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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 (Kantrowitz & 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 been 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.