures an individual can internalize. This can be beneficial for women clients, as it does not focus on notions of innate gender characteristics.

Feminist poststructuralist themes in regard to subjectivity and available subject positions and the discourses that construct various subject positions are compatible with this account. The use of a feminist poststructuralist framework allows us to theorize how the discourses that construct notions of femininity and other gender constructs can affect the subjectivities and experiences of individual women clients.

Context for the following extracts: I have asked what type of disorders women clients seem to present with, or are diagnosed with.

Fiona: *I guess I consciously take account of it, but I don't consciously think of this is a woman therefore there is going to be these issues. Um but certainly um there will be some issues that will differ for women than men, yeah.*

Caroline: *-- Here we see a lot of middle class woman and most of them Pakeha -- tend to present with anxiety and depression. -- More women come in with panic disorders -- second might be depression.*

Asmita: *So do you think that's because of sex role socialization factors, you know being female, being treated differently by parents, by society in general?*

Caroline: *I would say, yeah.*

The first extract appears to construct the category of gender, or more specifically being female, as being an occasional differentiating principle. Fiona's account appears to have two slightly different functions. Firstly she acknowledges that she does take a client's gender into account, though asserting that a client's experience of gender may not affect them psychologically in particular ways. She then goes on to acknowledge that there may be a gendering of issues. This acknowledgement of how gender can act as a differentiating principle implies that women experience things differently from men.

Fiona also states that if she does have a women client that she is not going to automatically assume that specific issues will exist for that client because of their gender. This suggests that the participant does not have existing preconceptions associated with gender.

In regard to Caroline's first account, she states that the majority of women clients at the place she works at are diagnosed with anxiety disorders and depression. Current psycho-

logical literature reinforces this gender difference in the diagnosis of both depression and anxiety disorders (Ussher, 1991, Chesler, 1997).

In regard to Caroline's second account, I have asked her if she thinks that gender roles and socialization practices may have something to do with these presentations in women clients. Caroline places herself within a CBT discourse when she agrees that socialization/ societal factors have contributed to women clients presenting with such disorders.

CBT discourse on etiology, in the form of research material, has established a relationship between certain women's cognitions and behaviours and their socialization practices and the diagnosis of certain disorders, such as depression, anxiety and personality disorders.

Asmita: Looking at specific disorders perhaps like depression or anxiety, that's been kind of more persistent in women. -- More diagnosed. So do you think their gender has something to do with that or they way they have been treated?

Sarah: - - - - Currently sort of in the early 2000's its as true as it was, cause I think that particularly in countries like New Zealand, the , the role of woman in society hasn't changed a hell of a lot. - Perhaps mental health statistics still reflect that differences between men and women. - - - Perhaps men present less to their G.P's so they present less to - - health professionals. - - Women are more able to to talk - - feel more comfortable talking about their health. They also feel more comfortable talking about their health, they also feel more comfortable about talking about their mental health, than men.

This construction draws on discourse about the social effects of societal gender constructions. In reference to my question about more women being diagnosed with depression and anxiety which the mental health research literature reflects (see chapter one), Sarah agreed. With the construction of her account also focusing on external, environmental factors, she mentions the role of women in society. Sarah also stated that

men present less to both their G.P and mental health professionals. She constructs women as being more comfortable and able to talk to both their G.P's and mental health professional about psychological issues.

While most mainstream psychological literature would agree with Sarah's claims, a critical feminist poststructuralist framework would look at subject positions available to women, which affect how women are positioned in psychological discourses. As previously mentioned Ussher (1991) argues that women are positioned in psychological discourses as mad, while men who present with similar symptoms tend to be labeled as bad and positioned within a criminal discourse.

Asmita: With you own female clients do you think that perhaps early childhood factors or their current situation as wives and mothers has anything to do with their presenting symptoms, or their role in the family?

Sarah: Um certainly - - absolutely - - we also see quite a lot of um - women with postnatal depression and I think um some of the factors like isolation in suburbia with the young baby. These kind of things have huge impact on the mental health of young women. - - I would certainly see these kind of factors having an impact on women, sexual abuse is another.

This extract constructs an association between a woman's social role experiences and the environmental situational context and the etiology of certain psychological disorders/states. In reply to my question, Sarah does agree that gender roles have contributed to some of her women clients' distress. Thus this account constructs an association between women clients, psychological disorders and the roles and experiences associated with being female. This account can be positioned within a CBT discourse on

etiology, as it focuses on the external environmental factors and the role they play in causation.

Asmita: Back to your own female clients, do you think, you know if their presenting sym, problems had to do with their gender roles and experiences?

Kerry: Absolutely, well I think that's part of what was happening for them. I think that for a lot of women that I've seen, particularly women who are solo parents with um young children. Are really impacted on by the fact that they're got poor economic situations, um you know not a lot of support for many of them, so yeah definitely.

Kerry talks about actual situations that her clients have been in. She constructs an account that details the social origin of psychological distress on certain women, highlighting the case of being in a low socioeconomic group and thus lacking resources, social support networks and so affecting women's mental health.

This account is also constructed to draw attention to the external environmental factors that can contribute to women clients' psychological problems. There is no mention of how such issues are dealt with in the long term. This is similar to other participants accounts, where they are constructed to acknowledge external environmental situational factors and experiences associated with gender, ethnicity and socioeconomic differences. As Kidder & Fine (1997) and Potter & Wetherell (1987, 1994) have argued that participants accounts are affected and constructed by the questions researchers ask however I have not raised the issue of how the participants work with such clients in therapy at this stage in the interview process. This is dealt with in Chapter Eight.

Asmita: As a CBT therapist, using a CBT framework how is the identity category of gender viewed in regard to women clients presenting problems?

Gail: I -- draw on other areas and other. There's -- the sort of teaching or learning that the client has from within society, at schools, in various social contexts, um television, the media and so they get messages about women, gender or men (laugh). -- Um the messages about what they can and can't do and so on.

Asmita: And like a lot of the personality disorders are quite gendered and so you talk about that with your clients?

Gail: -- Yes we do because when I'm teaching clients a way of analyzing their own experiences that would always come into it, the social influences on their behaviour, yes, yes I do.

The most significant effect of the first account is the emphasis on social factors and their role in influencing an individual's thoughts and actions. Gail constructs an account which places an emphasis on social environmental influences such as the media and the school system, which provides women (and men) with certain messages about the way women should be, what they can and cannot do. Gail equates this to a form of societal learning and teaching.

The second extract conveys a degree of consistency in Gail's outlook and professional behaviour/practice. She constructs an account in which she states that she does teach her women clients how to examine the social factors that influence and impact on their behaviour. In this sense she is also positioned in a CBT discourse regarding client education, in which the therapist provides the client with information about their present condition. The construction of this process of looking at environmental factors and moving blame and focus away from individual internal factors onto external environmental factors conforms to CBT aims.

This section has analysed extracts that have discussed how a CBT framework deals with the identity category of gender in regard to etiology and diagnosis.

Socioeconomic Status (SES) and Assessment

This section examines participants accounts with regard to how CBT deals with the issue of SES influences on an individual's psychological functioning.

Asmita: Do you think CBT is a middle class psychotherapy?

Leonie: Um I do, absolutely.

Asmita: Why do you think its middle class?

Leonie: I don't think its specifically for middle class but I think that it is predominantly used by, within the middle class system. Because its about access to service. Access issue - - the reason its still being used by the majority of, by middle class - people is that they are more likely to access the service. Access is the main thing. How to actually get there in physical terms, transportation, timing - - - fitting the time in with their commitment, work, children um referral. The referers are most likely to be White middle class again. - - - The White middle class person is going to be assessing a minority group person and they are the ones that make the judgment call as to what the problem is.

Leonie agrees that CBT is a middle class psychotherapy. According to Kantrowitz & Ballou (1992) CBT is a middle class psychotherapy because of its origins, aims, general design and philosophy. Leonie's account functions to justify the use of CBT by individuals from all socioeconomic groups, even though it is a middle class psychotherapy.

Leonie highlights the issue of access to free mental health services, by raising the practical issues that can impede on an individual accessing such services, such as transportation and time constraints. The construction of this account suggests that one reason why

individuals in higher socioeconomic groups are more likely to access the service is because they do not have to deal with such basic issues.

Leonie also draws on the issue of referral to construct an explanation concerning the differences in accessing mental health services between different socioeconomic groups.

The latter part of the extract highlights the issue of referral and the fact that most referrer's are usually White and fall within a middle socioeconomic group.

This point draws an association with the first research aim regarding the fact that CBT is based on a Western middle class male perspective. Thus when individuals from different ethnic groups, lower socioeconomic and certain groups of women are treated within a CBT framework their identity categories may not be adequately acknowledged or understood within this model.

Asmita: To SES, are the majority of clients you see from middle socioeconomic backgrounds?

Sarah: I don't think that many of the people that we see are middle class professional people. I think there is a range and that we see a lot of people who are beneficiaries, um because its a free service.

Sarah's account varies from Leonie account's about people from low socioeconomic groups having less access to government funded mental health services. There can be several reasons for this variation. Firstly Leonie and Sarah work in different cities alongside different referral agencies, though the construction of Sarah's account is centered around the fact that she works in a government funded free service. She is more likely to see beneficiaries and people of low economic groups, because such people

would be referred to such funded services. Individuals from middle and high socioeconomic groups can afford to see practitioners who work in private practice. The effect of this construction suggests that government funded mental health services are designed to ensure that individuals from low socioeconomic groups have access to such services.

Context for the following extract: I have stated that the founders of CBT are White Western males and that CBT is geared toward people from middle socioeconomic groups because a match exists between their beliefs and experiences and the organization of CBT.

Santi: CBT does have origins in White male America - it does provide a really good basis. I don't think CBT is the be all and end all. Like its a basis I work from and I think its a sound one.

This account appears to have the function of constructing CBT as a beneficial psychotherapy. Santi states that it is founded on a Western male perspective, she then goes on to justify its benefits in light of this. Santi's account shows consistency to her earlier account where she talked about a CBT framework being able to integrate the identity categories.

Santi goes on to qualify that she thinks that CBT offers a sound base (framework). By making this assertion she can be viewed as positioning herself within the CBT scientist practitioner discourse. CBT's emphasis of incorporating a scientist practitioner model has contributed to its construction as a psychotherapy that is empirically validated and hence able to provide practitioners with a sound base to work from.

Context for the following extract: I mention assessment techniques and a cross cultural context.

Santi: There is bias in assessment, umm, umm, absolutely that's why I don't take them as gospel. Like I write in my reports, I'll always state the limitations of them in terms of what they are normed on and that needs to be taken into account.

The point expressed in this account about bias existing in CBT assessment procedures shows some variation from Santi's earlier accounts. For example, in her previous account she stated that a CBT framework provides her with a sound basis from which she can work. This account highlights bias that exists in the assessment process (measures) used within CBT, because such measures are not normed on ethnic minority populations.

Asmita: Do you think a person's socioeconomic status affects them psychologically?

Kerry: Yeah - - - Not having lots of support - - if you go below a certain amount where you know you mean poverty and then its absolutely always a factor you know. I think that not having enough to get buy on means that you don't have the same ability to do what you want.

Asmita: So if you had a client like that and they were presenting with depression would you relate their depression, the etiology of the depression to their socio-economic status.?

Kerry: - - I would relate it to actually things that were happening. You - - - you know you're not on the phone, so what does that mean?. Well it means that at night when people throw things at your window you can't even ring the cops. - - So you would relate their responses to the actual reality of living without some of the things that you need. - - Talking about their responses,, are absolutely normal considering the circumstances they have to live.

In the first extract Kerry constructs an account of how SES can affect a client's psychological functioning by discussing how an individual with low SES has a lack of resources. The second account highlights actual experiences and realities that someone in

a low SES group has to encounter. The significant effect of this account is that it constructs an association between low SES and the psychological factors associated with that.

Asmita: Do you think the CBT model takes SES differences into account and having or not having resources?

Caroline: I haven't thought about that somehow. Its not drummed into us as much now, I mean culture now underlies everything that we learn, thank God. Over at the university it, its in everything but SES isn't, gender is um yeah. - - - But its true that you know other social groups aren't going to have the same resources in terms of support and I don't think CBT acknowledges that well.

This extract clearly constructs issues of SES, as being downplayed or exempt in regard to the training and education of student psychologists. If it is exempt or not focused on at this level of training, it then makes it difficult for most practitioners to acknowledge it or to look for it in relation to etiology, maintenance, diagnosis and treatment issues.

The second significant effect of this account is that it allows Caroline to draw attention to how the issue of ethnicity is dealt with at the training/education level of student psychologists. Caroline's account regarding ethnicity and CBT training procedures varies from accounts by Kerry and Jackie. Perhaps this is because Caroline has only recently been through the training process and as other participants have stated in their accounts, CBT is beginning to acknowledge such factors more now than it has done in the past.

Asmita: Do you think that the CBT framework takes SES factors into consideration in regard to women clients presenting problems.

Nicki: Um I think the model doesn't always deal well with people of low SES

because it assumes certain things. - - - Well it assumes a lot of things, it assumes ability to think, to read logically - - - read and write - certain level of education and facility with language. So I mean I think it suits better for middle class - - well it suits better for people who are used to education - - are used to having homework and who believe in structured things. - - Which does go a bit better with the middle class kind of way of looking at things.

The significant function of this account is that it draws an association between SES and educational attainment. The account justifies a construction of CBT as middle class by drawing attention to aspects of CBT which require individuals to have reached a certain level of scholastic ability. This construction highlights a match between middle class clients' experiences, expectations and world views and the organization and origins of CBT. This has been previously argued by other practitioners and researchers in CBT such as Kantrowitz & Ballou, (1992), Fodor, (1996), Hays, (1995) and Marshall & Turnball, (1996).

Asmita: Do you think that the CBT framework takes SES factors into consideration in regard to women clients presenting problems.

Fiona: Not that I have ever seen (laugh). - - - We have to acknowledge is, that unless you work with it very simply, its very good for reasonably educated people - - and yet pure behaviour training works with people who are intellectually handicapped. So the cognitive capacity does require that people have some capacity for um abstract thinking. So I don't think SES group makes a difference but your ability to think in abstracts does.

The first part of Fiona's account draws an association between SES factors and educational attainment. Her account is then constructed to make a distinction between SES and educational attainment, as she states that a client's socioeconomic grouping should not affect their cognitive ability. Fiona constructs an account in which it is

suggested that a client's cognitive ability will affect their experience of CBT, so that if a client can think abstractly they should be able to benefit from CBT. Fiona appears to justify her construction by using an example of how behaviour therapy applied at a basic level can be beneficial with intellectually disabled individuals.

From one perspective, this construction can be beneficial for all clients regardless of their SES, because it does not imply that SES affects a client's cognitive processing abilities. Though on the other hand, as Nicki and other participants and researchers including Marshall & Turnball (1996), Fodor (1996) and Kantrowitz & Ballou (1992) have argued, CBT is not always beneficial with clients from lower socioeconomic groups. Fiona does not construct SES as relating to resources as other participants have.

Context for the following extract: Santi has been asked the same question as Fiona.

Santi: - - - So in terms of educational attainment there are other things you can do with CBT. Like I think for some of my clients I wouldn't have such a cognitively focused treatment. I would do something that was more behavioural um more role playing, more getting the client to go out and practice some kind of behaviour in their everyday life.

Santi also constructs a relationship between SES, educational attainment and a client's cognitive processing ability. The construction of this account can be read to imply that a client from a low SES background is more likely to also have low educational attainment. This implies that they are less likely to do well at cognitively oriented tasks. The account constructs a behavioural emphasis as being more beneficial for this type of client.

Santi qualifies this by stating that such tasks can be undertaken within the client's daily

life.

This extract is consistent with Santi's earlier accounts, where she talks about a CBT framework being able to incorporate aspects of the three identity categories, which allow a therapist to assess for how gender, ethnicity and SES factors are impacting on a client.

Summary

The assessment discourse involved patterns of talk which functioned to justify CBT with regard to its use with ethnic minority clients, women and individuals from low socioeconomic groups. In regard to the issue of participant/practitioner positioning, several extracts illustrated an association between the participant's account and a CBT discourse. This was especially evident in the case of accounts around ethnicity and gender in which participants positioned themselves in available CBT discourses concerning the actions they would undertake with such clients. There was also a strong emphasis on the social environmental influences that can affect an individual's psychological functioning. Overall the assessment discourse was used to construct CBT as a beneficial psychotherapy in regard to the three identity categories, because individual client issues/factors concerning ethnicity, gender and socioeconomic status (SES) can be incorporated and integrated into existing CBT assessment frameworks.

ANALYSIS: THE INDIVIDUAL PRACTITIONER DISCOURSE

This chapter will examine accounts which are centered on and around an individual practitioner discourse. Using this discourse participants have constructed accounts arguing that it is up to the individual therapist to take into consideration how the three identity categories of gender, ethnicity and socioeconomic status (SES) can affect an individual client's psychological functioning. This chapter also includes an examination of extracts which detail participants' accounts concerning their own experiences of the identity categories, how they were taught/educated about CBT, and how this has affected their own professional practice with their clients.

The following extracts illustrate how participants have constructed an individual practitioner discourse.

Context for the following extract: Santi has just mentioned bias in CBT assessment processes.

Asmita: So do you think that there are some therapists that sort of gloss over that. That they don't even recognize those differences and its just one model fits everyone, one model for all?

Santi: I'd say most people trained in CBT would recognize that and would incorporate into their assessment and treatment. - - - I'd say most of our treatments are based on um validated research. Validated treatment protocols which don't explicitly talk about gender and culture okay, but they can be incorporated and I think that's the whole basis of CBT. It doesn't explicitly state gender, culture, SES in terms of factors you need to assess for, but it allows them to be incorporated in. It doesn't reduce the effectiveness from it, in fact I think it enhances it if you do incorporate those variables and it is up to the individual therapist to do that and I would say most trained practitioners do or I'd hope they

do anyway.

This account constructs CBT as an effective psychotherapy to use with clients who are from ethnic minority groups, women or from low socioeconomic groups. Santi draws on the idea that therapist awareness and incorporation of sociocultural factors as well as CBT's scientific validation, combine to make CBT a beneficial psychotherapy.

In the first part of the account Santi states that psychologists trained in CBT would both recognise and incorporate the three identity categories into their assessment and treatment of a client. Santi further advocates CBT's use with such clients, and positions herself in a CBT discourse, by drawing on the five part model discourse to highlight that CBT has scientifically validated treatment processes. This construction functions to justify CBT's assessment procedures, even though she claims that such procedures do not explicitly state how gender, ethnicity and SES factors can affect etiology, assessment and treatment. Santi then qualifies this by stating that the three identity categories can be incorporated in a CBT framework, which she argues enhances CBT's effectiveness. The final section of the extract places responsibility on the individual therapist to incorporate these sociocultural factors into their treatment of a client.

Context for the following extract: Jackie and I have been talking about how CBT assessment procedures take the three identity categories into account. At the end of this exchange I ask her if she thinks its up to the individual therapist.

Jackie: Yeah, yeah, um very much up to individual therapist's. I think its very much about the hands in which the model is used.

The individual practitioner discourse is evident in this account. The significant function of this account appears to be the construction of the idea that the final responsibility for acknowledging and incorporating the three identity categories, lies with each therapist.

The individual practitioner discourse is constructed in a way that places sole responsibility on the practice of each therapist. This construction functions to assert that each therapist needs to have some knowledge regarding how gender, ethnicity and SES factors can affect a client's psychological functioning, thus to know how to assess for such factors.

Context for the following extract: I have asked Nicki if the assessment processes that are used in CBT consider how gender, ethnicity SES factors can affect an individual's psychological functioning.

Nicki: Um I don't think it takes it into account overtly, no and I think its up to each therapist to um - to take into account and its what you're listening for. - - If you don't have it in your head that something can be problematic or can be an issue then you are not going to hear it, even necessarily with a client. - - so I think there is an awareness issue um yeah, you need to be aware.

The individual practitioner discourse is used here by Nicki to construct each therapist as needing to be aware of how gender, ethnicity and SES factors can affect their client, because CBT assessment procedures do not directly focus on these three identity categories. Nicki constructs an account of an awareness issue around the argument that a therapist needs to be aware of certain issues or problems that can specifically affect their client in some way. This is evident when she states that the therapist needs to have some awareness/knowledge, because even when the client mentions something without this awareness or understanding the therapist cannot understand how such issues or problems affect their client. Thus they cannot examine or deal any further with such issues. The

effect of this construction is again to place responsibility on the individual therapist.

According to Nicki's account CBT will be beneficial for clients when therapists are made aware of the importance of gender, ethnicity and SES. Unless there are other changes to the model this suggests that gender, ethnicity and SES issues ought to be incorporated into training.

Context for the following extracts: We have been talking about racism and Nicki has used an example of a Maori client in her account and how she would look at environmental factors concerning ethnicity. I have just asked her how she would discuss with the client the environmental factors that are causing their distress.

Nicki: Affect of colonisation on Maori.

Asmita: Some therapists would take that into account more than others?

Nicki: Absolutely, absolutely, yeah but in any model of therapy I think that's true and therapists can be dangerous in that way.

The above extract shows consistency in Nicki's account regarding the individual practitioner discourse and her earlier account. Here Nicki mentions the effect of colonisation on Maori as something that a therapist would need to be aware of. This can be tied back to her construction of an awareness issue. In regard to Maori clients, a therapist would need to be aware of colonisation issues, acculturation, deculturation and assimilation factors and how they can impact on a client's psychological functioning.

Nicki's second account functions to support the individual practitioner discourse as it constructs the idea that each therapist is responsible for taking sociocultural factors into account. The idea of a therapist being dangerous, engaging in culturally unsafe practice, is

illustrated in this account. The concept of 'dangerous' in this account is connected to therapists not taking sociocultural factors into account in their work with certain groups of clients.

Asmita: So do you think that its up individual therapists how they sort of use the model (assessment models).

Kerry: - - When it comes down to the bottom line it is individual therapists that need to develop those perspectives for working with people. - - But I think personally its a responsibility of the people who develop the therapy and write about it to have to incorporated those perspectives so that's its not ignored.

The construction of this account appears to have two functions. The first function can be tied back to the qualification of responsibility for integrating sociocultural factors onto the individual therapist. The second function appears to be a shift in responsibility of this awareness and integration, with responsibility being placed on researchers and writers as well as CBT practitioners.

The individual practitioner discourse is evident in the first part of the extract. This construction functions to place responsibility of awareness and integration with individual therapists. Kerry's account then introduces an argument that functions to shift responsibility onto the developers and researchers of CBT. This construction implies that researchers who contribute to the scientist practitioner model ought to take more responsibility for acknowledging the effect that the identity categories of gender, ethnicity and SES can have on clients.

Context for the following extract: Santi is talking about biases that exist in the CBT assessment process.

Santi - - - They are not normed on New Zealand populations or ethnic minorities, that sort of thing. Um but CBT does come from a White male perspective but again I do think it can incorporate those categories very well if the individual therapist chooses to focus on them, you know.

Santi begins her account by highlighting factors that may contribute to CBT being ineffective with certain groups of clients. She then goes on to qualify why CBT can be a beneficial psychotherapy with such clients, with her argument centered around the individual practitioner discourse.

This account is consistent with Santi's previous accounts, in which she focuses on the issue of incorporation. She constructs CBT as being a beneficial psychotherapy, because the effects that a client's gender, ethnicity and, or SES have on them can be incorporated into the therapy framework. In this account the individual practitioner discourse is constructed around the argument of incorporation, practitioner practice and autonomy. In this extract the individual practitioner discourse is used to argue that through their autonomy, individual therapists can still work well with clients who are ethnic minorities, women and, or from low socioeconomic groups.

Asmita: Do you think CBT deals quite well with ethnicity?

Gail: Um probably - - - in a general sense, in a similar way, but not specific. No that would be up to the therapist I think to bring their own - - - in terms of knowledge, - - - the influence of environmental. Probably it talks about it, talks about process rather than content. - - - The therapist would have to have their own knowledge or go and get knowledge if they don't have it.

In this account it appears that Gail is drawing on the scientist practitioner discourse as she states that if a therapist does not have knowledge regarding ethnicity issues they need to obtain it. This account also constructs individual therapists as being responsible for having or obtaining knowledge concerning how the identity category of ethnicity can effect their clients. This account differs from Kerry's account which attributes some responsibility to those who develop the CBT framework.

Gail's account suggests that the CBT framework is not adequately equipped (process over content) to have certain issues such as ethnicity underlying its basic framework. Gail's distinction between process and content (global framework over specific content) supports the idea of individual practitioner responsibility, as she asserts that each therapist would need this content specific information when dealing with ethnic minority clients. Gail's extract shows consistency with the accounts of other participants which were analysed in the previous chapter, as she talks about the CBT framework acknowledging the role that environmental factors can have on a client.

Asmita: So you take gender influences into account?

Gail: Yes I do.

Asmita: And do you think its pretty much up to the individual therapist?

Gail: I would imagine it probably varies quite a lot. I'm not familiar with any literature with cognitive um - models that really address gender issues specifically. But that doesn't mean that its not there (laugh). I think that it would probably, definitely vary among individual therapists.

Both the individual practitioner discourse and the scientist practitioner discourse are evident in this account. Gail agrees to my question that it is up to the individual therapist to beware of how the identity category of gender can affect their clients. For example, Gail states that acknowledging gender differences would vary among therapists. This assertion functions to place responsibility on the individual therapist in regard to them obtaining literature on gender issues.

Gail can be seen as drawing on the scientist practitioner discourse when she mentions that she has not come across any literature within CBT that specifically acknowledges gender issues. Within a CBT framework, therapists are expected to base their practice on a scientist practitioner model, which consists of validated research protocols (Marshall and Turnbull, 1996).

Asmita: Do you think that a CBT framework takes gender into consideration or do you think that its up to the individual therapist?

Heather: - - Well I hope not, I would (laugh) ,I think mean I would hope that in general all therapists no matter what. Whether you are CBT or a psychodynamic, psychoanalytic therapist. that you would be taking into account the view that if the client is a woman, why they might have you know, presents the way they do. I mean otherwise I don't think you can properly understand the presentation. So I, yeah, yeah I'd like to think it isn't exceptional. I don't know, I guess particularly um other than the people I, interns I might work with or supervision I do with CBT therapists. I think they will take it into account.

In this account the individual practitioner discourse moves away from a focus on individual CBT therapists, to a focus on all types of therapists. This account's construction implies that CBT therapists do take gender issues into account where

women clients are concerned. For example Heather states that no matter whether the therapist is a CBT therapist or some other kind of therapist, that they would take such factors into consideration. Heather's assertion that she hopes that this viewpoint is not just exceptional to the practice of CBT can function to imply that all CBT therapists acknowledge and assess for how the identity categories of gender can affect their women clients.

Heather's account constructs all types of therapists as being responsible for acknowledging and considering how gender affects women clients presentations. By moving outside CBT to a focus on all therapies, Heather avoids the issue of the CBT framework being responsible for taking sociocultural factors into account.

Context for the following extract: I have asked Caroline if she thinks that CBT in regard to issues around gender takes socialisation, environmental factors into account as affecting women clients presenting problems. Like in the case of the gendering of specific personality disorders.

Caroline: I'd like to think it does. I think a person who is aware can use CBT as a good tool for. Now days I would say um it acknowledges it more than it used to. Yeah, probably not enough, but it does kind of say that it is society level. - Many you know problems have their origins in society.

The construction of this account functions to assert that a CBT framework acknowledges the effect that external environmental factors can have on a client. Caroline qualifies this construction by comparing CBT's present framework with the past, which can imply that the affects of sociocultural factors on a client's presentation were less acknowledged or considered within earlier models.

The individual practitioner discourse is also evident in this account as Caroline talks about a therapist who is aware of the effects of environmental factors, being able to use CBT to benefit their clients.

This section has analysed extracts in which participants constructed accounts arguing that it is the responsibility of each therapist to both acknowledge and understand how the three identity categories of gender, ethnicity and SES can affect their client's psychological functioning.

The Practitioners

The following extracts consist of accounts that describe the participants own experiences, and views of the identity categories in their practice which may be seen as affecting how they view such issues. As Potter & Wetherell (1987) have argued, the reader has to keep in mind that this form of discursive analysis does not view accounts as expressing a fixed attitude or point of view and that analysis of accounts is not to determine if the accounts are correct or not. The rationale behind adding these accounts, is that this chapter focuses on extracts that are centered around the construction of an individual practitioner discourse, in which the general argument seems to be that it is the responsibility of each therapist to acknowledge and have some idea of how the identity categories of gender, ethnicity and SES can affect their clients psychological functioning and general experiences of the social world. Therefore, how these participants construct their own individual experience is relevant.

Context for the following extracts: We are talking about cognitive restructuring and how some critiques argue that it is a simplistic notion because it does nothing to change external environmental factors of racism, sexism and poverty that will still continue to exist after an individual changes their attitude on such matters.

Santi: Like I experienced a lot of racism myself when I was growing up. A lot of racism and I know what that is like.

Asmita: So do you use self disclosure with you own clients?

Santi: Yeah to an extent, I don't pour out my heart to my clients.

Asmita: And do you think that helps them?

Santi: It does.

In this extract the individual practitioner discourse is constructed from a different angle as the participant mentions her own experience of racism and how some degree of self disclosure concerning this appears to aid the therapy process with clients that have such issues and experiences.

The effect of this account can suggest that because this therapist has experienced racism first hand, she may be more aware of how such experiences can affect her clients.

Santi can be positioned as a therapist who is aware of such issues within the individual practitioner discourse, because of her own experiences.

Context for the following extract: We have been talking about ethnicity and I ask Fiona if she thinks that CBT takes this factor into account.

Fiona: - - - I can't as a White European, a descendant woman who doesn't, who, whose not a native of New Zealand anyway. Um I can't possibly design things for another ethnic group. I have no concept of what that could be like. I can't get inside another ethnic groups mind set. The way they think, the way they feel. I can't

do that - - - other than be sensitive to the fact that its different from me.

The construction of this account can be viewed as having two different effects. The construction of the first part of the account directs attention to the fact that the participant's membership of the dominant ethnic group makes it difficult for her to know how clients from other ethnic groups think and feel because of different world views and experiences. Fiona also talks about this difference affecting her ability to design 'things' for other groups. This can be implied as designing specific measures or therapies.

The second effect is centered around a construction of a 'difference', in which all other ethnic groups are constructed as being different from the participant's own group, in the way they think, their general world views and emotional states. Espin & Gawelek (1992) have argued that the discipline of psychology has studied and constructed Black Americans as being different from their White counterparts. The concept of 'difference' has generally being constructed as being a deficiency, something that needs to be changed or corrected. Otherwise it may be constructed as something that cannot be changed because it is innate. Within the context of the above extract, many complex issues such as stereotyping, assimilation as well as acculturation and deculturation factors need to be considered and examined.

Context for the following extract: We have been talking about the issue of ethnicity and assessment procedures used in CBT and if such procedures take it into account in regard to etiology and diagnosis.

Caroline: Can do yeah, can do I think, - - - yeah if you are aware. If you're being made aware by um people not in your particular ethnic group, that you know that

assumptions are being made. -- But a few years ago when training was new to country, I think then there was a more Western model without some acknowledgment that cultural ideas should be considered. But I think somebody now can take the model and use it, apply it - um with that in mind. With being able to be aware that um what's appropriate, what's not appropriate and being able to ask.

This construction functions to demonstrate that CBT is a beneficial psychotherapy to use with ethnic minority clients when a therapist is aware of how cultural factors can affect their clients. Caroline compares how the identity category of ethnicity has been treated in past CBT models, with the effect being that a present CBT framework acknowledges the role that ethnicity can have on clients. This claim can be tied back to the individual practitioner discourse, as Caroline states that when a therapist is aware of such factors they can incorporate them into the model.

Asmita: You come from a feminist background don't you?

Kerry: Yeah . . . main issue in terms of feminism is about power and differences in power and impact of having low levels of power in the world. In terms of relationships and ability to get what you want and have - in life.

Asmita: So did you get that (feminist background/orientation) from your training, did you do a paper?

Kerry: No I never did any paper, the training course that I, I had, we had homophobic lecturers. --- So I certainly didn't get it in my training. -- It was the women, the people that I associated with when I first started working. --- People who have a social political perspective -- That's the kind of people I've worked with have that perspective mostly.

Asmita: Okay - because your own background sort of impacts on you as a therapist and what you do and you know. Other therapists may not have, share your perspective.

Kerry: So yeah it depends on what you think. I would do if I think this is what generally happens, is that people work with people to help them to cope with their circumstances rather than change their circumstances.

In the above accounts Kerry can be seen as being positioned in the individual practitioner discourse in relation to how she constructs her own world views and professional practice. This discourse enables her to talk about her feminist orientation and what that means to her and how it can affect her own individual work with her clients.

In the last account, in reference to my question, she states that one's background/belief system can affect how one practices. The construction of this last sentence can imply that therapists who do not have a specific sociopolitical stance or a certain knowledge of how issues surrounding factors like gender, ethnicity and SES can affect their clients, generally work with clients with the aim to help them cope, not change the social circumstances that have caused their distress. Kerry's account also highlights that the training process she went through did not provide her with a sociopolitical stance. This account is related to the individual practitioner discourse, because it allows Kerry to talk about her own training and professional experiences that have contributed to her work with her clients.

Context for the following extract: I have asked Kerry if she thinks that CBT considers how the identity category of ethnicity can affect an individual's psychological functioning. Kerry goes on to talk about the lack of research/reference material concerning the issue of ethnicity in CBT.

Kerry: Just a few articles that have actually been written about addressing issues of minority groups and how you address that in work with CBT. However I think that, that the model actually lends itself quite well for people to take up. I don't think its been promoted strongly in terms of the people that are writing about it or talking about it, how you go about it. - - - develop biases, these biases tend to mean that we are more likely to develop things like stereotypes which are of course going to be a problem in terms of how we view individuals. Um and the fact that we are more likely to make assumptions. So as therapists I think its a real issue for us that we tend to come from our own perspective. The model comes from a White male Euro American, um male perspective that does come with a whole lot of

presumptions.

This account shows consistency with Kerry's earlier accounts concerning the need for developers, writers and researchers of CBT to do something at the level they work at, to ensure that issues surrounding gender, ethnicity and SES factors are acknowledged, researched and written about. Kerry raises the issue of biases and assumptions which can lead to stereotyping when therapists do not know how to assess for the three identity categories. This leads to her argument that therapists are influenced by their own perspectives and experiences. This construction can imply that a CBT framework consists of biases in regard to how it views the identity categories, because of its foundational basis.

Context for the following extract: We have just been talking about CBT's aim of obtaining a collaborative therapist client relationship as well as its aim of focusing on the individual client, individualised case conceptualizations.

Kerry: The individual focus that you tailor everything to the individual and those always bring advantages. But you know other models that are more explicit about it, like they make it specific the need to look at um particular environmental and relationship issues, - - places more emphasis on their model. Whereas CBT you know there isn't a kind of assumed need to do that, you have to make the judgment yourself and so it really depends on the social political stance of the therapist, whether they address those issues or not.

This account also demonstrates consistency in relation to Kerry's previous accounts. The main construction of this account is centered on the individual practitioner discourse, with the claim that it is up to the individual therapist to address and consider issues concerning how gender, ethnicity and SES factors can affect their clients. Kerry ties this argument back to the social political orientation of the therapist. The first part of this account is

also similar and consistent to both Kerry and the other participants earlier accounts in the assessment discourse chapter. It re-asserts that CBT assessment models do not explicitly state the identity categories of gender, ethnicity and SES as specific factors that need to be examined for, in their role in causation and maintenance.

Another effect of this account is that Kerry compares CBT to other psychotherapies. She talks about other forms of psychotherapies both acknowledging and examining the role that an individual's environment and experiences with people can have on them. This construction demonstrates variation from other participants' accounts and CBT theory, in which it is argued that CBT, as a result of its theoretical foundation acknowledges the role that environmental factors can have in negatively affecting a client.

Asmita: Do you bring you own sort of feminist perspective into therapy?

Nicki: Um yes I do and I, I couldn't have worked in a CT model if I couldn't have done that or didn't do that. Um because CT to me is a, is a technique its not a - truth about the world or something. - - I mean it is a truth that you know well, what you think affects what you feel, that's a truth but its, it doesn't have its own um philosophy or the. - Or, its technique to help people to do things and I think done well CT can be very empowering. So I like that about it. I think that fits with a political view of the world because you are not doing something mystical with people that they don't understand you know. You are giving people skills that they can take away and use themselves and apply to their lives and so. So you know that way its, its not conservative, its radical in a sense.

Nicki can be viewed as being positioned within the individual practitioner discourse by the type of question I have asked her, because this subject positioning focuses on her work with clients. Being positioned in this discourse enables her to construct an account of

herself as taking on and applying critical feminist and poststructuralist concepts and frameworks and integrating them into her work with her clients, as she talks about how this can be achieved with clients. She states that she could not have worked in a CBT model without being able to do this. This account constructs CBT as being able to be an empowering psychotherapy if it can empower clients in a conscious raising approach. Nicki's construction implies that CBT can be an empowering psychotherapy because of the emphasis on client education. The client is taught practical skills that they can use independently of the therapist, throughout their lives, and they are also provided with a rationale for why such skills can be helpful for them.

Context for the following extract: Nicki is still talking about her feminist perspective/orientation.

Nicki: But I don't think you get trained that way to be honest. --- I don't know about how other people trained but the training I had was certainly, was quite constrained. (CBT) it still has something to offer but I think one of the things is that the more that you, the further out you are from your training. I think you weave CT into other things and it would be very rarely that I would do a purely CT model anymore. -- You can still take what's useful, -- it has a wide use. -- I mean one of my critiques of CT would be that in general how its taught, its so based on research -- got be empirically based kind which is good on the one hand but it gives you such a restrictive model of how you do it because if you can, always got to stick to a protocol of therapy. That's like a research protocol, the work just isn't like that you know client's turn up with so many idiosyncratic ways of being and thinking.

The individual practitioner discourse in this account enables Nicki to construct CBT both critically and positively. In the critical sense she states that her training was limited and that the scientist practitioner emphasis can be constraining and not always helpful for therapists because each client presents differently and has different needs.

In the positive view, Nicki still constructs CBT as being a useful psychotherapy, as it has wide use and the therapist can take what is useful for their client from the framework. She also mentions she can integrate CBT with other psychotherapies or other frameworks like a feminist orientation.

This construction can be beneficial for a client. A critical framework can allow the therapist to examine how identity categories such as those of gender and ethnicity are socially constructed to benefit certain social groups, as well as how such constructions can affect their client's experience of the social world.

Summary

The individual practitioner discourse was organised around extracts that stated that it was up to each therapist to have both the background knowledge and ability to integrate or incorporate how factors associated with gender, ethnicity and SES can affect a client's psychological functioning and experiences of the social world. Also included in this chapter were extracts that illustrated how the participants were themselves affected by the identity categories in their practice. Analysis of these extracts illustrated how the participants in this study were themselves positioned in the individual practitioner discourse by the work of other discourses and their own experiences of the identity categories.

ANALYSIS: THE EMPOWERMENT ADVOCACY DISCOURSE

This chapter is centered around the analysis of accounts that construct CBT as a psychotherapy designed to facilitate client empowerment. Participants' accounts are constructed using discourses of advocacy. This chapter also examines accounts that deal with the issue of whether CBT is designed to promote individual change over social change.

The following two extracts introduce the concept of advocacy as client empowerment.

Context for the following extracts: In the following scenario you are a psychologist for a company or corporation and three different female employees come to see you separately complaining that they have been sexually harassed, what would you do in this situation.

Jackie: That's where I would probably switch to advocacy rather than therapy in my head and advocacy would mean helping them access um the appropriate kind of structures within the organization to make complaints and actively have the behaviour dealt with. Um I would probably see my role, probably just empowering and supporting them.

Kerry: -- Um I would look at the policy (laugh) and see what procedures are in the organization. Whether there is a policy, if anything has been set up, whether there are people who act as advocates for people in that position.

Jackie and Kerry's accounts are both constructed within an advocacy, empowerment discourse. This construction emphasises helping clients obtain information about how to make complaints. Clients are empowered by being supported through these processes.

The issue of client empowerment in these extracts is directed more at social, environmental factors than at client individual change. In these constructions it is implied

that the clients are made aware that they need to lodge complaints.

Gail: -- I would want to empower them, help them find who their supports are, like whether that's in their personal life --, perhaps within the organization. -- and I would be wanting to get things written down so that there's evidence that can be used if need be. Um yeah empower them to find out what resources there are and what sort of systems would be in the company that they could tap into.

Sarah: -- You need to be supporting those people to make the complaints to appropriate people. --- There would be in most corporations appropriate channels for those kind of complaints. --- They need empowerment to take the necessary steps so actually empowering that person to do that would be therapeutic. However you can't actually deal with that issue yourself you have to come and orientate that person to the appropriate channels to deal with that.

These two extracts construct aspects of client empowerment through a therapist's role in supporting the client to lodge a complaint. Constructions of support in the form of helping clients access information and resources that exist within the company to deal with the issue of harassment function to demonstrate that support is a form of empowerment. Support is equated with client empowerment.

Empowerment for the client is constructed as being the act of gaining information about how the company deals with the harassment and then acting on this information by making a complaint. In her account Sarah constructs client empowerment as being therapeutic. This can be related back to CBT's emphasis on providing clients with information about what choices or options are available for them to undertake.

Leonie: -- The suggestion would be to see a lawyer, um they might have a H.R., they might have a person on site that deals specifically with complaints. --- It would be more useful if - for them to access the resources available that - with that

issue employment laws, an employment lawyer would be first.

Santi: - - - I would in my report back to the manager, yeah strongly state that well you know there, the incidents of sexual harassment was high in the firm or what ever and that they need to do something about it and make recommendations clearly, yeah definitely.

Leonie's account draws attention to the external measures that can be undertaken by the client. She qualifies this assertion as being something that can be done as a final resort if the issue of harassment can not be dealt with within the company. This construction moves out of a therapy context as the therapist takes on more of a advocacy role.

Santi also constructs an account which is aimed at dealing with the social aspect of the situation. She states that she would make specific recommendations in her report to the management. This constructs an active role that a therapist can have in bringing about some degree or form of social, environmental change through their work.

Nicki: I can't just have a person and resolve the harassment kind of inside that person if the systems around aren't going to um, well they are then going to provide an invalidating environment for that person. So you know there may be some system issues there. So it would be psychological impact on the person, but then also um looking at what systems were, or advocate in terms of a systems way about the work environment. - - - You can still be harassed by one person and the environments supportive of that, or you can feel harassed in a way that the environment actually sees as normal.

Fiona: - - I would really want to look at the dynamics that's happening in this office. What would happen to those women if they took it any further. - - - I think you've got to also look at the environment in which its happening and if you have an environment that fosters that sort of behaviour then - its not really going to change the system. You would probably have to look at how you change the system rather than just the individual's behaviour.

The construction of these two accounts directs attention to the wider social environmental dynamics of the situation. These extracts highlight the point that individual client change is not going to resolve the situation. Some form of social environmental change also needs to occur. This can be seen when Nicki talks about an invalidating environment and Fiona talks about systems that are affected by the external work environment.

The construction of these two extracts directs attention to the concept that it is not simply enough for the therapist to empower the client through ensuring that they know which resources are available to help them resolve the issue. For example if the work environment and the cognitions and behaviours of the individual or people causing the harassment are not in some way changed or modified, individual client change will not fully address or resolve the issue.

Context for the following extract: The following extracts refer to the question I asked participants when I raised the issue there is only so much an individual can do themselves to change the racism and that larger social change is required. Modifying an individual's cognitions and beliefs is not going to solve the problem. Another person's or groups racist thinking and or actions are not addressed or dealt with in individual therapy.

Nicki: I agree, like I think that CBT is a very apolitical therapy in the way that its taught to people. - - - Sometimes when you are helping, like someone will come because they've got a problem they are stuck, they are not able to solve things in their way and if you can help that person to shift by doing the individual work, then they have a better chance to solve their environments and things like that where its possible, where there is an equal playing field and of course with race in this country there isn't.

Nicki has constructed an account that is centered around an empowerment discourse.

In her account, Nicki talks about a client entering therapy because they are not able to

solve their problems. She justifies CBT's emphasis on individual client change as being beneficial, with the emphasis that what the client has learnt within therapy can be carried over to other situations where the client can use such skills to solve other problems in their social environment. This account functions to justify CBT's current focus on individual client change.

Nicki raises the issue of race at the end of her account. Issues to do with race are constructed as been less able to be dealt with by the client. CBT is constructed as 'limited' where racism is involved. The final part of the account implies that issues of inequality arise because of ethnic differences. In her account, Nicki has replaced the word 'ethnicity' with that of 'race'.

Kerry: Its a social issue, so getting them to just adjust to having a view isn't helpful to them. - - - People have some choices - - one of the choices is that you can just get them to try and live with it and have a quite life and tolerate it and another one is social action - groups or getting together with other people who have the same experience. - - - You know what other people do you know who have the same experiences. - - - Different levels - - in terms of their political kind of awareness and - - I wouldn't necessary be coming straight out and saying you shouldn't be putting up with this, you should be joining this kind, this group and they will help. I wouldn't do that - - you have to kind of work with where they are at, just offer choices and options and ideas for possibilities.

Certain viewpoints that Kerry offers in this extract vary from her earlier constructions discussed in the previous chapter. Variation in her account can be seen when she states that an individual in such a situation has two choices, they can either live with it or they can join a social action group. In the previous chapter when discussing her feminist orientation she discussed the issue of power differences between groups of people and the

effects of having low levels of power in society. In this present extract she does not mention the differences in power and resources that exist between groups of individuals on the basis of factors such as gender and or ethnicity. These differences affect how much change a social action group can work toward creating. Emphasis on social action groups constructs them as a good source of empowerment for the client.

Sarah: - - - I would take steps to put them in touch with the appropriate community supports for that kind of thing. I mean racism, sexism is not something that is actually tolerated. I'm sure it happens in New Zealand but it, its illegal to discriminate against a person. - - I would recommend that they talk to the race relations conciliator in New Zealand, that could be one avenue. - - - It would have to be something that would need to be dealt outside therapy and I hope that I would be able to empower that person to kind of take the necessary kind of legal steps that they might need to get the support they need from the community. Its not directly a therapy issue.

The empowerment, advocacy discourse is used here to detail what steps a client can engage in at the social level to bring about some level of change. Sarah positions herself within the empowerment advocacy discourse when she states that she would help the client to make contact with outside support networks.

In this extract Sarah states that she does not view this as a therapeutic issue. In effect, this construction can imply that empowerment and advocacy are not direct therapeutic goals where certain issues are concerned, such as in the case of racism. Sarah does not construct the effects of racism as being a psychological issue. This extract largely constructs racism as a legal issue.

Heather: We'd look at I guess what's happening, what they make of that, whether it was acceptable or unacceptable behaviour, um on behalf of other people and what choices and options they have. - - They can complain legally through the courts, they can deal with this person on a one on one basis. - - - A firm or work situation - - - would work through an H.R.. If its something that's going on in your everyday life um and it wasn't something that could be resolved by a meeting with people, then yes, might go through the legal channels and deal with - - bring in someone who has expertise in racism, discrimination, as a consultant.

This extract illustrates how Heather is positioned in discourses of empowerment, specifically related to CBT. She begins her account by raising the issue of how the client views the behaviour of others, she then goes through a series of choices or options that may be available for the client to undertake and these range from talking to the individual causing the distress to taking legal action. This account is also constructed around a focus on change at the social level, as it is recognised as an interpersonal issue.

Caroline: I think um it might be mobilizing a person's resources in terms of helping the person to find other solutions rather than I mean cognitive challenging. - - - Help the person deal with the distress they are feeling um and then help the person to become more active in solving the problem themselves. So it wouldn't mean me butting in calling the social worker for their help, it would mean giving them the number or relaying the information for them.

In constructing this account Caroline is positioning herself in the CBT empowerment discourse. She talks about helping the client to become more active themselves in obtaining and using the resources that are available to them. The construction of this account functions to place responsibility on the client to do something, to bring about some form of change in their current situation. In the first part of this account Caroline constructs the strategy of cognitive restructuring as not helpful in this situation. Cognitive restructuring is designed to generate client change in the form of modification of

cognitions.

Santi: That's true we can't control for those factors in society, I can't control - - - I'd probably try to look at ways of measuring social supports as much as possible. - - Looking at ways that maybe they can join a society or a club or um some sort of activity where they get that social support and reinforcement, um from their own ethnic background as much as possible. - - - Trying to balance out the negative impact of racism with increasing the positives that they do have about themselves. - - - I can't change racism in society, hopefully work at bolstering that person's strength of their self esteem and belief in themselves.

The empowerment discourse is used here to construct an account where the emphasis on change seems to lie with the client. This account unlike previous accounts does not mention the use of specific agencies or services the individual can contact such as the courts. This account focuses on the issue of social support through interacting with other individuals from one's ethnic group, with the idea that this interaction can boost the client's self esteem and view of themselves. This suggestion can have the function of being more manageable as the individual may have easier access in their environment to individuals of the same ethnic orientation than to legal services.

Fiona: I guess I would say that this is this, and is what is and its being since time in the world and um there is always going to be race conflict while there are differences. - - I'm a White middle class woman, I don't have that same sort of difficulty in a White, a, a, a predominantly White. - I'm sensitive to other cultures because I'm also um a migrant. So I'm sensitive to the fact that I am White middle class but this is not my culture of origin, I'm Australian. Because I, um, and I guess because I'm Australian I get a lot of racist comments. - - - The individual can do to educate the people around them and some people are not educatable and that's a very tough issue.

Fiona's account does not appear to be centered around an empowerment discourse. She begins by stating that racism will exist as long as there are ethnic differences. She also

states that although she is a member of the dominant group she still experiences racism in the form of racist comments because she is not a Pakeha New Zealander. In this account, Fiona replaces the word 'ethnicity' with 'race'. She uses her experience to construct the argument that it is up to the client to educate the individuals who are causing them distress, and are ignorant of ethnic matters. The effect of this construction is that the aim and focus for change lies with the individual client.

This section analysed accounts that dealt with scenarios in which client distress resulted from interpersonal issues. Participants constructed accounts that focused on how to help clients obtain certain types of social resources.

Individual Focus and Change

This section analyses extracts that discuss whether CBT is more inclined to ensure individual client change over larger social change.

Asmita: Do you think that CBT is more about individual change over social change, with more emphasis on changing the individual.

Kerry: Yeah I know what you are saying - - in all the texts that I've seen the focus is very much on the individual and changing the individual. What I believe myself is that it should you know, like that always the best place to change things is in the environment you know. If kids are winging about the biscuits just before tea, then you don't spend your whole time trying to change their behaviour. - - I think if you can make environmental changes you should start there. - - Generally your focus is on individual's working to cope with their circumstances.

Kerry has constructed an account where the focus of CBT is very much on individual change. She justifies this assertion by stating that the CBT material in the form of

textbooks to which she has access, focus on how to change the individual. Kerry counters this construction with an account in which she states that the focus (or the first/main focus) should be on changing the environment not the individual. By constructing this claim, Kerry is resisting a position in mainstream CBT discourse because existing literature does not place an emphasis on working towards changing social environmental conditions. Kerry concludes the extract by stating that the focus is predominantly on teaching the client how to cope with the external circumstances that are causing them distress.

Gail: It is really yeah, yeah and that's not saying that social change doesn't need to happen and that I wouldn't be wanting that to happen.

Gail's account may be read for two different functions. She constructs both the possibility that CBT as it exists at present, with its emphasis on individual client change is not problematic. She also constructs the possibility that an emphasis on social change should also occur and that she would like that to happen.

Caroline: Right now yeah.

Asmita: And do you think its going to change?

Caroline: I hope so (laugh), I mean its already changed somewhat, its already made a big um shift. There's an awareness yeah, I think the university of (deleted) is actually quite good in terms of um making it compulsory (looking at cultural issues).

Caroline begins her account by agreeing that the focus of CBT seems to be on working on individual change as opposed to working toward making changes in the environment.

The second extract constructs CBT as having undergone a change in acknowledging the role that sociocultural factors may have on a client. Caroline talks about the university at which she studied postgraduate psychology as ensuring that the study of cultural issues is made compulsory. Caroline's account of CBT focusing now more on social environmental factors and their impact on the client is centered around a construction of awareness resulting largely from the role of how CBT is now taught.

Sarah: I definitely think its much more aimed at trying to manage the individual, the individual trying to manage themselves as best they can within the environment. - - - You have to as a therapist, you have to recognize that you can work with some problems you can't with all problems, you need to make that clear to the client which piece you are actually working with. - - I think it is quite an individual therapy - - - it doesn't tend to have a systems perspective. But I think again there's different kinds of cognitive therapists and I think that everybody kind of has a slightly different interpretation.

Sarah's account appears to have several different functions. Firstly Sarah contrasts CBT to another type of psychotherapy. This comparison constructs CBT as being a more individualised psychotherapy, that focuses fundamentally on the individual client and how they can learn to cope better within their environments. Sarah compares CBT to a systems perspective, highlighting that a CBT assessment framework may not consider or assess for other social, external factors in the client's environment.

Secondly, this account demonstrates consistency with Sarah's earlier account regarding her argument that certain issues such as racism are not therapy issues. In this account Sarah states that within therapy only certain issues can be worked with. This construction may be tied back to her earlier comparison between CBT and a systems perspective, with

this comparison functioning to demonstrate that CBT is not designed to acknowledge certain environmental factors that are external to the individual, (in another account she has mentioned that racism is not a therapy issue) as she has constructed CBT as a individualised therapy, which is aimed at managing the client.

In the final part of her account, Sarah positions herself within the individual practitioner discourse, by asserting that each therapist will have a different perspective or interpretation regarding a client's presentation. This construction implies that a therapist's knowledge about how gender, ethnicity and SES can impact on a client, determines whether a therapist takes these factors into consideration in their cognitive conceptualization of a client's problems.

Leonie: Yip um I think that psychology could do a lot more to impact on society. Um quite often somebody makes a comment on particular aspects of society, like spousal abuse or child abuse or um health psychology. Psychology could certainly get involved with that in a CBT model. Um its just not done as much there are moves toward -- getting more psychological input into social change and in fact its part of our ethics to which we are obliged to follow.

This account constructs the discipline of psychology as having the potential to be involved in some degree of social change. The construction of this account can draw attention to the possibility that a CBT model could be implemented within psychology to facilitate social change initiatives. Leonie states that at present psychology and thus CBT are not fully involved in such tasks. She then asserts this by introducing the code of ethics, which is used in this extract to construct CBT's role in the future as being involved in working toward social change initiatives, as psychologists have to conduct their

behaviour within the prescriptions of this code.

Asmita: Um so when you say social change, can you give me an example of an area?

Leonie: An area might be health psychology - - - in fact I think it might be something we could ease into, um because its much more acceptable to be medically unwell than it is to be mentally unwell. Um things like diabetes management and obesity.

In this extract Leonie provides an explanation of possible social change initiatives in which psychology and thus CBT could become involved. Leonie constructs the field of health psychology as being able to provide a framework that will be socially acceptable in initiating social change. She qualifies this assertion by stating that it is more socially acceptable to be unwell medically than mentally. This construction functions to draw attention to the issue that preexisting social beliefs about mental health and illness can effect psychology's role in undertaking social change initiatives.

Context for the following extract: Leonie also provides an example where an emphasis on obtaining social change is not always possible.

Leonie: The social component to that is about recognizing the social impact that something has a social impact on a person. Um and is really about how much you can as a person, um change that yourself and if not why not and what can be done about that. An example, the battered wife situation where you can get awoman to, no the ideal would be leave your husband but she's not going to and all you can do if she wants to keep seeing you is to maintain a degree of support for her and find ways to balance out - and that can be more useful than trying to you know instruct her to leave.

The construction of this account highlights situations where the therapist may not be able to initiate certain forms of social change with a specific client. In the example that Leonie constructs, the client does not leave her abusive partner. Leonie positions herself as a

therapist that can thus only offer support and perhaps information about specific agencies that may be able to help the client. In such cases wider social changes need to be put in place involving agencies, laws, advocates and financial and other resources that someone in that position can easily gain access too. Leonie's final comment seems to put some negative value on 'instruction', which shows variation from her previous accounts that have placed value on education.

Santi: I know CBT has been applied to a lot of group work and is used with um offenders and that sort of thing. -- I know that it can be useful in groups like that. -- I think that would be quite achievable.

In this account Santi has equated social change initiatives in CBT with group therapy for specific populations. This account constructs CBT as beneficial in the context of group work, in which the focus is not just on changing the behaviour and cognitions of one individual client. Hays, (1995) has also argued that CBT can be used with groups of individuals who hold discriminatory beliefs.

Asmita: You mentioned earlier about, um to do with environmental changes, what do you mean, what environmental changes could the person make?

Jackie: -- One of the basic skills with CBT is um structuring the environment in terms of say its a depressed person, looking for things that give them a sense of achievement in their day.

In her construction of this account Jackie can be seen as being positioned within a CBT discourse of empowerment. In this extract empowerment in the form of individual change is centered on changing the individuals' immediate environment in the form of doing a specific activity that can bring them some degree of pleasure or sense of usefulness. Empowerment as it exists in this construction is based on a individual, daily

modification of the intrapersonal environment, not a larger social change focus.

This section analysed accounts that constructed CBT as a psychotherapy focused on individual client change. Other accounts functioned to construct CBT as a beneficial psychotherapy, that can facilitate client empowerment.

Beneficial or Not?

This section analyses accounts for their degree of consistency or variation in participants constructions. It focuses on accounts that discuss whether CBT is a beneficial therapy or not for ethnic minority clients, women and clients from low socioeconomic groups.

Context for the following extract: The following two extracts are in reference to the following question.

Asmita: Overall do you think that CBT can be a beneficial psychotherapy for ethnic minority people, women and individuals from low socioeconomic groups?

Caroline: Yeah I think it can be definitely - - - it allows for the person's framework to be used, their world view, um every aspect of their personal view can be acknowledged can be incorporated. - - - Um the initial interview incorporates um different aspects of allowing the person's world view to come out, so I guess its continuous.

The argument that Caroline constructs in this account is consistent with her earlier accounts, were she states that CBT is a psychotherapy that is now more aware of the identity categories and how they can impact on an individual psychologically especially in the case of ethnicity. Her account is consistent with the account of other participants in regard to the assessment discourses and how CBT can allow for a client's identity

categories, their experiences of gender, ethnicity, SES to be incorporated into the assessment and treatment frameworks. This account constructs women, non White individuals and economically disadvantaged individuals as having a different world view or framework from the rest of the population.

Kerry: Oh yeah, I know I've seen it you know like it does, it is very helpful. I think people in terms of development of self esteem and then if I want to move onto political change. Then I think it does empower them to do that as long as you keep that perspective in the work that you are doing so that its not just about coping and adjusting all the time, yeah.

Kerry's account is also consistent with her earlier accounts. Kerry is positioning herself within a more feminist discourse when she talks about political change and not just helping the client to cope and adjust to their distress. Kerry has constructed an account that position's her as being aware of how gender, ethnicity and SES factors can impact on her clients. This construction justifies CBT as a beneficial psychotherapy if it is used to work towards political change, with a focus that is not just centered in helping a client to cope and adjust to their distress.

Asmita: Do you think that the CBT model is about empowering the client?

Gail: Well that's certainly where I would come from not trying on but helping them access what they need. -- I suppose helping them through the implications, pros and cons of taking certain action and looking at what constraints might be there. What's holding them back from taking action, helping them make their own decisions. --- We are teaching clients about how something like personality disorders or borderline personality disorder is set up by an invalidating environment, so we talk about all of it. Client's learn that their emotions and their realities aren't valued or that they are actively discouraged.

In this extract Gail is positioning herself in the CBT discourse of empowerment. She begins by talking about how she can help clients by obtaining information and helping them look at both the positive and negative aspects of the decisions they can make, as well as what factors can be holding a client back from making a particular decision. Her construction emphasises CBT's client education. Gail states that she discusses with her clients how external environmental factors have contributed to the causation and maintenance of their psychological distress.

Asmita: What do you think the most useful aspect of CBT is for a client?

Sarah: I think it could be the, the sort of life skills -- it doesn't aim to totally cure symptoms, its much more giving them the life skills to actually manage their lives, you know in a more hopeful kind of way. -- I think the kind of way -- I think the kind of collaborative aspect of it, um the kind of helping the client to be their own therapist type of approach is helpful.

Sarah has positioned herself in a CBT discourse of empowerment by drawing on how empowerment is constructed in CBT theory. In her account she discusses how teaching a client specific life skills that they can use throughout their lives, with the aim that they become their own therapist, is viewed as empowering the client. She also states that CBT does not aim to completely cure a client's symptoms. In regard to the three identity categories, a client's experiences of such categories would be life long, ongoing experiences thus the use of specific skills to help them to cope can help them to achieve some short term relief. Once again the emphasis here is on individual client change over larger social change. Learning and implementing certain coping strategies can appear to be better than absolutely nothing.

Context for the following extract: We are talking about experiences of racism and issues regarding ethnicity. Nicki discusses Maori clients and their experiences of negative external environmental factors and I have asked her how she would put that point across to the client.

Nicki: Um I guess by validating their experience, some of the things that they are saying about their experience of the world, -- looking at their beliefs again, going back to what they are saying. -- Maori client who is quite disposed in some way, holding certain beliefs. I mean there is a heap of evidence for holding certain beliefs, I mean there is heaps of evidence about society placing unfair burdens on Maori. --- Like its common knowledge that there is an affect of colonisation on Maori.

The construction of this account has several different functions and can also be positioned in various discourses. Firstly Nicki talks about the importance of validating the client's experience of the world and what they are saying. This is positioned within the CBT framework of a collaborative client and therapist relationship as well as the emphasis on the phenomenological process of obtaining client input and ensuring that the client receives the therapist's positive regard.

Secondly Nicki can be viewed as being positioned in a CBT discourse of theory and practice when she talks about looking at the evidence for the client's claims. In this account Nicki states that such evidence is usually public knowledge. She goes onto mention the effects of colonisation on Maori people.

The construction of the above account highlights that the therapist needs to consider factors relating to assimilation and acculturation. An individual therapist discourse can also be seen as evident in this account. Also the significant effect of this account is that when Nicki mentions how the identity category of ethnicity can affect a client, she acknowledges that she can incorporate this into her work with the client in the assessment,

diagnosis and treatment processes she undertakes.

Summary

The discourse of empowerment involved patterns of talk which cohered around themes of advocacy, in which participants talked about helping clients make decisions, ensuring that they know what options and resources are available to them. In regard to the question of whether CBT is designed more to ensure individual client change over larger social change, participants produced accounts that constructed CBT as a psychotherapy that both emphasizes and works more toward insuring individual client change. Even so most participants stated that CBT has both the framework and potential to implement social change initiatives.

DISCUSSION

The aim of this chapter is to discuss the main findings of the research and to present some general conclusions. This study has been concerned with how the discourses used in cognitive behaviour therapy (CBT) theory and practice construct the identity categories of gender, ethnicity and SES and how these constructions might affect the therapeutic experience of women clients. This study has also focused on whether CBT practitioners view CBT as a psychotherapy that is aimed and designed more toward obtaining individual client change, opposed to working toward social change awareness.

In regard to the present study, analysis of participants' accounts was based on the methodology designed by Potter and Wetherell (1987). Participants' accounts were examined for function, the effect that they had. Construction was also examined including the context in which the talk was constructed, for example in regard to a specific question. The component of variation was related to both function and construction. Variation is also related to consistency in accounts. Variation in accounts is an important component of discourse analysis, as participants' talk differs to serve different purposes. Consistency in accounts is also an important component as it can reveal that certain accounts are serving the same function and that participants' are drawing on a number of socially available discourses (Potter and Wetherell, 1987, 1995). The following section will discuss the main findings of each of the three analysis chapters.

To begin with the findings in Chapter Six which focused on the assessment discourse, revealed that the three identity categories of gender, ethnicity and SES are not overtly mentioned in CBT theory. Despite this admission, the majority of participants went on to construct accounts that illustrated why CBT is a beneficial psychotherapy to use with women and clients from ethnic minorities and/or low socioeconomic groups. The main argument used to construct CBT as a beneficial psychotherapy was centered around the idea of incorporation and integration of client factors, such as gender, ethnicity and SES factors into existing assessment frameworks.

In their accounts participants' made a distinction between global and specific factors with the identity categories of gender, ethnicity and SES falling within the specific category. This global and specific distinction means that the three identity categories are constructed as able to be included in the global (existing) framework but at the same time they are not necessary to it. The effect of this distinction between global and specific factors implies that it is possible to develop psychologically without a client's gender, ethnicity and SES factors and experiences having any effect on them.

Analysis revealed that the three identity categories can be incorporated into existing assessment and treatment frameworks, but at the same time they do not have to be. All participants' constructed gender, ethnicity and SES as categories that only apply to some specific issues and clients. The construction of accounts provided the view that gender, ethnicity and SES are of concern to women, non Whites and the poor.

This construction obscures the possibility that men, Whites and those of higher SES are also affected by their gender, ethnicity and SES. In effect this reinforces the construction of CBT as a white male middle class psychotherapy because these identity categories are constructed as unproblematic.

Another way that participants' constructed the three identity categories was by talking about the socio environmental factors that can effect clients, such as gender roles, socialization practices, cultural factors, poverty and lack of resources and support networks. The construction of these accounts functioned to demonstrate that participants' are aware of how such factors can affect and impact on their clients lives.

In her account, Heather talked about how gender role experiences can effect her clients belief structures and thus their cognitions and behaviours. Gail talked about how gendered social roles effect the development of personality disorders. Both these participants talked about how they would discuss these social environmental influences with their women clients. This in turn may be beneficial for clients as it moves a focus away from a notion of innate gender characteristics and self blame.

Both Jackie and Sarah constructed accounts that focused on the social environmental aspects of women's' lives and how such experiences of the social world can affect women's' psychologically functioning. Jackie talked about this in relation to the case of anxiety disorders, while Sarah talked about this in relation to post natal depression. Once

again participants' constructed accounts that demonstrated their awareness of how the social environmental can affect women clients.

In some of her accounts, Kerry talked about how the identity category of (low) SES coupled with gender and the general experience of lack of resources and support can affect women clients' psychological functioning. Kerry talked about how she would discuss these factors with clients she has that are in this situation. This in turn may be beneficial for clients as it allows both the client and the therapist to focus on how external factors are affecting the client and perhaps on how to change or modify some of these factors.

Santi raised the important issue of bias occurring in assessment as most measures used are not normed on New Zealand populations or specific ethnic groups. This awareness may also be beneficial for clients as it can deal with issues of misdiagnose and stereotyping.

The above examples illustrate how participants' talk is constructed to produce accounts that detail their experiences of working with women clients which in turn illustrate their understanding and experiences concerning gender, ethnicity and SES factors. As I have tried to argue and illustrate throughout this study, these identity categories have been socially constructed. What it means to be a woman in our society, be a member of a ethnic minority group, and, or have a lack of financial resources (low SES) are social

constructs, the production of human factors, these are not innate or inherited characteristics. These constructions in turn have a powerful effect on how all individuals experience and understand their social world, which in turn affect peoples' cognitions and behaviours.

The individual practitioner discourse was one of the three main discourses identified in the present study and was identified by its regularity throughout the accounts of all participants. This discourse was employed to serve the function of placing responsibility for knowledge of how the identity categories of gender, ethnicity and SES can effect women clients psychological functioning on the practice of individual therapists.

Potter and Wetherell (1987, 1995) argue that discourses are selected and omitted to perform specific functions. The findings in this chapter illustrate that participants' talk is constructed to provide accounts that state that it is up to each therapist to have both the background knowledge and the ability to integrate and incorporate how factors associated with gender, ethnicity and SES can affect women clients psychological functioning and experiences of the social world.

In their accounts both Santi and Heather talked about how CBT therapists' would both recognize and incorporate into their assessment of a client factors associated with gender, ethnicity and SES. Santi's account also drew attention to CBT's scientist practitioner foundations, which was a point other participants' also used to justify and construct the

benefits for the use of CBT. The effect of highlighting CBT's relationship to the scientist practitioner model functioned to construct CBT as an empirically validated and hence justified psychotherapy to use with all clients. Other participants emphasized that it was important for therapists to have some awareness of issues surrounding factors like colonisation, ethnicity and gender and if a therapist did not have this knowledge it was their own responsibility to obtain it.

In their accounts both Nicki and Kerry talked about their own training and the lack of emphasis that was placed on the three identity categories. Kerry also talked about how the developers and writers of CBT need to take responsibility for incorporating issues related to gender, ethnicity and SES into the theory and practice of CBT. Kerry's account drew attention to the limitations of the scientist practitioner model, as the researchers who contribute to this scientist practitioner model need to take more responsibility for acknowledging the effect that the identity categories have on clients' psychological functioning.

Also included in this chapter were extracts that illustrated how participants were themselves positioned in the individual practitioner discourse both by other people and by themselves, and how they were affected by the identity categories.

Both Santi and Fiona talked about how their ethnicity had affected them and their experiences of the social world. Santi talked about her experiences of racism and how

she has used this in the form of self disclosure with her clients', with beneficial results. In regard to the individual practitioner discourse, Santi's account can suggest that because she has experienced racism she is more aware of how such experiences can affect her clients. Fiona constructed an account that positioned her as being aware that ethnicity is a powerful factor that influences individuals' lives. The individual practitioner discourse was also used in a more critical awareness stance in Fiona's account as she talked about the fact that she could not design certain things for other ethnic minority groups. Fiona's account may also be beneficial for clients as she is aware of the role that ethnicity can have in affecting clients cognitions and behaviours.

In her account about ethnicity and cultural awareness, Caroline can be seen as positioned in the individual practitioner discourse as she raises the theme of 'awareness' and how having some degree of cultural awareness can allow each therapist to incorporate cultural factors into the CBT model. This construction has functioned to demonstrate that CBT can be beneficial to use with ethnic minority clients when a therapist is aware of how cultural factors can affect their clients.

The individual practitioner discourse provided a subject positioning that allowed both Kerry and Nicki to talk about their training within CBT and their work with their clients. Being positioned in this discourse enabled them both to construct accounts where they could talk about their feminist orientation and how they integrate this into a CBT framework and how this affects their work with their clients. These constructions may be beneficial for clients, as a critical framework can allow the therapist to examine how the

identity categories are socially constructed and how these constructions affect their clients' experiences of the social world.

Chapter Eight involved analysis of accounts that were centered around themes of empowerment and advocacy. The findings of this chapter indicate that participants' talk is constructed to portray issues and acts of advocacy as empowering for clients. The findings indicate that in relation to the scenarios provided, participants' equated their actions of advice and advocacy as acts of empowerment for clients. The discourse of empowerment draws attention to the issue of whether CBT is a psychotherapy that is designed to ensure individual client change over larger social change. While most participants' drew on discourses that did not construct CBT as a psychotherapy that is designed to ensure social change, most stated that it has both the framework and potential to implement social change initiatives.

In their accounts both Nicki and Fiona draw attention to the salient point that individual client change is not going to bring about change in the wider socio environmental situation. For example, in relation to the harassment scenario, both these participants drew attention to the fact that the wider social environment which includes other people in the client's environment (such as the harasser) need to undergo some form of modification. Client change on its own will not resolve the situation.

Jackie's account provided a description of what tends to occur in CBT in terms of environmental modification. Jackie talked about how the aim and focus is on restructuring the client's physical environment to help them gain a sense of achievement, such as in the case of depression. Empowerment as it exists in this construction is based on individual modification of the client's interpersonal environment, not on a larger social change focus regarding what factors have contributed to, and are maintaining the client's distress.

In her account Leonie talked about how psychology and CBT in general can be used to initiate social change programmes. The construction of this account drew attention to the possibility that a CBT model could be implemented within psychology to facilitate social change initiatives.

In her account Sarah contrasted CBT with another form of psychotherapy, arguing that CBT is not specifically designed to consider larger environmental factors in its formulation of a client's presenting problems. Sarah went on to further illustrate her argument by discussing how a client's experience of racism is not a therapy issue. The effect of this construction can imply that empowerment and advocacy are not direct therapeutic issues or goals where certain issues and realities like racism are concerned.

Also in relation to the scenario that participants' were given about racism, two participants talked about how social movement groups can be more beneficial for clients who are experiencing racism as opposed to forms of psychotherapy such as CBT. Both Santi and Kerry talked about how it could be more beneficial for a client who is experiencing racism

to have contact, such as belonging to a social action group that consists of same ethnic group members.

Kerry's construction of this account showed variation from her previous accounts which highlight the power differences that exist in society based on gender, ethnicity and SES constructions. The effect of her account about joining a social action group implies that such a group has the power to make certain changes in society despite the socially constructed power differences that exist.

Toward the end of the interview participants' were asked if they thought CBT was a beneficial psychotherapy to use with clients from both ethnic minority and low socio economic groups and for women. Despite participants' previously constructing accounts that highlighted CBT's shortcomings, the above question resulted in findings that indicate that participants' talk was constructed to portray CBT as a beneficial psychotherapy to use with all clients.

In her account Caroline talked about how CBT theory now emphasizes cultural factors. Kerry talked about how CBT can be used with clients to bring about political change if the focus of therapy is not aimed at helping clients to just cope with their distress. In her account, Gail talked about how she empowers her women clients by discussing with them the external social environmental factors that both contribute and maintain their personality disorders. The effect of these accounts may be beneficial for women clients as

the focus is on examining the role that external factors have in influencing the cognitions and behaviours of individuals.

It was Sarah's account that sums up how CBT is both presently theorized and practiced in regard to issues of empowerment and its beneficial status for clients. Sarah talked about how CBT is designed to ensure that client's are taught copying strategies to help them to eventually become their own therapists. The effect of this construction can imply that the emphasis on one's ability to cope and to control one's self, is in itself empowering.

Limitations and Future Research

Limitations of the present study are related to the fact that the study only focused on one form of psychotherapy and that analysis was based on the accounts (views and experiences) of ten female participants who all work in public mental health and live within the North Island. Despite this, certain findings in the present study support previous research and critiques concerning CBT, such as in work carried out by Kantrowitz & Ballou (1992), Hays (1995), Fodor (1996) and Hirini (1997).

The findings that support previous research are CBT's focus on individual client change opposed to social change work and client consciousness raising. In the theoretical framework there is an absence of the effect that gender, ethnicity and SES factors have on clients' psychological functioning within both theory and practice models.

Future research could focus on how clinical discourses used in other psychotherapies construct the three identity categories and their focus on individual client change or social change in the form of incorporating these factors into theory and practice. It would also be interesting to obtain views from male practitioners, because of how gender and socialisation factors are constructed in our society.

The purpose of drawing on discourse theory and feminist poststructuralist analysis in the present study, is that within this type of framework the identity categories of gender, ethnicity and SES are not viewed as natural or innate characteristics. Within the above frameworks they are viewed and theorized as social constructions, the product of both linguistic and social power interests. The emphasis on analysis at the level of statements was undertaken because of the role that language has in providing us with meaning. The social world would still continue to exist independent of language, but realities and experiences of the social world including those of gender, ethnicity and SES are given meaning only through the use of language (Gavey, 1989, Weedon, 1997).

In conclusion the present study has revealed that a particular type of mainstream psychotherapy is still theorized, taught and practiced to ensure individual client change in the form of adaptation to distress, as opposed to social change, such as client awareness and conscious raising regarding the social factors of client distress. Analysis also revealed that the salient identity categories of gender, ethnicity and SES are not specifically recognized as factors that affect a client's experience of the social world and

hence their psychological functioning within CBT theory. Even so, participants' felt that a CBT framework is designed to allow integration and incorporation of the affects and influence that these three identity categories have on a client's psychological functioning and general experiences of the social world.

The present study also found that the practitioners who contributed to the study all have some degree of awareness of how the three identity categories of gender, ethnicity and socioeconomic status (SES) can affect their clients psychologically and socially.

Also, some current CBT literature is beginning to acknowledge the effects and influences that these identity categories have on clients.

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Appendix A

Psychological Discourses on Gender, Ethnicity and Socioeconomic Status

Information Sheet

This research is being conducted by Asmita Patel as part of her Masterare work at Massey University under the supervision of Dr Mandy Morgan.

If you are interested in taking part or have any questions concerning the research, please feel free to contact us, my contact number is [REDACTED] [REDACTED] [REDACTED]. My supervisor's contact number is 06 350-5799 extn 2040, email C.A.Morgan@massey.ac.nz.

This research is interested in how cognitive behaviour therapists view the role that gender, ethnicity and social class play in regard to Women client's psychological issues/problems. You will not be asked to provide any confidential information concerning any of your clients.

If you choose to take part in the research you will be interviewed by myself. Your interview will be audio taped and is expected to take around one hour. The time and place of the interview will be at your discretion. The interview will be transcribed by myself and only my supervisor and myself will have access to any of this material, which will be stored in a secure place and which will be destroyed at the conclusion of the research.

All participants will have complete anonymity, audiotape and written data will be numbered coded and the completed research will contain pseudonyms. Participants have the right to withdraw up until the time that the data analysis is completed.

At the conclusion of the research, participants who would like a summary of the research findings will be provided with one.

Thank you for your consideration and time,
Asmita Patel

Appendix B

Shrinkrap Advertisement

Research Participants Needed.

Asmita Patel is a master's research student with the school of psychology at Massey University. She is seeking participants for a study on the views of cognitive behaviour therapists about gender, ethnicity and socioeconomic status (SES) in regard to women clients psychological issues/problems. Participants will be involved in an open ended interview and will not be required to provide confidential information concerning clients.

If you are interested in participating in this study you can obtain further information by contacting Asmita on [REDACTED] or her supervisor, Dr Mandy Morgan on 06 350-5799 extn 2040, email C.A.Morgan@massey.ac.nz.

Appendix C

Psychological Discourses on Gender, Ethnicity and Social Class

CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand I have the right to withdraw from the study up until the time that the data analysis is completed and to decline to answer any particular questions.

I agree to provide information to the researcher on the understanding that my name will not be used.

(The information will be used only for this research and publications arising from this research project).

I also understand that I have the right to ask for the audio tape to be turned off at any time during the interview.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signed:

Name:

Date:

Appendix D

Interview Guide

1. As a CBT therapist, using a CBT framework, how is the identity category of gender viewed in regard to women clients presenting problems?
2. The following question raised the issue of how sexism is not an individual problem and requires more than individual client change. I used a scenario where the participant is a psychologist for a company/corporation and three different female employees, separately come to see them, complaining that they have been sexually harassed. I ask the participants how they as a psychologist would handle this situation.
3. I usually asked participants the following question after the above scenario. I asked them if they thought CBT was about/directed toward individual change over social change.
4. Within a CBT framework how do you view or conceptualize the role or affect that ethnicity can have on women clients presenting problems?
5. After the above question I presented participants with the following scenario. If you had a Japanese female client and you are not Japanese and I assume you do not know much about the Japanese culture, how would you obtain information?
6. Following from the above question, I went on to comment that CBT is a Western psychotherapy, founded by White middle class males and based on such a world view. I then asked them how they would know if what the Japanese client was presenting with (her cognitions and behaviour) were abnormal in Japanese culture.
7. I then commented on the Hirini (1997) article, asking participants what they would do in a situation where they had a client who was experiencing racism, highlighting that it was not an individual person bound issue.
8. Within a CBT framework how do you view or conceptualize the role or affect that socioeconomic factors can have on women clients presenting problems?
9. I then asked questions about the issue of having a lack of resources and the impact of stress and how the three identity categories affect individuals, how they experience the world differently because of their economic situation.
10. I then as a summary asked participants if they thought CBT was beneficial for these

groups of individuals.

11. Towards the end of the interview I asked participants if they used Aaron Beck's framework.

Demographic Questions

These questions were asked at the end of the interview and consisted of the following.

1. Which ethnic group do you identify with?
2. Can I ask you your age?
3. Where were you born?
4. Where did you study psychology?
5. How many years have you been practicing?
6. What field of psychology do you work in?
7. How long have you used CBT?

Appendix E

Transcription Notation

- (deleted) Brackets indicate material has been deleted.
- Dash indicates a small pause of one second.
- Four dashes indicate a pause of four seconds.
 Each dash corresponds to one second.
- (laughs) The word laugh in brackets indicates that the speaker
 has laughed.
- Dots indicate material has been omitted from the
 transcript.