# CULTURE, RACE AND THERAPY: WITH SPECIAL REFERENCE TO SOUTH AFRICAN CHINESE THERAPISTS

CLAIRE TOI

**Assignment presented in partial fulfilment of the requirements for the degree of Master of Science (Clinical Psychology) at the University of Stellenbosch.**

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# DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature                                        Date

# ABSTRACT

Differences between the therapist and the client, such as differing genders, social classes, races, cultures and languages, inevitably influence the therapeutic situation. This research assignment reviews the literature available concerning multicultural counselling, the variables which therapists contend with in a multicultural therapeutic situation and the state of multicultural therapy in South Africa. The main body of this assignment focuses on the training experiences, as well as the countertransferential experiences, of therapists from a minority group with specific attention given to South African Chinese therapists. Also included are helpful ways of addressing the potential difficulties that arise in a therapeutic relationship where the culture or race of the therapist and client differ. In closing, this assignment asks what gaps exist in the literature with regard to South African Chinese therapists and what further research would be required to fill these gaps.

## OPSOMMING

Verskille tussen die terapeut en die kliënt, soos verskillende geslagte, sosiale klasse, rasse, kulture en tale, beïnvloed die terapeutiese situasie onvermydelik. Hierdie navorsingsopdrag hersien die literatuur wat beskikbaar is ten opsigte van multikulturele voorligting, die veranderlikes waarmee terapeute te doen kry in 'n multikulturele terapeutiese situasie en die toestand van multikulturele terapie in Suid-Afrika. Die vernaamste deel van hierdie opdrag fokus op die opleidingservarings, asook die teenoordragervarings, van terapeute wat van 'n minderheidsgroep afkomstig is, met spesiale aandag aan Suid-Afrikaanse Chinese terapeute geskenk. Ook ingesluit is nuttige maniere om die potensiele struikelblokke wat in 'n terapeutiese verhouding ontstaan, waar die kultuur of ras van die terapeut en kliënt verskil, aan te spreek. Om af te sluit, hierdie opdrag bevraagteken die leemtes wat voorkom in die literatuur met betrekking tot Suid-Afrikaanse Chinese terapeute en watter verdere navorsing sal benodig word om hierdie leemtes te vul.

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## 1. INTRODUCTION

The therapeutic situation is fraught with issues stemming from differences between the therapist and the client: differing genders, social classes, races, cultures, languages. An enormous challenge facing clinicians is learning to work with these differences in a constructive manner. Much has been written about the ways in which race influences the therapeutic relationship (the therapist usually being from the majority population, the client from the minority). Some has been written about the transference and countertransference which takes place in a multicultural therapeutic relationship with a majority therapist. And even less about the transference and countertransference issues which emerge when a minority therapist is present. In this research assignment my initial aim was to further explore this latter phenomenon, focusing on the experiences of South African Chinese therapist. Traditionally in South Africa, minority population tends to imply Black, Coloured or Indian and quite interestingly almost no literature was to be found concerning Chinese therapists internationally and none at all in South Africa. My next step was to examine the experiences of minority therapists, regardless of race/ethnicity, particularly in South Africa, and to then integrate this with what is known of the South African Chinese.

My interest in this topic stems from my own experiences as a South African Chinese psychologist in training. The questions asked are therefore not purely academic, but are *my* questions. I have often wondered whether my reflections on, and feelings about, training were mine alone or whether other therapists had similar experiences. Or more to the point, whether these were the experiences of minority therapists in general or whether Chinese therapists, given their more "grey" presence racially and culturally, see, understand and integrate therapeutic events differently.

This research assignment aims to address the question of what happens in a therapeutic situation with a minority therapist? What similarities and differences might there be for a South African Chinese therapist? What are the ways of addressing potential difficulties which might arise in a minority therapist-majority/minority client dyad? Addendum A defines several terms used in this review, amongst them terms such as *race* and *ethnicity* which are often, mistakenly, used interchangeably and the terms *transference* and *countertransference*. Addendum B provides a brief historical background and the current status of the South African Chinese which will place them in context within South Africa. The first section of this assignment looks at multicultural counselling: what it is, current ideas regarding multicultural counselling and the many variables present when clients and therapists are from different racial/ethnic backgrounds. This is followed by an overview of the training and therapeutic

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experiences of minority therapists. The ensuing section deals with ways of utilising a multicultural situation effectively. This paper concludes with some observations regarding the available literature, the applicability of the literature to South African Chinese and suggestions for future research in this area.

## 2. MULTICULTURAL COUNSELLING AND PSYCHOTHERAPY

The term *multicultural* is usually chosen above terms such as *cross-cultural, intercultural,*or *transcultural* (although it is often used interchangeably with them) as it describes a situation in which the parties concerned are of equal status. The terms counselling and psychotherapy will be used interchangeably in this research assignment to represent the process which takes place when a client and trained counsellor or psychologist meet for the purpose of therapy. Pedersen (1988) defines multicultural counselling as "a situation in which two or more persons with different ways of perceiving their social environment are brought together in a helping relationship" (p. viii). It is reasonable to assume that within the diverse demographic make-up of South Africa, multicultural counselling will be the norm rather than the exception. Culture plays a major role in mental illness and its manifestation as it defines what is 'normal' and what is 'abnormal' in any given society. Culture may also be at the root of an illness, affects the way in which the illness is presented and the language of the illness, i.e. labelling and explaining the illness (Helman, 1990).

We cannot escape the fact that there is always a cultural difference between therapists and clients, however as Hsu & Tseng (quoted in Tseng, 2001) point out, at times the difference is so remarkable that it becomes an issue in therapy. Race is often assumed to be the main indicator of cultural difference. However, when it is considered that the term race is used to classify individuals according to physical characteristics and that culture is defined as stemming from the social environment into which an individual is born (see Addendum A), it is reasonable to suppose that individuals of differing race may indeed share the same culture and, conversely, that individuals of similar races may stem from vastly different cultures. This should be borne in mind when the following sections are read.

Racial differences in psychotherapy were examined in the late 1940s in the United States (Griffith quoted in Atkinson, 1987) but interest in this area waned and there were no significant empirical studies performed at the time. However, Atkinson (1987) observes that there was an increasing interest

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in the effects of race on psychotherapy with a subsequent increase in the number of studies thereof. The esoteric and exotic nature of multicultural research has fallen away and as Ponterotto, Manuel Casas, Suzuki and Alexander (2001) point out, most contemporary therapists would agree that the culture of both the users and providers of counselling services has an immense effect on the therapeutic process. The development and practice of psychotherapy is also greatly influenced by the socio-cultural environment and the medical system. In a country like China, for instance, 'talking therapy' is not afforded much credence. The Chinese seem to prefer standard medical treatment and therapists may not be taken seriously and are very often not rewarded by medical insurance for their work (Tseng, 2001). Draguns (1996) points out that multicultural counselling is often wrongly seen as an attempt to develop specialised therapeutic approaches for each cultural group. Tseng (2001) notes yet another false impression that certain modes of therapy, such as analytically oriented therapy, are universally applicable. However, closer inspection shows that no form of therapy is safe from cultural influence. For example, Tseng (2001) argues that Freudian approaches to psychotherapy are greatly influenced by Judaic values such as that happiness is attainable and any unhappiness must be fixed.

Lago and Thompson (1996) present the possibility that in a transracial therapeutic situation where difference is apparent there lies the danger that only difference will be noticed and as Sue and Sundberg (1996) mention, shared components such as shared attitudes, values, thinking styles and communication patterns may go unacknowledged. Conversely, where the client and therapist share a similar cultural background, these factors may be taken for granted, and their significance with regard to the client's problem may be disregarded (Webb Johnson and Nadirshaw, 2002).

**Variables in multicultural therapy**

Therapy is an unpredictable entity affected by many variables. Multicultural therapy can only serve to introduce even more variables into the therapeutic situation. Sue and Sundberg (1996) believe that when there is a difference in expectations between the client and the therapist with regard to the aims and process of therapy, incongruence is created. Incongruence reduces the effectiveness of therapy as it complicates the building of trust and, consequently, a sound therapeutic relationship. Sue and Sundberg (1996) also list the variables of acculturation and stage of racial identity as having an effect on the outcome of therapy. For example, more acculturated Chinese children in America were more likely to have accepted the dominant culture's values than those Chinese children who were less acculturated. It is hypothesised that minority groups go through different stages of development while struggling to marry their identity with not only their own culture, but with the dominant culture as well.

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Sue and Sue (1990) describe these stages using the Racial/Cultural Identity Development Model (R/CID). Further elaboration upon this model is, unfortunately, not possible here as it falls outside the scope of this research assignment.

Other variables which will require attending to in multicultural therapy are communication, assessment, both the similarity *and* dissimilarity between therapist and patient, the presence of racial stereotypes or prejudices in either party, racial/ethnic identification with the therapist and, most importantly for the aims of this research assignment, racial/ethnic transference and countertransference (Pedersen, Draguns, Lonner & Trimble, 1996).

## Multicultural therapy in South Africa

When considering the way in which racial differences will affect therapy in South Africa, the racial composition of both the practitioner and client population should be kept in mind. A disproportionately large number of mental health practitioners in South Africa are white, but as the Health Professions Council of South Africa (HPCSA) – an overseeing body of all professionals in the health field – does not classify psychologists according to race, there are currently no statistics available in this regard. Mokutu (1998) believes that this situation obscures imbalances in the profession which in turn complicates attempts to rectify these imbalances. Abrahams (1992), Pedersen (1988) and Webb Johnson and Nadirshaw (2002) have noted that globally there are a limited number of professionals belonging to the ethnic communities with the result that most white professionals will work with clients with ethnic backgrounds differing from their own. Sue and Sue (1990) contend that more ethnic minorities should be drawn to the profession of counselling as this can enrich the practice thereof as well as increase trust in and credibility of counselling amongst minority groups.

As mentioned in the historical background of the South African Chinese (Addendum B), all those individuals not regarded as white were politically termed black to represent disenfranchised South Africans (henceforth the term 'black' will be used in this manner). This included Africans, coloureds and Indians – the Chinese were at times regarded as black (under certain laws) and at others seen as 'honorary whites'. In addition to this, when the South African Psychological Association (SAPA) allowed all races to join, a group broke away and the Psychological Institute for the Republic of South Africa (PIRSA) was formed in 1962 (Kleintjes, 1991) which excluded all practitioners who were not white, in line with the apartheid laws of that era. As a result, minority psychologists were viewed as a homogeneous group although they included African, coloured and Asian individuals (Mokutu, 1998).

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Of great interest is the fact that those minority psychologists interviewed by Abrahams (1992) all regarded themselves as black although they could be classified as African, coloured or Indian. With reference to apartheid this might make sense, however it cannot be ignored that the experience of apartheid has been different for each group and that this difference in experience has been disregarded. In all further writing though the term 'black' will be used to encompass all minority groups, one should not forget that there are certain experiences specific to the individual groups and then, most certainly, to the individual therapists themselves. For the purposes of this piece it has been decided to focus on the similarities amongst minority therapists, most prominent of which is the effect of previously having been disenfranchised, but at the same time being differences between groups should not be ignored.

# 3. THE EXPERIENCES OF MINORITY THERAPISTS IN A MULTICULTURAL THERAPY SETTING

Multicultural psychotherapy cannot be separated from the socio-politics of society and very often reflects the interracial relationships of the outside world, such as those between black and white, Asian and white, minority and majority (Sue and Sue, 1990). In order to gain a better understanding of the countertransference experienced by minority therapists in South Africa, training of therapists within a racialised context bears closer scrutiny.

Although Lago & Thompson (2002) use black/white pairings to illustrate the role which race/culture can play in counselling, it appears that the issues which emerge are reflective of all therapeutic dyads where the therapist is from a minority group. In a black therapist-white client dyad it is most likely that the black therapist would have been trained in a white, middle-class institute by white, middle-class trainers. Furthermore, the training would probably have been Eurocentric and American in origin. It follows that the black therapist might be better equipped to work with white people rather than black people. Bearing in mind the likelihood of the above-mentioned training scenario, it would therefore be expected that some positive contribution would be made when a black therapist works with white clients. However, therapy does not take place within a vacuum and some black people would have experienced certain unpleasant events with subsequent feelings in towards white people. An important aspect of black therapists' work with white clients would involve their developing countertransference and this becomes a crucial point for examination within the black therapist's supervision where the

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negative facets of the countertransference can be dealt with in a constructive manner rather than being inappropriately conveyed during therapy (Lago and Thompson, 2002).

Abrahams' (1992) study of the training experiences of black psychologists in the Western Cape elicited themes such as feelings of alienation; not being understood in terms of background and black issues; anxiety regarding performance; and anger with the training institution and with themselves for "not [being] assertive enough" (p. 21) in bringing up racial issues during supervision. Several of these themes are mirrored by Kometsi (2001) who describes his experience of training in a traditionally white institution. He admits to having had feelings of alienation and feeling that nobody could understand him by virtue of having shared his experiences. He felt that there was nobody with whom he could identify either on the staff or in his patient population.

It is important to note that most trainees experience anxiety, coupled with feelings of inadequacy as they believe they are not living up to their perceived standard of effectiveness (Money-Kyrle as quoted in Kometsi, 2001). What then would make the minority therapist's anxiety qualitatively different and/or more than that of their white classmates? As mentioned earlier, the number of registered minority psychologists in South Africa is disproportionately small when it is considered that minority groups make up the larger part of the country's population. In an effort to counter this residual effect of apartheid most South African universities are actively seeking to change this racial imbalance within psychology. However, this ideal may also be viewed as employing affirmative action which results in minority trainees questioning whether they are selected for their course based on merit or *because* they are of a minority race (Christian, Mokutu & Rankoe, 2002). Black trainees' feelings of inadequacy as disclosed by Kometsi (2001) are exacerbated when they do not feel that they are deserving of being accepted into the course (Kleintjes, 1991; Kleintjes and Swartz, 1996) and they may feel under constant pressure to prove that they are not there because of their race/ethnicity (Mokutu, 1998). To add to this pressure, Christian, et al. (2002) believe that black trainees not only bear the burden of representing all black students, but are also unable to claim what they have to offer as their own.

Aside from anxiety, the minority therapist working in a multicultural setting also appears to be more predisposed to developing shameful feelings in response to the client's communication that the therapist is inadequate (Kometsi, 2001). If one is not secure about one's own racial identity it threatens the efficacy of therapy because of what Tang and Gardner (1999) see as highly negative countertransferences. One of the trainees interviewed in Abraham's (1992) study admitted that it was

difficult working with whites and believed that this was due to her own struggles. She also regarded being black as a handicap. On the other hand, she discovered that it was far easier for her to work with blacks, that she felt more relaxed and that she felt there was an unspoken understanding. working with other minority groups was easier.

Would it be safe to assume that South African Chinese therapists would have had similar training experiences? Unfortunately there is no literature available regarding therapists in this minority group. However, from personal experience, I can say that I nodded my head in agreement to several of the points brought up by Abrahams (1992), Kometsi (2001) and Mokutu (1998). I too felt inadequate at times and became especially anxious when meeting a client for the first time as I was always unsure how they would react to my being Chinese. Given that my first contact with a client would usually be telephonic, I would also feel that I was in some way deceiving a client by not letting them know that I am Chinese in spite of how "unChinese" I sounded. Like Kometsi (2001), I felt quite alone with my "differentness" as the rest of my classmates were white. I also experienced difficulty bringing up issues of race during supervision as I thought that if nobody else brought it up then it would appear that I had personal political issues which would be better dealt with in personal therapy. It was only once I could discuss racial/ethnic issues during my internship that I realised what a valuable tool my difference could be. It has been my experience that countertransferential issues are brought up far earlier in therapy when they stem from obvious physical differences. It would appear that many of my experiences were in fact similar to those of other minority therapists, however, I did at times feel that my "Chineseness" fell into a grey area between white and black. At times it was invisible (for example in supervision), at others very much in the spotlight (in therapy).

### Clients' transference with a minority therapist

So far we have looked at the ways in which minority therapists' training environment may affect the way they feel about therapy which would then impact on their performance in therapy. Other issues which may also affect minority therapists' feelings about themselves and their clients are the transference issues incorporating racial elements which clients bring to therapy.

Varghese (1983) muses that although most schools of psychotherapy regard the client's feelings towards the therapist based on the personal features of the therapist as of cardinal importance, it is peculiar that so little attention has been given to the visible characterisitics, i.e. the race, of the therapist. It appears that issues of race are seldom overtly brought up during therapy. There seems to

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be two main reasons for this state of affairs. Firstly, there is an inherent status contradiction in what is expected of a therapeutic dyad when the therapist is black and the patient white (Griffith, 1977). This results in discomfort in the client who may then refuse to engage in therapy or may make use of defence mechanisms such as denial which is manifest in the client's inability to recognise the blackness of the therapist. Secondly, members of the majority culture may have more power socio-politically than the minority therapist and consequently will fear the damage they can do to the therapist (Tang and Gardner, 1999). It may also not be deemed politically correct to refuse to see a minority therapist given South Africa's history of racism (Christian, et al., 2002). This may result in the client never expressing hostile feelings towards the therapist or introducing any issues related to race/ethnicity although Sue and Sue (1990) maintain that it is healthy for a client to be suspicious of a therapist's motives within a cross-cultural context. The alternative scenario is that the client overtly expresses their transference feelings for the therapist. The therapist is not only required to understand the client's projections but has to deal with their own fantasies about the client's projections while simultaneously trying to stay open and receptive to all that the client brings to their session (Lago and Thompson, 1996). Curry (quoted in Varghese, 1983) believes that not all transferential feelings are the result of past relationships and created the term "pretransference" which refers to all other responses a client might have towards a black therapist. Pretransferential feelings are a "culturally acquired set of attitudes to blackness" (p. 330) usually based on stereotypes, for example that black people in America are seen as uninhibited or intellectually inferior compared to white people.

Moodley and Dhingra (2002) advise that the negative attitude sometimes expressed by white clients towards black counsellors should be "acknowledged and understood in the context of a society which reflects racism in different degrees" (p.195). However, they go on to say that focusing on the negative aspects of the therapeutic relationship could mean that important other happenings can be missed, such as strategies which white clients may employ to develop their relationship with their therapist. In their study of black therapist-white client dyads, the black counsellors that they interviewed, although determined to be firstly seen as professionals, were well aware that their race was part of all their therapeutic relationships.

The other side of the coin reveals that black clients often identify with black therapists concerning issues of feeling disenfranchised and many black therapists may be seduced into colluding with clients when the presenting problem is of a racial nature (Christian, et al., 2002).

**Minority therapists' experiences and countertransference in therapy**

Therapy is a complex process which not only challenges the client, but the therapist as well. Tang and Gardner (1999) assert that the therapist's minority status is constantly at the forefront of his/her mind and they will thus tend to be hypervigilant to statements that may contain allusions to racism or prejudice. Casement (1985) recognises that when clients make their therapists feel uncomfortable, therapists tend to fall into a theoretical mode until the environment feels safe enough to reintroduce their genuine selves. Therapists may have the notion that they should be free of any prejudices, including racial or cultural biases. Foster (1998) believes that both therapist and client collude to make therapy a place where ethnicity and race does not exist and in so doing close off a rich area of difference for discussion. While (white) mental health professionals are urged to focus on issues regarding race/ethnicity and their relationships with their minority group clients, the reverse situation in which minority therapists give attention to their clients race/ethnicity is often overlooked (Kleintjes, 1991). Such a situation provides a fertile environment for the development of a myriad countertransferential issues (Foster, 1998).

More personalised accounts of multicultural experiences have been included in this section as there is limited literature available about countertransferential feelings with race as the origin and because the accounts represent very different types of therapeutic dyads. I will firstly look at the interaction between a white (labelled majority) therapist and minority client, followed by a minority therapist's experiences with white clients. The next example of countertransference within a therapeutic dyad is that between an immigrant Chinese therapist in the United States and a white child. Lastly, I move towards a more local example: that of a South African minority therapist's experiences.

**Case 1**

Fischer (1971), a white, Jewish therapist recounts his countertransferential feelings as brought up in therapy with a black female. He notes how often he would mention that the client was light-skinned or almost the same colour as himself in consultation. Fischer came to realise that he was attempting to "deny the existence of…[the]…racial difference" (p. 743) and in order to understand his behaviour he had to examine his own prejudices about colour and race. In this case, the therapist found that he associated blackness with his sexual and aggressive fantasies and in denying the client's blackness, he would also be denying these fantasies, or his own "blackness".

**Case 2**

Varghese (1983), a therapist of Indian origin living in Australia, in relating several case vignettes points out how acknowledgement of the (often subtle) racial references which clients make can serve to seal a therapeutic alliance. This occurred with an eight-year-old boy who used references to racial difference as a means of communicating with the therapist. At the other end of the spectrum, avoiding the confrontation of racial issues which a client very overtly presented, albeit in a dream, because Varghese himself felt ill at ease appears to have hampered progress in therapy. He does admit that he was unwilling to see the potential meanings of the client's dream. Varghese (1983) challenges therapists to be aware of, accept and understand their own fears and prejudices about being racially different as part of the process of becoming a competent therapist.

**Case 3**

Tung (1981), a Chinese immigrant in America living in an area where there were too few Chinese to be considered a minority group, gives a very candid account of her therapeutic experiences with a ten-year-old white boy, John. John used their racial difference to communicate his feelings of alienation (e.g. he told the therapist she could only write in English, not Chinese, which the therapist interpreted as the client not wanting them to be different), ambivalence towards the relationship (the client fluctuated between statements of 'the Chinese are nice' and 'the Chinese are mean') and to test the safety of the therapeutic relationship (the client would 'attack China' during play and talk about 'killing the Chinks' all the while guaging the therapist's reaction). Tung goes on to reflect on the experience with John and says that living in a predominantly white area has made her less conscious of racial difference when with a white client. She is frank in her admission that the client's continuous play and talk about killing the 'Chinks' made her not only uncomfortable, but also resentful. At times the therapist would feel that she was tormenting John with her 'Chineseness'. She would often wish that he not bring up the issue of race and would feel relieved when his focus shifted to the Japanese for instance. Tung relied on her understanding of the therapeutic meanings of these acts and utterances in managing her reactions, but believes there is always "a grain of personal meaning to [therapists] in...patients perceptions of us" (p. 660). Tung found this relationship particularly significant not because of the presence of a difficult countertransference (as this had been present with other clients as well), but because the "content of our interaction touched the very root of [her] existence" (p. 661). She has no idea why John chose her racial/ethnic background as the springboard for testing but wonders why more clients don't do so.

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**Case 4**

Kometsi (2001) a black South African therapist relates two cases in which his clients expected him to own a car, an innocent enough assumption. However, the therapist did not own a car and this brought his socio-political background into sharp focus – the majority of black South Africans being financially disadvantaged. He felt that he had disappointed these clients by not living up to an ideal. The therapist then resorted to theory to escape the discomfort of the situation and in so doing was less genuine with the client. When a client refused to see Kometsi (2001) and opted to see another more experienced therapist (who significantly was not black) Kometsi viewed this as a humiliating experience not only therapeutically but also professionally as colleagues were aware of this, and other, refusals by clients. Although Kometsi (2001) acknowledges that all therapists experience countertransference, he believes that that which he experienced was counter-productive as it originated in a deep-seated need to belong. He posits that being a minority therapist working in a multicultural setting makes one potentially more vulnerable to experiencing shame as a countertransferential reaction, often in response to a client's (overt or subtle) message that the therapist is inadequate. Although Abrahams (1992) and Christian, et al. (2002) describe inadequacy as part of the experience of being a minority trainee and although all trainees, regardless of race/ethnicity, feel inadequate at some or other time, the racialised transference and countertransference in the therapeutic process appears to exacerbate and magnify these feelings in a minority trainee (Kometsi, 2001).

As can be seen from these personal accounts, multicultural therapeutic experiences can be widely divergent. The question remains whether the experience of a South African Chinese therapist is more likely to be similar to that of a Chinese American therapist, a white South African therapist or a South African minority therapist. Regardless of the answer to this question it appears that race and ethnicity cannot be shied away from in therapy. The therapist is challenged to judge the appropriate time, if at all, to bring up the issue of racial difference. Moodley and Dhingra (2002) hand the responsibility to minority counsellors to introduce race and culture to the therapeutic relationship in a sensitive manner and then only at the request of the client.

Transference and countertransference phenomena must be scrutinised within the context of the therapeutic relationship and the stage of development of the relationship. Therapists are advised to be aware of issues which they may project onto clients and which should rather be dealt with in their own therapy. This would include working on their attitude towards race, their own understanding of their racial identity and overcoming inferiority feelings. Most minority group members attempt to overcome

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these feelings of inferiority by shaping themselves along the lines of the group holding greater power. However, in so doing, the pressure they experience to assimilate breeds ambivalence and conflict within the minority individual (Sue and Sue, 1990). This conflict is illustrated in Jordan's (1998) case study of an Asian trainee who struggled to remain loyal to her cultural heritage although her training dictated that she act in a manner contrary to her upbringing. Tang and Gardner (1999) elaborate on this conflict by observing that minority therapists find themselves on the fence between two cultures, namely their own and that of the majority. The Westernised training which they receive may be vastly different from their own values and norms. However, Webb Johnson and Nadirshaw (2002) and Fischer (1971) warn against overemphasizing racial difference as making too many interpretations relating to race may obscure the client's true core struggles.

## 4. MAKING MULTICULTURAL COUNSELLING BY A MINORITY THERAPIST MORE EFFECTIVE

There are several ways in which minority therapists may become more effective in therapy. Certain of these are controversial or require a great deal of thought and insight from the therapist. I will briefly review the following suggestions for improved multicultural therapy: matching, addressing the issue of race in therapy, personal therapy for the minority therapist, utilising supervision constructively, increasing the therapist's knowledge of other cultures and utilising the "difference" between client and therapist effectively.

### Matching

There are conflicting views regarding the utility of matching clients and their therapists. Tang and Gardner (1999) believe that that when the client and therapist are culturally similar, the client is more likely to believe that they will be understood and thus a positive transference can develop during the early stages of the therapeutic relationship. Lago and Thompson (1996) go a step further in saying that clients *will* be better understood by a therapist who shares their cultural origins and meanings as they will share, often unconsciously, a 'recipe' for understanding each other's current behaviour and predicting their future behaviour. Sue and Sue (1990) although not dismissive of the empathy which a white therapist may show a minority client feel that the predicaments faced by these clients can probably be better understood by a minority therapist.

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Conversely, Atkinson, Morten and Sue (1983) found no substantiating proof that minority counsellors had better results with minority clients than their white counterparts. Peoples and Dell (quoted in Pedersen, 1988) and Sue and Sundberg (1996) showed that racial matching might not be as significant as preference for therapeutic style and cultural sensitivity. Pedersen (1988) also introduced the idea that minority therapists may either overidentify or discount any identification with minority clients and thus choose not to work with these individuals.

Many studies (mainly in the UK and the US), including those by Lago and Thompson (1996), Pedersen (1987) and Sue and Sue (1990) have explored the matter of cross-cultural/racial matching in counselling and therapy. Most seem to have focused on the white counsellor/black client pairing, while the black counsellor/white client pairing has received far less attention. Moodley and Dhingra (2002) draw attention to the way in which this lack of research and literature on black counsellors and therapists has reinforced the stereotypes of black people as clients or patients in the mental health field. They go on to say that this fuels "the argument that black counsellors are more apt to be helpees than helpers" (p. 191) and that this state of affairs may further account for the small proportion of black trainees and practitioners in the therapeutic field.

A problem which faces many black therapists is the idea that minority therapists will work better with clients who share their cultural background. In certain situations same-race therapy may be appropriate, for example where the client has made such a request or there is a language barrier, however, this places "the black counsellor within a very narrow cultural practice, questioning their skills and competence to work beyond the 'race'/culture, gender and disability dynamic in therapy" (Moodley and Dhingra, 2002, p. 192). Kareem (quoted in Moodley and Dhingra 2002) highlights that matching therapists and their clients on the basis of race/culture alone can stifle both the therapist and the client with their racial/cultural identity. Sharing a similar cultural background with one's clients does not ensure an effective therapeutic relationship and therapists if equipped with the appropriate skills can be successful when working with many different cultures (Webb Johnson and Nadirshaw, 2002).

## Addressing the issue of culture/race in therapy

Clients and therapists will naturally make both conscious and unconscious assumptions about one another when their cultures differ. Kareem (quoted in Lago and Thompson, 1996) recommends addressing these assumptions early in the therapeutic relationship, however this is far easier in theory

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than in practice. As Cardemil and Battle (2003) observe, there are many reasons why racial/ethnic issues are not discussed. Some therapists may find these issues too emotionally loaded and will therefore avoid them. Others may wait for clients to raise the topic themselves or do not know how to open the issue for discussion. However, racial feelings of clients towards minority therapists will always lurk below the surface in therapy and will make an appearance albeit in an indirect way (Christian, et al., 2002).

## Therapy for the therapist

Kometsi (2001) underscores the importance of personal therapy for the therapist, especially for therapists in training, in providing a platform for them to explore and discuss issues which were previously difficult to place. The desired outcome would not be to create a therapist who is neutral by removing these issues, but rather to increase awareness and skill in dealing with them. A further suggestion for therapists for gaining insight into their work with racially different clients is provided by Lago (1996) who encourages therapists to explore consulting racially different people for personal therapy.

## Using supervision

Clinical supervision is one of the most essential components in the training of therapists (Lago and Thompson, 1996) and it presents an ideal opportunity for dealing with issues of race and ethnicity. Patel, et al. (2000) emphasises that these issues should become "central rather than marginal" (p. 8). However, this is far easier said than done from both the viewpoint of the supervisor/trainer and the trainee.

It is often not only trainees who fail to discuss racial issues in supervision, but the supervisors who are reluctant to bring it up (Varghese, 1983). It is assumed that the majority of supervisors will be white (Christian, et al., 2002) and that they would only be able to offer standard responses based on their current understanding. It is also likely that supervisors will experience pressure to be viewed as professionally useful to the trainee which may result in them presenting themselves as more au fait with these issues than they really are (Lago and Thompson, 1996). Another point to consider is that supervisors who are "culturally encapsulated...assume that their supervision approaches can be culturally generalized" (Jordan, 1998, p. 181).

Abrahams (1992) suggests that trainers acknowledge that a deep understanding of trainees' backgrounds which includes the effects of the Apartheid system is necessary. Patel, et al. (2000) expands on this idea and places the onus on white trainers to create a space for race and culture to be explored amongst both staff and trainees. An attempt should be made to marry traditional paradigms with the trainee's ethnic minority reality (Jordan, 1998). If the influence of racial and cultural factors is ignored within the supervisory relationship, obstacles may be created in the supervision process. Ideally, the supervisor of multicultural therapists would be knowledgeable, have personal clinical experience and be open to new learning with regard to these issues (Lago and Thompson, 1996). Jordan (1998) believes that supervision necessitates that the supervisor learn about not only the trainee's therapeutic style, but also about their cultural values and beliefs.

Another point to ponder is that there is an intrinsic power imbalance in supervisor-trainee relationships that may be intensified when a trainee is viewed as different from his/her peers. Consequently, trainees often go to great lengths to avoid being positioned as different (Patel, et al., 2000) and may be overly keen to impress their supervisor by putting on a front of knowledgeability and competence. A respondent in Jordan's (1988) study adds to this by saying that she felt she had to deny part of herself in order to function in what was essentially a white system. Such a situation, where both the supervisor and the trainee create a dynamic of trying to impress one another in order to preserve the good opinion of one another lead to the relationship becoming dishonest of unbeneficial to both the trainee and their clients (Lago and Thompson, 1996). It is essential that there be direct communication between the white supervisor and the ethnic minority trainee when dealing with cultural issues (Jordan, 1998).

**Increasing knowledge of other cultures**

Webb Johnson and Nadirshaw (2002) contend that when professionals engage in multicultural therapy they "have a duty to increase their understanding of the culture, life history and social circumstances of the people with whom they are working" (p.124). d'Ardenne and Mahtani (1989) agree that therapists should increase their understanding of the cultural background of their clients. They also make other suggestions for effective multicultural therapy, such as that therapists be sensitive to the cultural bias of their approach and be committed to developing an approach to counselling which meets the cultural needs of clients. Nadirshaw (1992) has, however, been quick to point out that the therapist's attitudes and skills far outweigh mere cultural knowledge when it comes to efficacy in advancing the therapeutic relationship.

d'Ardenne and Mahtani (1989), by using a case example, elicit several ways in which a black counsellor can prepare themselves for working with a white client:

a)  a black counsellor may use their "white friends and acquaintances to provide…insights into the prejudices and fears expressed by the major culture" (p. 35)

b)  a black counsellor may make use of "discussion and support groups for black counsellors who will help [them] make sense of all [their] transcultural experiences" (p.35)

## Making effective use of "difference"

Erasmus (2001) and Sue and Sue (1990) believe that it would be too simplistic for us to attempt to be colour-blind, as to disregard race is to disregard a core facet of a client's identity. Differences, including those in racial background, need not be a problem, but rather a valuable asset in therapy (Patel, et al., 2000; Tang and Gardner, 1999). Patel, et al. (2000) elucidate further by saying that difference in itself is not the problem; the problem is in our interpretation of what difference means. From a Western perspective, "difference has come to be seen as an 'attribute of the other'" (p. 2) and when stress is laid upon being cognisant of culture within psychology, the culture of the client (usually a minority ethnic individual) is typically taken into account rather than that of the therapist (usually a white individual). Too much attention seems to be given to the client's culture and little to none to that of the therapist. However, "difference exists between people, not within individuals" (Patel, et al., 2000, p. 3). Utilising racial/cultural difference can pose a challenge for the therapist, but Tang and Gardner (1999) are also aware of the advantages of being a minority therapist. For example, being used to living in two cultures, the therapist may be more perceptive of transference issues stemming from cultural differences. Oftentimes, the colour or culture of the therapist can elicit a bounty of projections and stereotypes which may serve to mobilize and enrich the therapeutic process. Christian, et al. (2002), Lago and Thompson (1996) and Tang and Gardner (1999) comment on the perception that a client (regardless of whether they are from a minority group or not) may have of the minority therapist. The therapist is potentially seen as someone who shares the experience of being disenfranchised, who knows what it is like to be an outsider and who will thus be able to use those experiences to constructively assist the client.

# 5. CONCLUSION

Over the past three decades there has been an upsurge in the volume of literature on the subject of multicultural counselling and psychotherapy, particularly in a Euro-American context. More and more of this literature has focused on more effective ways of working with cultural difference which can be generalised for use with a wide variety of cultural groups. The bulk of the literature has, however, focused on the client as a minority individual. When the experiences of minority therapists, including those in South Africa, are examined, more qualitative discussions are available than empirical studies, perhaps because it remains a contentious issue to discuss race and its effects upon us.

Rather apparent is that there is a void in the literature on South African Chinese therapists and just as in the days of Apartheid the Chinese are a hidden minority with little attention afforded them. They are often regarded under the political term as black which assumes that African, coloured and Asian groups are homogeneous regardless of how different their experiences have been. As the Chinese do not regard themselves as falling under this label we cannot assume that their experiences would be the same as that of other minority groups. From my own experiences as a South African Chinese therapist in training I found that my race and culture infiltrated my therapy sessions in a multitude of ways, from being asked when I am going back to China, to being identified with by a client who believed that I must also feel isolated like she did because neither of us spoke English or Afrikaans as a first language. (Coincidentally, my first language is English.) Like other minority trainees, I too struggled to bring up issues of racial and cultural difference in supervision. I also agreed with other trainees' feelings of anxiety and inadequacy. I do however wonder whether my clients position me, as a Chinese therapist, differently from perhaps a coloured or African therapist as I have often thought that my clients may have more experience of interacting with either coloured or African people than with Chinese people and may therefore view me as an anomaly. I can attest that having my race/culture placed under a microscope by a client is extremely uncomfortable and raises questions about my own racial/cultural identity. Of course, these are my personal musings and in order to further explore the experiences and countertransference of South African Chinese therapists, additional research will have to be carried out. It is most probable that this research would be of a qualitative nature given the small number of Chinese therapists in South Africa and as a means of giving a voice to an often silent minority.

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# ADDENDUM A
# DEFINITION OF TERMS

As Lee (1999) observes, we cannot ignore the fact that we are categorised and classified by people of other groups. The terms employed when classifying people are often done so interchangeably, therefore to provide greater clarity, *culture, ethnicity, race, minority group* and *marginality* are defined as used in this literature review.

## Culture

Many people assume that culture is only held by those who are different from themselves. However, every individual is born into, and continues to create, a culture (Patel, 2000). Culture consists of shared behaviours (which may include skills and customs), values and beliefs (Sue and Sue, 1990) that are transmitted in either a conscious or unconscious manner by others in the group via direct teaching, modelling or parenting methods (Tang and Gardner, 1999). Culture also helps people position themselves in the world and delineates the boundaries of communication with others (Foster, 1998). It is important to note that members of the same racial or ethnic group do not necessarily share the same culture (Pedersen, 1988)

## Ethnic group

The term *ethnic* or ethnicity is derived either from the Greek *ethnikos* meaning heathen or from *ethnos* meaning race, culture or people. It is defined as a population subgroup with a common historical heritage, geographic origin and national or cultural tradition (Branch, 1999; Smedley and Groenewald, 1976; Soanes and Stevenson, 2003). This cultural tradition is passed from generation to generation via customs, language and religion (Pedersen, 1988) and guides our thoughts, feelings and behaviour, often in subtle ways (Rotheram & Phinney, 1987). Lee (1999) states that individuals are more inclined to be aware of ethnicity in an ethnically and racially diverse country than in a monoethnic society (1999). This is even more apparent when difference can be overtly perceived i.e. when there is a difference in physical appearance. Thus, the South African Chinese are an ethnic group as they are defined by race and/or national origins.

## Race

*Race* is a concept that is based on phenotypic differences which are physical and visible such as body size and hair type (Branch, 1999; Brooker, 1999; Pedersen, 1988). However the most often used

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marker of this social construct is difference in skin colour (Patel, et al., 2000; Tang and Gardner, 1999). Race is often confused with ethnicity and as a category tends be used as an umbrella term for several ethnic groups thus eradicating the distinctiveness of more closely defined ethnic groups (Branch, 1999). For example, in America, the so-called Asian Americans are classified as Asian regardless of how they would rather be identified e.g. as Chinese, Japanese, Vietnamese (Sue and Sue, 1990). Webb Johnson and Nadirshaw (2002) have identified a similar trend in Britain where the assumption is made that 'Asian' is a term which can be used for a homogeneous group of people. A similar situation is apparent in South Africa where the Chinese are often referred to as Taiwanese or vice versa.

They also point out that little notice is given to the ways in which cultures have evolved, incorporating much of the culture and heritage of their host country into their traditional value systems.

Patel, et al. (2000) and Tang and Gardner (1999) make an interesting point that the terms *race* and *ethnicity* are assumed to be qualities which can only be possessed by people of colour or minority groups.

## Minority group

The terms minority and majority are socio-political concepts and are not dependent upon numbers (Van Tonder, 1972). Where there is more than one culture there is a tendency for one group to dominate the other. Minority refers to the less dominant culture which because of certain characteristics are singled out for unequal treatment often in the form of discrimination, segregation or persecution (Atkinson, 1983; Pedersen, 1988; Smedley, 1976; Van Tonder, 1972). This term, along with other synonymous ones such as culturally disadvantaged, has taken on a derogatory connotation for the group which it denotes. Historically, the South African Chinese formed a minority group due to the existence of a corresponding dominant group with special privileges and as the Chinese were excluded from full participation in the dominant society.

## Marginality

A marginal individual is one who has left his culture of origin, but who has not been integrated into a new one (Smedley, 1978). Van Tonder (1972) believes that marginality is generated in a bi-cultural setting where the marginal group's culture is viewed as inferior. The marginal group achieves some level of assimilation but also incurs some rejection by the host society. Inevitably the marginal group begins to lose its original ethnic identity and they "word 'n groep wat oral en tog nêrens tuishoort nie" [become a group which belongs everywhere and nowhere] (p. 15).

It will also be of use to have an understanding of the way in which the following terms were employed: *stereotyping, transference* and *countertransference.*

## Stereotype

A stereotype is a generalisation about a group of people and is created when real (or imagined) personality characteristics are assigned to all group members regardless of the variation amongst them (Aronson, Wilson and Akert, 1997). Stereotyping of the South African Chinese is unwittingly demonstrated by Eloff (quoted in Van Tonder, 1972) who says that the Chinese are "goedgeaard, spaarsaam, verstandig, gesellig en hardwerkend. Die Chinese is uiters hoflik asook seremonieus. Hulle is erkentlik en het 'n geweldige sin vir kommersiële (handels) eerbaarheid...ook wraaksugtig, onsimpatiek, leuenagtig en wreed kan wees indien hulle te na gekom word" (p. 12) [good-natured, thrifty, sensible, sociable and hardworking. The Chinese are extremely courteous as well as ceremonious. They are appreciative and have an immense sense of commercial integrity...also vindictive, unsympathetic, untruthful and cruel if betrayed].

## Transference

An often quoted definition was delivered by Freud (quoted in Esman, 1990) who describes transferences as "new editions or facsimiles of the impulses and fantasies that are aroused and made conscious during the progress of the analysis; but they have this peculiarity ...that they replace some earlier person by the person of the physician" (p. 3). Klein (1990) expands further upon this definition by explaining that the patient's "early experiences, object-relations and emotions...come to focus on the psycho-analyst" (p. 236) and that reactivated conflicts and anxieties are dealt with by making use of tried and tested mechanisms and defences. In other words, feelings, attitudes and behaviours which belong in the past with earlier relationships (where they evolved) are displaced onto the therapist. The client will have certain expectations of the therapist e.g. they may expect the therapist to disappoint, love or reject them and may either distort the therapist's actions to meet these expectations or behave in certain ways which ensure that evoke the expected reaction (Grant and Crawley, 2002). Transference may be helpful in understanding the origin of the client's difficulties and in working through those conflicts in the here-and-now of the therapeutic milieu.

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## Countertransference

Countertransference should *not* be viewed as the converse of transference. Freud (quoted in Orr, 1988) says that countertransference "arises in the physician as a result of the patient's influence on his unconscious feelings…[and that it is required of]…the physician to recognize and overcome this countertransference in himself" (p. 91). Racker (1988) identifies three important aspects of countertransference. Firstly, it may be a threat to the therapist's kunderstanding of the client, secondly, it may be a great tool for interpreting the client's world, and thirdly,it can affect the therapist's behaviour in therapy.

**ADDENDUM B**

**HISTORICAL BACKGROUND OF THE SOUTH AFRICAN CHINESE**

During the mid-1660's the India Council sought Chinese farmers and fishermen to help develop the Cape as a refreshment station, however, the first Chinese to arrive at the Cape were a small group of convicts. Upon completion of their prison sentences some chose to remain in the Cape as 'free Blacks'. Little is known about these first Chinese, but it seems that they married slaves and became part of the "Coloured" population (Yap & Man, 1996). Throughout the ensuing centuries (17$^{th}$-19$^{th}$) Chinese were not permitted to leave China, but 1860 saw the Manchu government of China officially withdraw its ban on emigration which resulted in thousands of Chinese leaving the country, spurred on by "push factors in China (inter alia poverty, rural unemployment, civil war and famine) and pull factors abroad (inter alia employment opportunities and opportunities for economic advancement)" (Smedley, 1978, p. 30).

Africa appears to have been one of the last continents to organise Chinese immigration, but with the onset of industrialisation in the West and the need for labour, "unscrupulous middlemen, compradors and coolie brokers" (Yap & Man, 1996, p. 29) seized the opportunity to traffic in cheap human labour. "In the 1890s French Madagascar imported Chinese labourers to work on its railroads and in 1904 Chinese labourers were introduced into the Transvaal to work in the gold mines." (Smedley, 1978, p. 30)

Contrary to popular belief, the South African-born Chinese are not descendants of the indentured mineworkers who were brought to South Africa between 1904 and 1907 as these were all repatriated by 1910 after the British Government passed legislation which halted any further recruitment of Chinese labour and prohibited the renewal of existing contracts. These miners provided much-needed cheap labour "during the post-[Anglo-Boer]war structural rebuilding of the country" (Smedley & Groenewald, 1976, p. 11).

The South African-born Chinese are mainly the descendants of immigrants who settled in the country from the 1870's onwards "in the Cape, Natal, and later the Transvaal" (Yap & Man, 1996, p. 39). These Chinese, who according to Smedley & Groenewald (1976) were mostly "skilled artisans and merchants" (p. 11), left their home provinces of Kwangtung in southern China and Moi Yean as a

result of internal conflict and famine in this area as well as the lure of gold, diamonds and prosperity in South Africa (Van Tonder, 1972).

Until the close of the 20th century, no Chinese settled in the Orange Free State as a law was passed which "prohibited Asiatics from living in…(the province)…while any who wished to travel through it to other parts of the country were only permitted to be within its borders for 72 hours" (Yap & Man, 1996, p. 73). This law was only amended in 1986 allowing Chinese to live in the province.

Smedley and Groenewald (1976) report that the first "Chinese women only arrived in South Africa after the turn of the century…" (p. 59). Many of the men, once settled in South Africa, returned to China to either fetch their wives and children or to marry and bring back these new wives (Van Tonder, 1972). However, in 1953 Act No. 27 "placed a complete ban on Chinese immigration, the Chinese population now being dependent on natural growth" (Smedley and Groenewald, 1976, p. 16).

Even before this Act, a population policy was devised in 1948 that created the principle of separate and individual development. The justification behind this being that the individual identities of the various ethnic groups would be better retained. It was also desired that each population group would develop complete self-determination in its own area. As a means of carrying through this policy of separate development, the Group Areas Act (Act No. 41 of 1951, revised in Act 36 of 1966) was passed "enabling each population group to proclaim an area in which it could develop into an independent entity retaining its own culture, national life and traditions" (Smedley and Groenewald, 1976, p. 16). Under this act, the Chinese were included in the Coloured group.

"In the same year, Proclamation 73 of 1951 placed the Chinese into a separate population group, although for the purposes of the Group Areas Act they remained Non-Whites." (Smedley and Groenewald, 1976, p. 16). This ambiguous status has long stayed with the Chinese of South Africa. Even today, with the turnabout in the laws regarding race from that of being "punished" (apartheid) to that of being "rewarded" (affirmative action) for being of a minority race, Chinese South Africans are once more on the fringe of these debates.

In the February/March 2001 Transvaal Chinese Association newsletter, South African Chinese are described as being discriminated against by the Employment Equity Act No 55 of 1998. This Act attempts to rectify past discrimination in employment practices, viz. discrimination on the grounds of

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"race, sex, disability, marital status, ethnic or social background, political opinion, culture, religion or belief" (Transvaal Chinese Association, 2001). The Act targets certain groups and categories of people known as Previously Disadvantaged Individuals (PDIs) to receive certain employment advantages and benefits, i.e. these groups will be taken into consideration first for a job vacancy or promotion. PDIs include the black peoples of South Africa (defined as 'Africans, Coloureds and Indians'), the disabled and women. South African Chinese are not mentioned under this act, which has raised the ire of the local Chinese community who are often heard saying that during apartheid they were not white enough and now they are not black enough.

Smedley and Groenewald (1976) and Smedley (1978) and Van Tonder (1972) found that the Chinese felt that they connected much better with the Whites (both English- and Afrikaans-speaking) in spite of the fact that many of the laws at the time put them on the same level as other non-Whites. Smedley's study (1978) of the Chinese in South Africa revealed that the primary acquaintances of the Chinese children about whom information was obtained were Chinese and English-speaking Whites. It also showed that the Chinese had relatively little association with other non-White population groups and that they were quite free to take part in privileges usually reserved for Whites only. Several examples of such privileges were cited by Van Tonder (1972), for example, the Chinese were allowed to use the same transport and cinemas as White people and were allowed to purchase property outside their own group area if they had a permit to do so. It appeared that the South African Chinese, although proud of their own identity, were comfortable identifying with White South Africans on social, professional and residential levels.

The laws of segregation were sometimes disregarded as a matter of practicality. Smedley and Groenewald (1976) and Van Tonder (1972) illustrate this point by saying that as the Chinese were such a small group, it did not make financial sense to build separate schools for Chinese children. They therefore attended either white or Chinese private schools. The only provincial high school for the Chinese was established in Port Elizabeth. When we consider that most South African schools had made English and Afrikaans, once the only two official languages in the country, a mandatory subject, it is hardly surprising that most South African Chinese are fairly proficient in both languages. As early as 1960, 47,6% (3415 of 7174) of the total Chinese population in South Africa were conversant in English and Afrikaans and in 1970, 53,5% (4330 of 8093) (Van Tonder, 1972). Almost 70 per cent of Chinese matriculants entered universities (including Cape Town and the Witwatersrand) where they could freely utilise the facilities and 39% of the respondents in Park's (personal communication, July

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23, 2001) survey of South African Chinese had completed technikon or university. As a result of increasing education levels, there is a shift away from shopkeeping to the professions such as accounting, medicine and working in the computer industry.

In Zimitri Erasmus' book *Coloured by History, Shaped by Place* she explores the position of the coloured community in South Africa. As the Chinese were classified as coloured (Act No. 41 of 1951, revised in Act 36 of 1966) and even today are viewed as falling somewhere between black and white, many of Erasmus' findings and the experiences which she reports very aptly apply to the South African Chinese community as well. She warns that although we are currently going through a process of increasing the fluidity of identity, we cannot deny that the ways in which we relate to one another *are* moulded by history, the changing patterns of race and politics.

What I have previously referred to as a marginal identity, Erasmus (2001) refers to as a "residual identity" (p. 18). There is a tendency to place those classified as coloured halfway between black and white on a racial hierarchy and this ambiguous position was reflected in the racial policies of the apartheid regime. Coloured people were excluded from full citizenship (as enjoyed by whites), but were afforded certain privileges as they did not fit the profile of blacks. The South African Chinese found themselves in the same unclear position: in some ways being assimilated into the dominant society, yet unable to fully commit themselves to this society due to their legal status (Smedley, 1978).

Clearly both the difficulties involved in assimilating with a different culture, namely white culture, and the apartheid legislation in South Africa have played significant roles in the formation of South African Chinese identity. Human (1984) and Yap and Man (1996) are in agreement that although the Chinese wish for equal rights, apartheid has made them more aware of what it means to be Chinese and more adamant about maintaining their Chinese identity.